

IDEOLOGY OF DENTAL LAW

When we point the spotlight for Dentistry as a science responsible for oral solutions, we have the natural liberty of supposing that it should satisfy everyone. Of course this is a unanimous desire, but, within the standards of current relationships, it seems like a sentence taken for a dental utopia. However, we can notice a spark of optimism when considering the high rate of transformation of our world, imposed by technological innovations in all sectors of our day-to-day. From this fact established by the revolution of new materials and of information technology, that we have lived intensely, we suggest a set of ideas that culminate in a concept of an “individual dental right”. It is a thesis that allows at least a moment of reflection for professionals in Dentistry.

In dictionaries, we see the definition of ideology as being the science of the formation of ideas, or as a set of ideas in the abstract, or as a system of ideas. In this text, we do a theoretical search for some structural mechanisms that provide the economic support necessary for us to perform dental inclusion for the entire population. It is observed that all this remains a system of ideas in the abstract, and, therefore, the term dental ideology can be used for the presented thesis of a possible dental law. We think of an ideology because Dentistry does not have a model or primary plan that provides professionals a central goal for the category, combined with an operational economic system, able to adapt to the trends of development in constant transformation.

It all starts with the questioning of how we can effectively intervene and manage through a strong dental class. We use this text to relate one set of stimuli that we believe to be able to unite professionals in the segment, from the liberal to those belonging to universities, councils, associations and other related institutions. Whatever is the necessary outcome for the evolution of these professionals, we will always need an institutional image of Dentistry strengthened around an objective, consensual and vibrant ideology. There will never be favorable wind for those who do not know the direction to be followed.

With the main character established, that is, the dental class, we propose an equation capable of processing dental inclusion while also considering the market, compounded of (dental) retailing stores and industries, as another participant in the sum of forces. The third element in this hypothetical system of sum would naturally be the government. With the union of the three vectors mentioned, the dental

professionals, the market and the government, we can think of some real and lasting result of social acceptance for the population through public oral health.

We present the ideology of a dental law in five topics:

- I. **A Scenario of Dentistry**
- II. **Trend of Sustainable Development;**
- III. **Characterization of a Dental Law;**
- IV. **Self-sustainable Economic Model;**
- V. **Analysis.**

A SCENARIO OF DENTISTRY

A starting point to try to establish a scenario of Dentistry in Brazil continues to be interpreting the results of surveys conducted by the Brazilian Institute of Geography and Statistics, or IBGE (Portuguese: *Instituto Brasileiro de Geografia e Estatística*), until 2004. IBGE said that we had 24 million people without teeth in Brazil until that date. The national survey of households sample, or PNAD (Portuguese: *pesquisa nacional por amostra de domicílios*), indicated that, by 2003, exactly 27.9 million Brazilians, or nearly 16% of the population, never had a single dental appointment. Among children under five years, 82% had never visited a dentist, and, aged up to nineteen, 22% of individuals also never been in a dentist's office. In rural areas, one third of the residents, or 10 million people, have no assistance.

Many observations can be made from these numbers. The first is that the Dentistry system of segmented market, ongoing, leaves out of dental assistance, practically, one in every six citizens. As for the young, it would be one in five, and four children in five. Any project to reduce these numbers would already be an epic challenge. But there is a reduction of expectation when we see an isolationism of academic and institutional forces and of dental professionals themselves in the country. This would be one of the factors that may explain the lack of an essential dental model or ideology that, at least, didn't leave the sector in the economic depletion as it is.

The detailed study on the crisis in Dentistry done by Zanetti [\[1\]](#) in 2000 is a significant analytical framework in the history of Dentistry in the country. It demonstrates the state of tiredness when exposing the precarious economic reality of the professionals

from the angle of critical theory in economics. All this before a scenario of capitalist mechanisms revolution, which has been occurring in recent years, and of government actions in public oral health. These actions started from the fluoridation of water supply in 1984, and technical consultations carried out by teams of oral health professionals in residences, initiated in the late nineties.

Searching the Internet on Dentistry, we can even see some private entities developing isolated actions of dental inclusion due to the concern data of the research from PNAD. The public and private sectors are already aware of the importance of oral health in supplementing the individual's general health. Even to end hunger, the first digestion always begins by chewing.

