Dear reader,

The latest figures from Japan about complications due to dental implants are indeed alarming. While officials seem quick to downplay the issue, blame cannot be easily transferred to only a few bad examples in the dental community.

Of course, there are problems with training when clinicians with no former surgical experience are able to gain certificates for placing implants through courses that run over just a single weekend. The other side of the coin is the dental implant industry, whose interests are not always compatible with those of the patient.

While big manufacturers invest a great deal in clinical testing, a number of smaller companies have entered the market in recent years that simply duplicate the designs. Therefore, it is not an exception that nowadays a number of implants are thrown on the market with only a few months of clinical testing or even no testing at all.

Unfortunately, with most of these implants, patients have more or less become guinea pigs for medical devices on the edge. Dentists should be aware of this for medical devices on the edge.

Last year, the Indonesian government announced legislation to stop dental technicians from performing dental treatment. This regulation was originally planned to come into force six months later in order to give the government time to implement short- and long-term planning and to reach consensus among all stakeholders on this issue.

The first law on dental technicians, introduced in 1969, legalised this profession and issued them with the authority to provide patients with removable full and partial acrylic dentures only. This regulation, however, was never really enforced for dentures only. This regulation, how- ever, was never really enforced for unknown reasons. Therefore, it has become common for dental tech- nicians to also place fillings, fabricate and place fixed dentures, and perform orthodontic treatment and even extractions without the neces- sary education. As a result, no new registrations of dental technicians have been permitted since 1989.

Although political stakeholders still argue over the real cause of the dental health crisis in Indonesia, it might be the result of a complex interrelation of factors. Socio-economic disparity has created an imbalance in accessing dental care, resulting in services that are fo- cused on income rather than actual need. The costs of dental treatments have exploded owing to the absence of pricing regulations, forcing dis- advantaged parts of the popula- tion to rely on dental technicians to maintain their stomatognathic function, and resulting in often il- legal practices. Recent reports have also described the high, unmet de- mand for and persistent inequality in dental care in Indonesia owing to the dental work force shortage, as well as geographical and economic barriers. A lack of commitment to preventive community-based den- tal health promotion might also be a factor. Prevention is still very far from being appreciated. Needed is still the case in many countries.

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