



FACE TO FACE

By: Dr. Pawan Nyachhyon, Dr. Prakash Bhattarai

It is our pleasure to welcome one of our seniormost of the fraternity in this issue of JNDA. Born on 1st Jan 1945, Dr. Manik Ratna Bajacharya belongs to the first generation of formal degree holder in the field of dentistry in Nepal.

He graduated in 1968 from the Government Dental College & Hospital, Bombay and completed FDSRCPS from Royal College of Physicians and Surgeons of Glasgow in 1978. He has been serving dental service to the government for almost three decades and as Head of Dental Department for the last 9 years in Bir Hospital. He is the founder president of Nepal Oral Health Society and honorary visiting professor in Tribhuvan University since 1979. He has been awarded FICCDE by joint International College of Continuing Dental Education & Asia Pacific Dental Federation in 1999 in Singapore. Besides his busy schedule in Bir Hospital and his private practice, he remains active in various social services and religious activities.

NDA: Sir, Please tell us about your day to day life these days.

I'm looking after the Management as the Head of Department, and Consultation in oral maxillofacial surgery in Dental Department, Bir Hospital. I also have to supervise the dental services provided by the dental surgeons at the Department. I also work as a Consultant in Kathmandu Dental Nursing Home. I'm also involved in the activities of Nepal Medical Council, National Health Research Council, National Oral Health Strategy Programmes, Tribhuvan University Teaching Hospital and Kathmandu UNIVERSITY POST GRADUATE DENTAL EDUCATION PROGRAMME.

NDA: How was the condition of dental service in Nepal after your graduation?

I graduated in 1968 from Bombay. At that time there were very few graduates in dental surgery in the whole country. So most of the dental care services provided at that time were by "unqualified dental workers". Even today, especially those staying in remote and rural areas have to rely on these "unqualified dental workers" for primary oral health care. That is why the government then had to hold lots of dental camps on a regular basis in different remote areas of the country.

NDA: When and how did you start your practice?

After I graduated in 1968, I joined the government services, which I'm still continuing. After the completion of FDS RCPS from Glasgow in 1978, I started a small private practice of

my own, which I do in my spare time after my duties at Bir hospital as a Consultant Oral & Maxillofacial surgeon. Currently, I'm working as the Head of Dental Dept at Bir Hospital and also I do my private practice as a consultant in Kathmandu Dental Home for last 14 years.

NDA: What differences do you find in the oral health status and dental services in Nepal now and then?

Over the years, the oral health status been improved to a certain extent. Especially in the recent years, we have seen a large influx of new dental surgeons. However as most of these young and energetic doctors are only situated in urban areas, there is a widening gap between the oral health status of cities and villages, Regarding oral health problems, we are also seeing an increase in the incidence of oral cancers and other oral diseases but this rise must also be due to better diagnosis as there are more qualified dental surgeons now, and also change a lot in dietary habits like chewing Khaini, pan parag, Coca cola, chocolate & smoking etc.

NDA: As the Head of Dental Department in Bir Hospital, could you please highlight on the dental services being provided by the department and your future plan?

I've been working as the HOD of Dental Department for the last 9 years, in Bir Hospital. We have made significant improvement in dental services provided here, for example now we have better facilities for fillings, RCTs, scaling, Dental X-Ray, Oral Medicines etc. We also provide orthodontic consultations nowadays. We also plan to start prosthodontic

services in the near future. Our aim is to make the hospital's dental dept as a central referral center of Nepal by upgrading the existing facilities, adding new services. This is necessary especially for the poor and needy people who cannot afford expensive charges found in private practices.

NDA: Do you see any role of Nepal Dental Association for the development of dental profession?

Nepal Dental Association (NDA) can play a very crucial role in the development of dental profession. NDA can give valuable opinion to the Ministry of Health regarding national oral health policy. It can also provide quality and frequent services to the general population by conducting camps from time to time in remote and rural areas. It can promote oral health awareness by holding exhibitions, rallies and giving oral health education to schoolchildren etc. It can also hold international and national scientific meetings so that dental surgeons will be familiar with the new advances made in the field of dentistry. This association should aim for bringing unity and harmony among its members as we all know that only unified effort from all of us can raise the standard of oral health in Nepal and bring out more healthy smiles especially among the poor and needy people of Nepal.

NDA: How do you think we can make availability of dental services to every corner of the country? Please give us your view regarding oral health policy, which is yet to be implemented?

What we see here is that most of the dental surgeons are concentrated in the cities only. The Government should encourage the decentralization of this work force so that people in remote districts will also have easy access for better treatment. For this we have to have basic infrastructures and should recognize and reward dental surgeons who go to these remote places. As for the National Oral Health Strategy that has been formulated, such a strategy will be better implemented if there is a separate Department of Dental Health Services in the Ministry of Health.

NDA: Being an executive member of Nepal Medical Council, What role, do you think, NMC can play to check the dental quackery in Nepal?

Nepal Medical Council (NMC) has a major role in controlling "quackery dental services" but it cannot do this job alone. This will also require significant help from the Government to

implement the rules, formulated by the concerned authorities. As most of the general population still depend on the quackery dental service providers, it will be more beneficial if we can provide good training and education to these people so that they can at least provide limited primary oral health care/ and refer cases to qualified dental doctors in time.

NDA: You have been inspecting the dental colleges in Nepal many times. Are the dental colleges in Nepal up to the mark? Please comment.

As we all know, dental colleges have not come a long way in Nepal, As in all other developing countries, it will still take a considerable amount of time to reach up to the mark. As establishing a college of such purpose requires a huge financial support, the financial constraints of these colleges have been reflected in them not being able to hire enough qualified high level instructors. A lack of funds has also put a limit in upgrading the existing infrastructures these colleges have. What we have been enforcing is that these colleges should have at least the most basic requirements fulfilled and the colleges should make satisfactory improvements within a given period of time.

NDA: Lastly, what message would you like to convey to the new generation of dental surgeons?

The overall oral health status of this country is reflected by the fact that most people do not have any tooth paste or tooth brush, The few people that do have this luxury do not know how to use them properly. What I suggest to the new generation of dental surgeons is that you should direct your energy and enthusiasm to the far and remote areas of the country. This will require dedication and hard work and the task of raising the status of oral health cannot be completed in one day. For these new surgeons, the monetary gains made by staying in well-equipped clinics of the cities will be far more compensated by the experience they will gain by working in the remote and rural areas. After all, the value of a healthy smile you have brought back on the face of poor orphan in the villages by treating his tooth cavity is, without dispute, priceless.

However, for those who dedicate their services in these far flung places should have proper recognition of their contribution and should have benefits accordingly from the concerned authorities. Only then, we'll be able to raise the oral health status of the country as a whole.