Currently, a consistent line of action of the government can be observed in the sum of programs like *Brasil Sorridente*; *Saúde Bucal Brasil*, which is a survey of oral health status of the population; the fluoridation of public water supply; scientific training and update of workers in oral health; research in collective oral health; epidemiological and health surveillance in oral health; dental assistance integrated by *SUS*; and the system of *Equipes de Saúde Bucal da Família*, or ESB, in which professionals do consultations in households [2].

Attention is called to the figures resulting from use of these *Equipes de Saúde Bucal da Família* (ESB), counted until December 2005, in which they accumulated service up to 59 million people. By the year indicated, 12,602 teams were deployed. Apparently, this public program has efficient mechanisms of action, being able to reduce the numbers of individuals without dental assistance, because it creates a programmatic paradigm to be achieved. That is, you can plan assistance to the needy population within a specified period of time.

However, in the public sector, the resources available for plans like this will always be conditional on the political and electoral issues, and, thus, we have the uncertainty of maybe not be able to assist all the individuals, not completing the ideal dental inclusion.

We can not fail to observe Dentistry in Brazil by the angle of the social-economic capitalist relations that stratify people. Unfortunately we still live with a great contrast in the pyramidal icon of class division. When we consider the advanced Dentistry at the tip of the pyramid, represented by technological innovations that result in refined aesthetics, we distance ourselves from the Brazilian reality of millions of individuals without teeth at its base. This is a Brazilian scenario that should be studied thoroughly by all dental active institutions.

Several factors have caused changes in the life's relations, which help explain the state of economic stagnation in which is the dental healing system of mass market. A critical scenario would point to the complexity of the inertial lack of discussion for

a plan of main action to the dental industry. Therefore, we realize how difficult it is to define an overview of Dentistry, because there are multiple targeted scenarios depending on where is the observer.

In the point of view of dental surgeons who make their differentiation by technological innovations, there is a continuity of situational practice to raise the values of their services to the maximum. But most professionals live the crisis because they realize the imbalance between supply and demand for dental services from the low turnover in their offices.

But really great crisis live millions of Brazilians who have neither cultural nor economic conditions of having a minimum of oral health. This seems to be the scenario in which the dental institution should work to find, urgently, solutions for these people. We must think of some sustainable development trend, which satisfies favorable conditions for a new professional flowering, combined with social satisfaction of the population.

TREND OF SUSTAINABLE DEVELOPMENT

History shows that relations between people are being changed, over time, due to significant facts or important technological advances that occur. We can note several relatively recent landmarks that shape the behavior of mankind, as the French Revolution, Industrial Revolution, World Wars, atomic bomb, microscopic domain, new materials revolution, information technology, Internet, mobile phones and many others. Similarly, the nation's internal landmarks define the regional way of functioning of the patterns of relationships, of the societal orders and of the regulatory mechanisms. We realize that the main changes that occur in the evolution of society are reflected in the behavior of Dentistry.

The Brazilian Dentistry has its landmarks clearly visible. The dental healing system of mass market began to be introduced in 1900; had its consolidation between 1930 and 1960; the expansion or "Golden Age" took place from 1960 to 1980; and the phase of crisis and exhaustion began in 1981. Since the eighties there is a retraction of this type of system because occurs a drastic reduction of dental services, and, thus, the loss of the characteristics of the mass market. Therewith begins the imbalance in the relationship between supply and demand, and we see its transformation in a Dentistry's segmented market system.

Some areas still experience economic vigor, like those which differentiate their professional services with specialized courses, master's or doctorate. Others create clinics companies and manage multiple professional in series. There are segments that concentrate covenant and credentials of major institutions. Some use marketing

strategies and preventive agenda to attract and make faithful patients. Esthetic Dentistry composes the edge segment of technological innovations.

However, there is an interesting fact to be observed. In 1970, we were 90 million Brazilians. Dentistry was living its "Golden Age". Logically, there should have been an expansion which should have, at least, doubled the demand for dental services, because in little more than thirty years the population doubled to 180 million. What led Dentistry to depletion?

A set of events that occurred from the eighties explains the phenomenon of retraction of Dentistry. Initially, the country's economic recession, which began in 1981, was a first braking factor for dental services. In 1984, preventive actions and promotional programs for self-care in oral health were initiated in public and private spheres. Mainly the fluoridation of public water supplies and the inclusion of fluoride in toothpaste. In little more than a decade these actions have altered the record of the history of caries in permanent teeth of twelve-year-old children (*CPOD*), which is the parameter of international measurement, reducing it dramatically more than five times from six to eight cavities per child, before 1980, for one and a half, greatly improving the endemic standard of tooth decay in Brazil.

