EDUCATION AND HEALTH STANDING COMMITTEE

ADEQUACY AND AVAILABILITY OF DENTAL SERVICES IN REGIONAL, RURAL AND REMOTE WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 12 NOVEMBER 2001

SIXTH SESSION

Members

Mrs Martin (Chairman)
Mr Board (Deputy Chairman)
Mr Ainsworth
Mr Andrews
Mr Hill

LEPERE, DR ANTHONY,
Dental surgeon, private practitioner,
PO Box 467,
Morley, examined:

Mr BOARD: Have you signed and read the information for witness sheet?

Dr Lepere: Yes.

Mr BOARD: Have you any questions regarding that information?

Dr Lepere: No.

Mr BOARD: You are obviously very interested in this subject and have probably had the advantage of hearing some of the oral submissions that have been made today. Can you tell us what your thoughts are on the matter and whether you agree or disagree with some of the things you have heard today? If you do not agree with something, could you give us your opinion on the subject and then we might follow with some questions?

Dr Lepere: Thank you for letting me appear before the committee. I have worked in various places in the State and I am semi-retired, much to my wife's disgust. My first position was in Karratha and following that I worked in Merredin for the dental health services for three years as the area dental officer. I also worked in Meekatharra for a while for the dental health services. I now visit Busselton once a month to provide intravenous sedation services to a group of dentists. Actually, the first witness today made a submission at my instigation.

Back in 1984, when I first took up the position in Karratha, there were three dentists. At the time, the Karratha Hospital had just opened but there were no visiting specialists, anaesthetists, or medical specialists. We identified the problem that we had a number of patients who required oral surgical procedures under general anaesthetic. I had just finished my anaesthesia residency training and proposed to provide the anaesthesia services to the dental patients at the Karratha Hospital while the other dentists in town did the work. Unfortunately, I was told in no uncertain terms by Dr Beresford, who is now the head of Royal Perth Hospital, that it was illegal for dentists to give a general anaesthetic in this State. I challenged him on that and asked him to show me the proof. All he could come up with was a copy of the references made to anaesthetic mortality that were part of the Health Act 1911. This said that if anyone died within 24 hours of a general anaesthetic, an investigation must be carried out to see whether the anaesthesia contributed to the death. A member of that committee must be a dentist nominated by the Australian Dental Association. I am now the ADA representative on that committee. However, I was not allowed to provide anaesthesia services. I went through the local member who, at the time, was a Labor party member - I do not remember her name. The Department of Health said that it would rather pay the money to send people to Perth than to have it done in Karratha.

Since then, I have had an interest in anxiety and pain control. Mr Board raised the question earlier about whether getting more people in private health funds would promote them to see the dentist. Unfortunately, in all the studies I have seen - I can supply these upon request - it is pain, or the fear of pain, that prevents people from seeing the dentist.

Mr BOARD: Not pain in your wallet?

Dr Lepere: Not pain in the wallet but pure physical pain. Let us get that clear.

The committee asked David about the numbers of people who are sent to the hospital from the country area. As I previously stated, I go to Busselton once a month. I do a private intravenous list for three of the dentists there and I see anywhere from five to seven patients on the Monday I am there. That is 60 to 70 patients, or almost 80 patients a year that I see privately. I have tried to

encourage the use of sedation as opposed to general anaesthesia because, as David testified earlier today, a large number of people do not require general anaesthetic. A general anaesthetic has many costs. It has biological costs for the patient; they are knocked about afterwards and are very unsteady and they need to recuperate afterwards. It also has an economic cost because a lot is involved with facilities, monitoring and staff. Using intravenous sedation is less costly biologically and economically.

I have just completed a study that I hope to have published in an overseas journal as it was rejected by the Australian Dental Journal - it does not fit its role or world view. This shows the average recovery time from a standardised sedation technique as 18 minutes - how long it takes for the patient to get up and walk out and go home - as opposed to keeping them in for three hours after a general anaesthetic, which is the standard. I would keep them for at least half an hour.

Mr BOARD: Could a person drive after that?

Dr Lepere: No, of course not. They need to be accompanied by someone. The colleges could encourage people to learn this technique but they are not interested and they want to keep their specialty as a specialty. The College of Anaesthetists will only deal with medical practitioners and does not want to know anything about dentists. It is like that in the area of dental radiology also. As a dentist we do surgery, radiography and prescribe drugs but no-one wants to know about us because we do not have that magical medical degree that opens up the gates to access things. Both Davids were correct in that there should be more access to public facilities for dentists. I have been trying to get the university to start a program to train people in the technique of intravenous sedation. Such a program exists in New South Wales at Westmead Hospital and it has been in existence for 12 years. I teach there and once a year I go to Sydney - going to Sydney sounds nice but I am involved with teaching for the whole time that I am there. It was about seven years ago when I wrote this proposal and approached them to do it. If they had taken it up, there would have been about 20 to 30 dentists out there with intravenous sedation skills who were perhaps lessening the drain on the public facilities in Perth per se.

