

The Politics of Disability

The Canadian Society for Disability and Oral Health

INTRODUCTION

Dr. Chantal Czerednikow, General Dentist from Montreal QC, hosts the latest education session from The Canadian Society for Disability and Oral Health. Six expert participants discuss key topics in the politics of disability including, use of language, the importance of building relationships with patients with intellectual disabilities, and environmental and personal barriers to care.

PARTICIPANTS

[Dr. Chantal Czerednikow](#)
General Dentist from Montreal, QC

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Special Olympics Canada

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Special Olympics Athlete

[Gerry Juzenas](#)
Advocate for the inclusion of people with disabilities
Recipient of the British Columbia Achievement Foundation Community Award

[Brenda Blais Nesbitt](#)
Founder and CEO of *Coaching for Caregivers Canada*
Recipient of the 2019 Caregiver of the Year Award

[Joan Rush](#)
Founder of *Help Teeth Hurt Dental Clinic Project*
Recipient of Hidden Heroes Award

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LANGUAGE AND THE POLITICS OF DISABILITY

- Language is central to any discussion on the politics of disability. How we communicate with people with disabilities and the language we use can have a profound impact on the relationship we build with them.
- *Intellectual disability* is the most widely used and acceptable term used today. *Special needs* is also an acceptable term, but should be used within an appropriate context. Individuals should not be referred to as “special”. Although

an individual may *have* special needs, they should not be referred to as *being* special needs.

- When in doubt, use a person's name. If it not essential to designate that an intellectual disability is present, then it is unnecessary to do so.
- Patient-centered care is essential in treating all patients with the same amount of respect and is key for anyone in a professional role.

BUILDING RELATIONSHIPS

- Making patients feel safe in the dental office is paramount to developing a successful, lasting relationship
- Taking the time to explain what is happening from the very beginning can help to establish a relationship that will make the patient feel at ease. It can also important to inform the patient what they are covered for and how coverage works.
- It is important to read the patient's body language and pick up whether they are comfortable or not.
- Sometimes a patient may not be able to advocate for themselves. In this case a parent or guardian should be present to advocate for the patient.
- There are many tools that can be used to communicate effectively with individuals with intellectual disabilities and guide the dental practitioner. For example, the use of building blocks to rate pain or discomfort in a patient with autism spectrum disorder.
- It can be very valuable to give patients with intellectual disabilities a positive thought or a compliment. Lift them up and help them to focus on the positives. If you cannot find a positive, at least reassure them that you are there for them and that you have their back.
- It's about having respect and making patients feel safe. If they do not feel safe, patients will not want to come to the dental office. Every patient should be held **Naturally Resourceful Creative and Whole**.

ENVIRONMENTAL BARRIERS

3 PRIMARY BARRIERS TO CARE:

- Low fees
- Lack of suitable facilities
- Lack of training and experience in dental professionals

LOW FEES

- The fees paid by Provincial governments for dental plans that cover adults with developmental disabilities are shockingly low.
- In BC, they are less than 50% of the rates typically recommended by the Dental Association.
- Many Provincial plans cover far too few treatments. Some only cover emergency care for adults with developmental disabilities.

LACK OF ACCESS TO CARE

- Some patients with developmental disabilities require treatment at a hospital under general anesthetic. But because dental is not part of the medical care system, dental surgeries can only be accessed with great difficulty and via long waitlists.
- Occasional government coverage programs for private dental anesthesia pay poorly and clinics cannot afford the stay in them.

LACK OF TRAINING AND EXPERIENCE AMONG DENTISTS

- The treatment of adults with developmental disabilities is not mandated by the Canadian Dental Accreditation Commission, which decides on the curriculum for dental training in dental schools. The idea of teaching students how to treat adults with developmental disabilities is only encouraged.
- Amendments to undergraduate dental school programs have been identified but they have not been incorporated into the curriculum.
- Dentists should be practicing patient-centered care guidelines, but they may not know enough about the principles involved.
- Studies show that education and familiarity through clinical practice is key to increasing the comfort levels of dentists in treating people with developmental disabilities and other special needs.

RECOMMENDATIONS

- CDA, Provincial Associations and Colleges to ask Provincial Governments that they use the same fee guide for adults with developmental disabilities as they do for everybody else.
- Ask that faculties include training for dentists in the treatment of patients with developmental disabilities.
- Dentists to adopt patient-centered care practices so as to ensure that patients with developmental disabilities are treated with the respect and dignity that they deserve.

CONCLUSIONS

- The dental care of individuals with intellectual disability is a complex topic with respect to both environmental barriers and personal barriers.
- Dentists must ask themselves what they do and why they are dentists in the first place.
- It is about having respect. Respect presumes equity.
- Encouraging safety is key. If a patient does not feel safe, they will not want to come to the dental office.
- Care is complicated by limitations in funding. Dentists should not be shy about talking about the impact of funding in care so that they can keep patients safe and give them choices.
- Must hold very individual **N**aturally **R**esourceful **C**reative and **W**hole.

Do not help me, even if it does make you feel good.

Ask me if I need your help. Let me show how you can best assist me.

Do not admire me. A desire to live a full life does not warrant adoration.

Respect me, for respect presumes equity.

Do not tell, correct and lead.

Listen, support, and follow.

Do not work on me.

Work with me.

Norman Kunc, 1995, Dedicated to the memory of Tracy Latimer