Although there have been the phenomenon of population doubling, the number of tooth decay was reduced substantially by fluoride. Adding to this, the increase of the number of people with cultural and economic capacity to purchase oral rehabilitation was not significant enough to keep the dental healing system of mass market system fully functioning. To compound the crisis, the costs of services have been maximized to offset the reduction in demand. Of course, there is a discussion of the main causes and their effects that resulted in the reality that we have today in relation to the dental landmarks cited in the preceding paragraph. But fact is that the balance in the supply and demand for dental services was lost.

Nowadays, we check the symptoms of a period of stagnation when we realize the characteristic vacuum of the finding of the crisis on a lack of professional flowering. Surely, a stage of search for new economic models of oral health will come, considering that the private sphere has lost the ability to self-regulate the system and the public sphere has its limits. Although the public sphere gains boost with preventive actions, such as exposing the population to fluoride, and has been seeking solutions with a set of programs coordinated by the Ministry of Health, as mentioned in previous thread on a scenario of Dentistry, there is always the alignment of the executive power with the partisan electoral goals that may introduce uncertainties.

However, we observed a significant result of government actions in oral health. The *equipes de saúde bucal (ESB)*, which make home visits, have been the Brazilian solution for our specific problem of dental inclusion. However, there is a conceptual conflict or a limit to the actions of the public sphere. The government is not an expert on teeth. It is the dental institution which is responsible for dental solutions. Everything indicates that it is proper to the consensus of the sum of the institution's professionals

to discuss and find an ideal model that produces the political, economic and social actions necessary to a self-sustaining agenda.

It is clear that the government should be a dental institution in the sum equation, not the central dynamo of all solutions and actions. Following the mathematical metaphor, the equation is complete when we consider the dental market as another term in the sum of forces, and so, all together with the organization specialized in oral health may seek the increase in the number of individuals included after the equal sign of the equation.

This is the central challenge. What equation or dental model would be capable of triggering a process of political, economic and social transformation in the sector, to lead to Dentistry to perform a sustainable dental inclusion and extinguish tooth extraction in the country?

The first clue we have for the demand for this model is the sustainable development program in progress. It is the most sensible solution we have at the moment for the evolution of modern societies. It appears that many generations will still hear about it, because it is a conscious movement that relates the limits of technology with the wishes of society. The main goals of the program are: (i) minimization of energy losses; (ii) minimization the use of materials; (iii) minimization of environmental impacts; (iv) provide adequate social satisfaction.

We note that these goals clearly indicate a primary concern of man with natural resources, in a clear relation with the instinct of self-preservation of the species. The analysis of goals reveals a care in preserving the natural cycle of the planet, witch is necessary to maintain our technological development in progress.

For example, we already know that energy means finite resources and environmental impacts. Materials are equally valuable for their limited origin, since they are physical resources, and still bring out the problem of exponential increase in garbage. The contemporary understanding is unanimous on the need to avoid environmental impacts. Finally, the search for social satisfaction suggests the "*return of technology to people.*" This is the aspect that really draws attention to the point of view of Dentistry.

The segment of Dentistry has no problem with extreme costs of energy. The amount of materials used is negligible when compared with sectors that make large extractions and discharges. It doesn't cause environmental pollution. Where do we enter in the context?

Dentistry is an exchange system in life's relationships of man to man. So, the visible path that remains for Dentistry to contribute to the development of society is the social satisfaction. Of course any statement allows its discussion, but the 28 million Brazilians outside dental inclusion need, urgently, that Dentistry quickly agrees with some trend and starts the next phase of action. This would be the second clue in the search for a model of sustainable Dentistry, because it confirms modern dental technology's need of returning to people.

Therefore, whatever is the ideal model of development to be found, it must contain the ingredient of the trend to be sustainable. We already know what sustainability means to produce adequate social satisfaction. But, as we saw in context, this is the goal that Dentistry can do better in the string of development. So the target or limit of a dental model's performance can be defined: it is a finite number of individuals who have no access to dental inclusion under normal conditions of their life's relations, whether for cultural or economic reasons.