A dentist in a remote or regional area suffers from a lack of interaction with his peers. Perhaps more continuing education courses should be run in the country. I am just as guilty as everybody else. I am on the university's continuing dental education committee and we try to run courses. I ran a course on "medicine for dentists" two weeks ago at Abbey Beach Resort. However, we could do more and would like to do more but we do not have the facilities; all the work is voluntary. David said something about having mandatory continuing education. That is something I support even though most of my dental colleagues do not. They feel that people will just sign up and not show up, or not pay any attention on the course.

Mr ANDREWS: Are you saying that there should be more intravenous sedation rather than general anaesthetics?

Dr Lepere: Quite right.

Mr ANDREWS: What is the argument against that and why is it not happening now?

Dr Lepere: It is a cultural issue. The only argument I can find against it is that people are discouraged as undergraduates from doing anything about it. They are discouraged from learning about general anaesthetics and are told they should not be doing that.

Mr ANDREWS: That is it.

Dr Lepere: Yes. In New South Wales one has to be on a special register to administer intravenous sedation and one must show that you have the training, the skills and the experience to do it.

Mr ANDREWS: What per cent of cases handled by general anaesthetic should be handled by intravenous sedation?

Dr Lepere: Up to 70 per cent of them.

Mr ANDREWS: Therefore, 70 per cent of those who have a general anaesthetic could have intravenous -

Dr Lepere: Can be done under sedation.

Mr ANDREWS: Do you have any evidence that backs that up?

Dr Lepere: Just figures from overseas. Last year at Westmead Hospital something like 750 cases were done under sedation; that is a large number. They do it in blocks and they have a five day program. The first day is community dentistry and the second day is oral surgery. They go up to the oral surgery theatre and do intravenous sedation in the GA theatre of the oral surgery department. The oral surgery department used to come downstairs to have it done but found that because they had a theatre, they got money from the federal Government by using it. It was done there for economic reasons.

Mr ANDREWS: Would the kids who are traditionally hard to handle - the five-year-olds or whatever - benefit more from this type of sedation rather than the GA?

Dr Lepere: I believe so.

Mr ANDREWS: Therefore, they as well as the elderly would be a target group?

Dr Lepere: Yes. I had a proposal that I took to the Perth Dental Hospital five years ago to do a study on oral sedation for children with all the protocols. The dental hospital was not interested in it; it was basically too hard. I still have the proposal and will send it to the committee if it is interested. The time before last when I was in Busselton, I sedated a four-and-a-half-year-old, an eight-year-old, an 11-year-old and a 68-year-old, and the other two that I did were our age - so they would be young, but not too old. This technique can be used on a range of patients but it depends on what is being done. Most of the general anaesthetics administered to children, at least at Perth Dental Hospital, involve multiple snatch and grabs. In other words, the child is given a quick inhalational anaesthetic, they fall asleep, the dentist pulls out the tooth or teeth, and they are then allowed to wake up and are sent to recovery.

An interesting matter was bought up that I should bring to your attention. It was stated that general anaesthesia facilities would be available at the Oral Health Centre of Western Australia. Sir Charles Gairdner Hospital has a policy that states that it will not admit anyone below 16 years of age. How OHCWA will do anything with kids on the Sir Charles Gairdner Hospital campus is beyond me and is something that needs to be looked at.

Mr ANDREWS: Dr Lepere, I have seen you nod and shake your head a number of times. Can you identify three issues that you have heard today with which you disagree?

Dr Lepere: I disagree that the Oral Health Centre of WA will be able to cater to the needs of the general Perth population. I work at the Liddell Dental Clinic in Victoria Park three days a week. I see people from Darling Range whose closest clinic is in Midland. When I ask them why they do not go to Midland they tell me it is because they have to change buses. Right now people go to Perth because all roads, buses and trains lead to Perth. What goes to Sir Charles Gairdner Hospital? How are people going to get there?

Secondly, there is the provision of general anaesthesia services at OHCWA as there are no facilities within OHCWA itself. The oral surgery department will be located in E block of the Sir Charles Gairdner Hospital. OHCWA had enormous trouble getting access to the theatres. I have learnt only today that it took the intervention of the Minister for Health before Sir Charles Gairdner Hospital agreed to let them use the theatres. They were actually looking at using private hospital theatres for oral surgery patients.

The third point is the issue of people who come from oversees to practice here. I have a heartfelt reason for having the feeling that I do. I am a foreign graduate; I did not graduate from a dental school in the UK, Ireland, New Zealand, Western Australia or even the US. I happened to go to a

dental school in Paris, France. I had to take those exams and I passed them. Therefore, anybody who says that "they are against me" and "it is so hard", it can be done. Those are the three things.

Mr BOARD: Thank you for your time and for agreeing to give us your oral submission as it has been valuable to hear your point of view. When you receive a copy of your submission you can make changes to the transcript within 10 days if you feel that there are any errors. Thank you.

Proceedings suspended from 2.48 to 3.03 pm.