
Editorial

A lucky country

Recently, a group of orthodontic postgraduate students from the University of Adelaide visited Timor-Leste to learn from and help in the management of patients suffering cleft lip and/or palate. For many years, teams of plastic surgeons have been visiting the country to perform surgical repair of the lip to make affected children aesthetically presentable. Due to the lack of dental and orthodontic services, further treatment has not been possible and the cleft patients have been left to endure their physical and psychological disability.

Timor-Leste is a third world country on Australia's doorstep. A little over an hour's flight from Darwin lands passengers in Dili, where the obligatory entry tax was applied and airport screening detected the smuggled dental materials in our checked-in luggage. Taxi drivers vied for our fare. The traffic was horrendous as we were taken to the 'clinic' at the bottom of a ramshackle, unpaved street that nearly ripped the bottom out of the car. The dilapidated road system, lax road rules and helmetless motorcycle and scooter riders made travelling a risky business.

The clinic was rudimentary, containing one operatory fitted out with donated equipment, instruments and materials. The dentistry practised was also rudimentary and largely involved the extraction of teeth, ravaged by caries that left black stumps for removal. Broken-down crowns and periapical lesions were commonplace and the resulting treatment left unaesthetic and dysfunctional spaces not conducive to orthodontic treatment.

The cleft management area contained one run-down chair and it was fortunate that headlights had been brought. Each day there was a power failure for two hours around noon, which brought most work to a halt except for the extraction of teeth. The cleft patients examined were assessed for further treatment and most needed additional surgical repair to graft alveolar clefts, close fistulae and generally repair the hard palates. A sixteen-year-old boy with an unrepaired hard and soft palate had been banned from school classes because his speech was so unintelligible that his teacher could not understand him. However, he maintained an acute sense of humour and could do a fantastic fist pump. The unrepaired hard palates in most had allowed maxillary expansion to continue in an unrestrained way so that the transverse occlusal relationships remained acceptable.

A forty-six-year-old cleft female had a canine in crossbite, which produced a mild functional mandibular shift. A removable appliance should do the job of tipping the tooth out of premature contact and enable the replacement of the adjacent lateral incisor absent because of the cleft. Other patients needed upper bandings to align displaced anterior teeth and improve aesthetics; however, the follow-up care needs to be considered carefully.

Infection control in the clinic was minimal and occupational health and safety non-existent. There was no regulatory body to ensure competency and recency of clinical practice or to ensure that operators were not spreading contagion. Informed consent was just a nod as teeth were consigned to the bucket. Patients were exceedingly grateful for the services provided, as were the staff in the clinic, but oral health remains a fundamental challenge that will only improve through government will and intervention.

The people are exceedingly poor and a few dollars goes a long way. There are no mega-supermarkets but recycled, corrugated iron roadside stalls selling fruit, vegetables and soft drink. The people are happy and friendly without a hint of obesity in this deeply religious country. While the locally grown and produced coffee is to-die-for, the hotel accommodation was non-descript, tired but comfortable. There was a most out-of-place, upper-deck bar and restaurant through which the cooling evening breezes blew and which served only one highly acceptable, international beer. This was a place of western respite in a city handicapped by its political and financial circumstances.

The periodic orthodontic visits have been organised through the Australasian Begg Society of Orthodontists, which has developed a roster of attendees. Systems and cohesive treatment plans need to be put in place through co-ordination and communication, but the establishment of a significant orthodontic response in Timor-Leste requires careful consideration when the need for basic dental and medical services exists.

Compare that with the lucky country to which we returned.

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