This occurs because any different result from assisting the entire population will not satisfy the dental class. We face, then the convergence of ideas that all people can theoretically be assisted. So we will make a statement that one day may also be true: *"the life's quality of individuals should include their oral health."*

The final thought to close this cycle of ideas is to find a central encouraging factor for the thesis of a dental model of development, which provides satisfaction guarantee for population's oral health, professional flowering, growth of the dental market and eye-catching numbers for the government's policy which deploy it. Just in terms of suggestions, we conclude that the best lever to move a hypothetical model as this would be to create a new right for citizens. In our specific case we can imagine, then, an unprecedented dental law.

This would be a historic achievement of something very significant to people. It would act as a factor able to light and maintain a flame illuminating the north of a conscious and responsible project for Dentistry. As all this would be a set of ideas in the abstract, we can call the introduced concept as a model or ideology of a dental law.

CHARACTERIZATION OF A DENTAL LAW

We channeled all the arguments so far to give light to the suggestion of a dental law. Here we are to characterize it, noting, however, that it is something still in its gaseous state. Of course we can not achieve, at this moment, a very high level of detail. But we will do a theoretical description of the elements that would act as incentives for setting up a possible new law.

The first element to characterize a dental law would be its own creation as a federal law. The first paragraph of this law would need to contain the main stimulus device: ***"all individuals have the right to basic dental care."***

Only this initial stimulus would have the power to unleash a process of joint actions in sequence, which would unite the public and private sectors in a common goal: perform dental inclusion at any cost. Something similar to release a dammed river on top of a waterfall. The effect of a law guaranteeing the right to oral health would be like a Ground Zero, signaling the start of the feasibility of the hypothetical model in study.

The second element is the action of the law itself. The second paragraph of the law would have to describe the stimulus to this right: ***"basic care of individuals include the right to an annual visit to a dental surgeon."***

Many observations and analysis can be drawn from this second stimulus. The first significant fact is that there would be a race of people to dentist's office. The second fact is that dental inclusion can be made, literally, by itself, self-powering the process. The third fact would be the effective realization of a new service by the professional, who would not do it if there was no new dental law. After all, without people in relationships, there is no market. At this point, we believe in creating a currency on the right of consultation, as an asset to be conquered by the professional, and we would call it "performed dental credit", or CDR, (Portuguese: *crédito dentário realizado*), which could be exchanged with prosthetic laboratories, dental retail stores, taxes and other market institutions.

The third element of stimulus would be to give life and legislative support for the currency of "performed dental credit" by the professional. The third paragraph of the law could be: ***"the professional who provides basic assistance to an individual, asserting dental law, gets paid for his work a currency per provided service, called performed dental credit (CDR)."***

This mechanism would be able to measure the magnitude of dental care in process by the number of already established dentist's offices throughout the country, and would create a new exchange currency with unique value for the dental market. Many economic possibilities may be dismembered from this concept, and, later in the text, in the topic of self-sustaining economic system, we will do further analysis.

The fourth stimulus to dental law would be to create a **personal booklet of dental visits**, similar to what is already done with the vaccination of children. The difference, today, is that this booklet could be done electronically. On the first visit the person is registered in the system and, in each new assistance, his personal clinic information would always be accumulated and updated by the electronic form. A record of the dental care's history of the individual as this can be printed at any time, which does not occur with the vaccination's booklet of children, which deteriorates over time. The individual booklet would represent the ownership of the dental law, physically, in the hands of citizens.

The fifth stimulus would be the use of information technology to create a **system of registration and compensation of credits**. Without it, the suggested model could

not be arranged. There is, currently, a convergence technology that allows us to plan the functioning of the theoretical model of the dental law at a national level - a process unthinkable a few years ago. It can be created a central operating system (brain) on the Internet, storing the clinical data of individuals and credits from professionals. This system would feed the database of the Brazilian National Health Agency, or ANS (Portuguese: *Agência Nacional de Saúde*), which would make a validation of the credits, and then would forward the validated credits for the Federal Revenue (Portuguese: *Receita Federal*). Companies that received the credits of professionals would access the central system, identify the amount of credits received and send them to their National Register of Legal Entities, or CNPJ, (Portuguese: *Cadastro Nacional da Pessoa Jurídica*) to reduce the due taxes in subsequent months. Simple as that is.

