

Editorial

A Factor of Fear is Missing from Midlevel Dental Provider Proposals

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For two years, now, a conglomerate of our State Universities, a few State Lawmakers, our Dental School Dean, our state Dental Maintenance Organizations, several of our Dental Association Presidents, and last but not least, a confusing department of health work group report, have all continued to embrace a proposal to incorporate a substandard form of dental care to Minnesota residents, citing a critical lack of adult patient access to dental care as the reason to create a midlevel dental provider.

What all these learned promoters have failed to address, however, is what additional factors other than “access,” might contribute to people not receiving dental care? The “access” factor was, of course, the primary foundation upon which the midlevel dental provider program was created, but the alleged lack of access to dental care was quickly put to rest in a 2007-2008 study entitled: A critical assessment of the access to dental care in Minnesota.

We all know of adults who have lots of money who still do not go to a dentist. We all know of adults who will not see a dentist when they are in pain, even when there would be no cost to them.

Basically, there has always been a factor of fear that keeps adults from seeking dental care. High income or low income, dental phobia has no boundaries. Dental care funding programs definitely have a place when it comes to helping some adults to bring their children to see a dentist, but there is no proof that there are insufficient numbers of licensed dentists available to treat these children.

The factor of patient fear, up until now, has been inadvertently left out of the equation of why thousands of adult patients do not see a dentist, not only in Minnesota but throughout the country. Thousands of adults are simply afraid to go to a dentist, and this very important factor has not been clearly evaluated. If this fear factor is valid, then our legislature must revisit their mandate to create a midlevel dental provider. Such an entity will have no practical value in dentistry because increasing providers, regardless of their education, will have no affect on eliminating the fear factor in dental patients.

In closing, regardless of whether or not an adult patient has dental insurance, or whether or not an adult patient can, or cannot afford to pay for their dental services, unlike medical care, dentistry is basically an elective service and many adults will continue to avoid seeking dental care because they are afraid. Without studying what part the fear of dentistry plays in dental problems for low income populations, the Legislature should cease to speculate that a kind of midlevel dental provider will be of any value to the community.