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Dentistry and Oral Health in the Post-Soviet Ukraine

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In the summer of 2003 I spent six weeks visiting and observing 20 different dentists in the Ukrainian cities of Kiev and Donetsk. Upon leaving for the Ukraine, my study was organized so as to focus on learning and understanding the country's current system of oral health care. To do this, I planned on observing and interviewing dental practitioners, focusing on aspects of practice such as price, availability, sanitation, materials and instruments used, and procedures performed.

Many of the dentists I visited with were willing and eager to assist me in my study, but I also came across many who were hostile and didn't want to speak with me at all. It didn't take long for me to see that my study wasn't going to be as in-depth and extensive as I had originally planned. To compensate for this, I decided to focus on the oral health of the general public in addition to the practice of dentistry. This involved conducting a survey of oral health in the city of Donetsk.

Dentistry

Through speaking with locals and through my visits with the various dental practitioners, I learned that there are two distinct systems of dentistry currently operating in the Ukraine. The first system is very similar to the one that existed during the time of the Soviet Union. The clinics are government run and doctors are all on salary. They still use the same equipment that was produced and used over twenty years ago under communist rule. Because of the inexpensive cost, the majority of materials used come from Russia or the Ukraine. With this inexpensive cost also comes a lower level of health care. The level of health care and sanitation in these government clinics is far below that of the United States. One of the chief goals of government clinics is to provide free and cheap care to senior citizens and military veterans.

The second system, and most widespread and available, resembles that of the system most prevalent in the United States: private clinics. 17 of the 20 dentists that I visited were involved in private clinics rather than government run clinics. Generally these clinics are owned and operated by a businessman or dentist, who employs several dentists to work for him. In contrast to the government clinics, these doctors are paid according to the number of patients they see and the procedures they perform. While offering a low price for procedures done using materials made in Russia and the Ukraine, they also offer the more expensive option of having materials from Germany, the United States, Japan, or England used. The majority of the private clinics in which I observed employed relatively new and up-to-date equipment made in Germany, Czech Republic, United States, and France.

To illustrate the difference between private and government clinics, I will use an example of one anonymous dentist (Dr. K) I observed in Kiev. In the two hours I spent observing Dr. K, he saw approximately seven patients. Dr. K didn't wear gloves or a mask. He didn't wash his hands; rather he used a towel to wipe them off between each patient. He exchanged his instruments for sterile ones only once during the time I observed him. Not only were the facilities old and out of date, but the sanitation practices were terrible. As I was getting ready to leave Dr. K told me that

he was also employed at a private practice and that I was more than welcome to observe him there.

The difference between the government and private practices were as distinct as night and day. Upon arriving at the private clinic Dr. K immediately changed into a pair of scrubs, washed his hands, and put on gloves and a mask. They even gave me a white coat to wear while I was observing. A dental assistant, also wearing gloves, used tweezers to hand Dr. K the instruments he needed. Between patients, instruments were sterilized and the table and chair were sprayed with disinfectant.

This experience was very typical of all of the visits I made in Kiev and Donetsk. According to Dr. K, the great disparity between the two different systems comes from the government's unwillingness and inability to spend money on better equipment, materials, and sanitation.

Oral Health

The second portion of my study focused on the general health of the local Ukrainian population. I decided to focus on this because of the great number of Ukrainians who have black, chipped, or missing teeth. I conducted a survey of 94 persons in which they were asked five different questions: 1) How often do you brush your teeth? 2) Do you use dental floss? 3) How often do you visit the dentist? 4) If you answer less than once every 6 months to the previous question, why? 5) What was the reason for your last visit to the dentist?

In analyzing the results of the survey, I was surprised to find that 61 of the 94 surveyed reportedly brush their teeth at least two times daily. From the visible signs of decay and poor oral health practices, I thought that the number of people who brush their teeth twice daily would be considerably lower. The information received in response to questions 2, 3, and 5 provide possible reasons as to why the oral health of Ukrainians is so poor, despite the high number who reported to brush their teeth twice a day. Of the 94 surveyed, 78 people said they don't use dental floss. This is not surprising at all since it is very hard to find any type of dental floss in both Kiev and Donetsk, two of Ukraine's major cities. In addition to this, only 17 reported that they visit the dentist once every six months, while 44 said that they see the dentist less than once every two years. These results agree with the responses recorded for question 5 in which only 23 people said that their last visit was simply for a checkup while 38 said that it they went to the dentist only after they had a toothache.

From an oral health standpoint, using dental floss daily is every bit as important as brushing twice a day. If the population is not using dental floss and are seeking dental care only after they feel pain instead of on a regular basis of every six months, it is not surprising that negative affects are visible in the population.

Despite the setbacks which prevented me from focusing on the details that I had originally intended on studying, my time in Ukraine proved to be a very valuable experience. With dental school in my plans for next year and having focused my undergraduate studies on international development, this research project has enabled me to study in depth what I love while also furthering my goals for the future concerning dentistry in developing countries.