Of course, in practice nothing is so simple. But when we study the electronic form of transfer of supplemental health's information, or TISS (Portuguese: *transferência de informações de saúde suplementar*), from the Brazilian National Health Agency (ANS)[\[3\]](#), deployed from June 2008, we see that we can use it to help operate the dental law. It can be created a database of individuals assisted throughout the country and validate the credits made by professionals through a similar form.

A specific organism composed of representatives of the sectors involved would be responsible for the creation and operation of the central brain or the dental law. This system, by using the concept of Internet, could turn into reality a fast mechanism to record data of individuals together with the ANS and fuel professionals and companies' performed credits in the Federal Revenue for later compensation.

A system like this would be a powerful stimulus directed to the market. With this element we close the functioning cycle of the dental law, establishing the dynamics of value exchange between professionals, companies and government. The work to develop the system, which must be tailored to the sector, could be accomplished by specialized technicians of the segments involved, namely, dental institution, market and government. There are many possibilities in considering a modern and current incentive system to the dental industry. In the following text, we will show more idealized details of viability.

Nowadays the Internet is so pervasive and indispensable that the term "cloud of the Internet" is already used to define the concept that it is in all places accessible to all individuals. Only with a technological structure such as the one we already have established, today, we could think of a model able to sustain the idea of existence

of a new dental law. Therefore, all solutions for the creation of the central system, or law's brain, would be available to computer programs that could be made by a group of experts gathered by the economic string of the industry. A similar model could even be developed for the medical segment with various scopes and specific applications.

Summary of stimuli for a dental law:

1. Federal law providing individuals the right to basic dental care.
2. Basic assistance to individuals of one annual visit to the dentist surgeon.
3. Gain of dentists per unit of currency for the service provided to law, called "performed dental credit" (CDR).
4. Personal booklet of dental visits, which can be printed at any time, representing the dental law, physically, in the hands of the individual.
5. Central operating system (brain) on the Internet to store the clinical data of individuals and the trading of credits (CDR) to be used by professionals and companies.

With only five stimuli we present the main features of the original idea on a model of dental law. Note that none of them is an absurd and impossible proposal. All have a simple logic. They only use the available resources of the complex reality that exists around us. With them we can force a convergence capable of producing social satisfaction through the oral health of the population, significant increase in dental services, growth of the dental market and historical performance of dental inclusion for the government that deploys a model like this.

Of course the stimuli shown are a first approximation. A multidisciplinary study would be necessary to test in depth its feasibility. Every specific professional involved in this

string could improve the system with operational details relevant to his area. We have a vision that, with great caution, we could put the model as a rough block in the center of a room, and each related sector would be able to carve and polish its corresponding face.

The stimulus of a federal law can be implemented by experienced jurists. They would be making history when formatting the guarantee of a new right, providing a very valuable asset to the citizens. The kind of basic assistance to individuals with an annual visit to a can be detailed by councils, associations and unions. The value of the dental surgeon's service turned into "performed dental credit" (CDR) could also be calculated by the competent institutions of Dentistry. But it must be a reasonable value to compensate the professional to devote his time for new calls.

Obtain the Personal booklet of dental visits would be a common procedure of Internet access, and its printing simple for the patient. With each new visit to the dentist this document would be renewed physically, supplying any loss or damage. With the information technologies' evolution of our modern society, we could even use magnetic cards containing chips, which would make easier the law's operational form for individuals.

It would be function of the programmers of a new specific organism, representative of the sectors involved, use information technology needed to create a brain operating system, which would combine the data with the ANS and with the Federal Revenue to process the clinical information of people and the credits of professionals and companies. The system of compensation of "performed dental credit" in the monthly taxes of companies or professionals would be the tool that would support the flow of values of the law's machine, performing dental inclusion. Therefore, once more, we see how all the suggested stimuli have the feasibility in the reality of our modern society.

First phase: thesis of individual action. With the disclosure by the official media that the National Congress approved a dental law for citizens, which includes an annual visit to a dental surgeon, naturally, at first, there would be a frantic rush to dentist's office. At least dentists could no longer claim that they have few patients. The individual should look for a professional who accepts to make the dental law assistance.

Of course the service to be performed would have to be standardized and specified for each age by competent organs. But at least, it should monitor the oral health of children and transfer key preventive information for mothers. For young people and adults there could be an assessment of oral conditions, small and fast rehabilitation in cases of emergency, preventive education and routing of severe cases to a specific public assistance.

