

## Parental Responsibility: The Other Side of Access

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Addressing our nation's unmet dental needs has taken center stage in our profession. The catchphrase "access to dental care" has made its way into the vernacular of 21st century America from policy-makers in Washington, D.C., to those in Sacramento to mainstream news and this has been driven by several spectacular and public incidents. The most notable was the death of a Maryland youth, Deamonte Driver, who succumbed to a cellulitis, the origin of which was a dental abscess.

The fact that a child could be lost to a disease process that was completely preventable was both shocking and unacceptable. The public began to learn about the current state of childhood caries and its potential consequences. They also were given a glimpse into the shortcomings of public dental service programs, something we in the profession have been struggling with for years. Chronically plagued by public underfunding, the very programs designed to help the needy too often fail them. Thus, this segment of our population has been the target of efforts by both policy-makers and the dental profession to provide them with the dental care they need.

We have seen across the board that when it comes to addressing these issues, dentists are both giving and caring. Participation in programs like Give Kids a Smile, volunteerism at community clinics, financial support of charitable organizations like the CDA Foundation and the quiet, private donation of dental services by individual dentists in their practices bear this out. Still, many of us



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live and practice in communities where the reaches of poverty are minimal. In California, only 40 percent of dentists participate in Denti-Cal and even fewer in Healthy Families, two of the programs designed to help the needy.

The rest of us might naturally expect to see a proportionately smaller incidence of childhood caries in our practices. Statistically this may be true. Statistically, Deamonte Driver should not have died. The fate of one child can make statistics meaningless. So when two children presented as new patients in my practice recently with rampant caries, both from nonminority families living well above the poverty line, I was struck by the fact that dental disease does not discriminate.

As a profession, we seem comfortable focusing our efforts on economically disadvantaged children. By definition, the solution to their dental disease problems is simple: to give. When children of means suffer from identical dental disease, the solution is not as easy. We can begin the search for one by remembering the pathogenesis of dental caries. There must be two things present to form tooth decay: pathogenic bacteria colonizing the tooth surface in the form of dental plaque and ferment-

able carbohydrates, usually in the form of sugar. We might also contend that an absence of certain prevention modalities can increase one's susceptibility to caries, namely dental sealants and fluoride used both systemically and topically. So in this generation of "kids who have everything," where in this disease process are they failing? Or more appropriately, who is failing them?

We can certainly point a finger at some broader entities; for example, a food and beverage industry that pedals obscenely sugar-laden products to our children. Or perhaps even our own dental profession, which fails to adequately stress the importance of early dental visits so dentists and hygienists can teach children proper brushing and flossing techniques and good nutritional habits. But the identity of those individuals who assume exclusive responsibility for a child's well-being was revealed to me four years ago when I became one: the parents.

There is nothing like having a child to make one aware of the responsibility of being a parent. It is sometimes too easy to be critical of parenting styles that, perhaps, differ from our own. So rather than criticism, I present the following observations. Children arrive at pre-

school at 7:30 am eating their morning snack: for one child, a bag of Fruit Loops cereal with marshmallows and a box of apple juice; for another, candy. When asking parents if they brush their child's teeth, more than one has responded, "Well, I try but she doesn't like it so a lot of times I don't."

Parents refuse to schedule recommended dental appointments for their child citing conflicts with other activities ranging from sports practice to dance class, to school play rehearsals. Parents arrive with their child to a dental appointment in a \$60,000 SUV, yet refuse

to pay for recommended dental sealants because it is not covered on their dental insurance plan.

It would appear that observations such as these are merely one manifestation of skewed priorities on the part of today's parents. Young children cannot be expected to make important decisions such as healthy diet choices on their own, nor can we expect them to execute proper preventive oral hygiene practices. As a result, their well-being is being compromised by parents who fail to take proper responsibility for such well-being.

Preventable childhood diseases such

as dental caries and obesity are prevalent today due to complex societal issues. But not one of these issues can overcome a strong dose of parental responsibility. For this, there is little the dental profession can do, except, perhaps to set the positive examples we would want to see in others, and hope that another child does not become the next Deamonte Driver because her parents failed to take responsibility. ■■■■

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