“I do not see how the situation can improve”

An interview with Dr Stefanos Morfis, Greece

Educated in Manchester and a dentist at heart, Dr Stefanos Morfis opened his first practice in Athens five years ago, right at the beginning of the debt crisis in Greece. Five years later, he is selling it owing to the economic circumstances and is planning to register with the General Dental Council in order to start working as a dentist in Britain. Dental Tribune had the opportunity to speak with him recently about the situation of dentists in his home country and the reasons he has chosen to leave.

Dental Tribune: Dr Morfis, with the recent referendum on the austerity measures proposed by the EU and the resignation of Minister of Finance Yanis Varoufakis, the debt crisis in Greece has heated up again. Can you describe what impact the crisis has had on dentistry in your country?

Dr Stefanos Morfis: When one looks back 10-15 years, dentistry actually used to be quite a prosperous business in Greece. Since many dentists received their education in countries like England, Germany or the Netherlands, the level of quality, treatment. Recently, I heard of two patients who died after undergoing a tooth extraction there.

Owing to the lack of money for treatment, caries levels are very high and, although we are fully aware of its benefits, there is very little money for any kind of preventive dentistry. This is only done at university level.

Consumer prices in Greece are soaring owing to the strict regulations. Have prices for dental treatment also gone up?

In contrast to everything else in Greece, prices for dental treatment have actually gone down in the last five years. While one could charge €50 or more for a composite filling in 2003/2004, today there are quite a number of dentists who are performing fillings for just €20.

This trend is facilitated by the majority of patients, who are only looking at price and not at what kind of material is being put in their mouth. Do not ask even me what kind of fillings they use sometimes! But how can one work professionally and ensure quality for patients at these prices?

With having to compete at such low prices, can you actually live on your income as a dentist in Greece?

Ten years ago, our income was almost double what it is now and the cost of living, materials and education were much cheaper. Living in Athens now is like living in London, but with five times less income. That is why many now meet their educational needs online by attending free webinars. What is really troubling is that more and more dentists are being forced to sell their practice for half the price. That includes me. Ironically, my practice will be taken over by a dentist from Britain.

You are planning to work in the UK. When are you going to leave?

You have to know that, unlike in the UK or other European countries, most dental care here is private. Since many cannot afford treatment in Greece, they travel to other countries, like Macedonia, where they receive cheaper, but lower quality, treatment. Recently, I heard about a tooth extraction that was performed on a patient because of their financial situation and they only go when they are already in pain.

Living in Athens now is like living in London, but with five times less income. That is why many now meet their educational needs online by attending free webinars. What is really troubling is that more and more dentists are being forced to sell their practice for half the price. That includes me. I am currently in the process of registering with the General Dental Council and planning to leave Greece in November. I did my postgraduate studies at the University of Manchester’s School of Dentistry and I have worked in several practices over there.

The austerity measures will allow Greece to stay in the EU. In your opinion, is there any possibility of the situation improving?

There are positive examples, like Ireland and Portugal who were able to recover from the recession a few years ago. I hope to be proven wrong, but I do not see how the situation can improve in Greece. Politicians come and go, but the people remain the same. If we do not drastically change how things are run in this country, in a few years I guess it will be impossible to recover.

Would you go back if things start to improve?

I would like to, but I think it will be very difficult. I have a family to look after now and want the best for my little son. At 35, I am at the best age to be productive and achieve things in my life. I have always felt a love for the dental profession and therefore want to dedicate my life to it.

Thank you very much for taking the time and all the best for your future.
By DTI

BRUSSELS, Belgium: Many countries around the world, European countries in particular, have seen a shift away from the use of dental amalgam in oral health care and an increase in the use of alternative materials over the past years. The European Commission recently acknowledged this trend and published an updated version of its opinion on the safety of dental amalgam and alternative restoration materials.

The new document is an update of the 2008 opinion and aims to assess the safety and effectiveness of dental amalgam and current alternative materials by evaluating the latest scientific evidence.

While in 2008 the European Commission and the Scientific Committee on Emerging and Newly Identified Health Risks concluded that both types of material are generally considered safe to use, they now recommend that the choice of material be based on patient characteristics. In accordance with the objectives of the Minamata Convention on Mercury, the committee now recommends using alternative materials in children and pregnant women.

The new recommendation is also based on the findings that dental amalgam fillings may cause mercury poisoning in genetically susceptible populations. Some genetic variants appear to impart increased susceptibility to mercury toxicity from dental amalgam.

Studies involving dental health care personnel have indicated that mercury exposure from dental amalgam during placement and removal may cause or contribute to many chronic illnesses, as well as depression, anxiety and suicide. However, exposure of both patients and dental personnel could be minimised by the use of appropriate clinical techniques, the committee stated in its opinion report.

However, current evidence does not preclude the use of either amalgam or alternative materials in dental restorative treatment. The committee acknowledged that there is a need for further research, particularly with regard to neurotoxicity of mercury from dental amalgam and the effect of genetic polymorphisms on mercury toxicity. In addition, the committee concluded that there is a need for the development of new alternative materials with a high degree of biocompatibility.

The full report, titled “The safety of dental amalgam and alternative dental restoration materials for patients and users”, can be accessed on the website of the Scientific Committee on Emerging and Newly Identified Health Risks.

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