For a distracted observer this law may seem little at first. But it would be the landmark of the beginning of mass dissemination of Dentistry culture for all ages, at the same time. We can not solve all problems overnight. The result will be in the sequential dynamics of triggered new services, over time, by the act of the citizen to go and sit in the dentist's chair.

The service needs to be fast. The idea of assistance in mass suggests speed in consultation so professionals may have profit, may use and enjoy their work's potential. Many options of viability be thought to the access to patients' clinical information control and exchange of dental credit. Even the implantation of a system of magnetic card containing a chip would be interesting. Even the deployment of a system of magnetic card containing a chip would be interesting. The experience of professionals in oral health teams, who already make home visits, should be considered to help standardize consultation of dental law.

Second phase: thesis of professionals' action. The dental surgeon that accepts the patient would make his registration in the system of law, inform the mouth state, indicate the actions taken and print the report of the visit. The "performed dental credit" (CDR) would be created. For the individual, the possession of this report would be the very dental booklet documenting, physically, the beginning of his right.

Therefore, when doing the operation in the central system through the Internet, the system would send the data from clinical assistance to the ANS, that would validate the operation as a performed dental credit for the professional's registration. This credit CDR would have various forms of identification, and the professional could get a report on the amount of credit that he has to be exchanged, later, for laboratory services prosthesis, products from dental stores, banking institutions or due taxes. Many other options of exchanges can be thought of and created from the concept of dental credit.

Third phase: thesis of companies' action. Companies would receive credits (CDR) through a printed or electronic report of the available quantity of professionals, and would identify them in the central system of cloud of the Internet. Then, they would divert the credits in their power to the system of the Federal Revenue through their CNPJ. The sum of the credits would be converted into current currency, and subdued directly in the calculation of taxes to be paid by the company. In the course of a month, companies would subtract the credits obtained from the face value of the tax guides.

Up to a period of accommodation of the new model of credit CDR there may occur an overflow in relation to the taxes due. That is, the values of credits been greater than the tax payable. Then it begins the process of dilution of the credits, when the retail stores would start to pass them industries that supply dental products. On the other hand, dental industries can make another dilution of credits for basic industries that produce raw materials. All these characters in the economic network of Dentistry are set out in the market, and will realize the obvious growth in the volume of their sales with the entry of millions of people in the market.

Final phase: thesis of government's action. The first movements should be in politics. A draft of a federal law establishing a new dental law should be made and presented in the legislative houses. In the area of information technology, the action should be the creation of a central operation of the dental law on the Internet, the brain, combining the computers of the ANS, to validate the credit CDR, and the computers of the Federal Revenue, for the compensation of the credits CDR in tax for companies or for professionals.

The creation of an organism to develop and operate the central system, composed of representatives of government, the dental segment and the market, would be ideal. This new organism would be responsible for keeping this system working on the internet - it would be like arteries leading the flow of clinical data of individuals and credits.

The movement of departure of the law would be its creation as federal law and subsequent official communication to the public. This would be the sublime moment of the executive power responsible for its realization, which would guarantee an unforgettable and irreversible popularity. The political party that set up a law as proposed would take an abundant advantage of it for long time, because we would see a vigorous dental inclusion being held in a sustainable way.

SELF-SUSTAINABLE ECONOMIC MODEL

Only by creating an expectation of increased earnings throughout the economic string of the sector, the suggested model of dental law will be able to prosper and become self-sustaining. This is the perception that remains when we consider the possibility of the entry of millions of individuals in the market, consuming all types of dental products and services.

The interesting news that we can add to the pros is that there are multiplier effects, hidden in the model, which can result in significant economic expansion in the sector. These effects would be consequences of a convergence of events relating to dental assistance, and we would see them, later, in the form of a geometric progression of dental services' growth.

With a right guaranteed by law to do a free annual dentist appointment, there'd be created a new cultural trend for regular dental assistance. This would be a multiplier effect that would produce in the minds of people the same result of a continuous robust "dental marketing". It is of note that the proposed law provides assessment consultation, prevention, and small emergency rehabilitation.

Assuming that a large mass of millions of people will initially run on dentist's offices, in the early years, one can imagine that a lot of people and their families will end up

doing private treatments when facing oral problems that can not be postponed. This is a situation that will occur with millions of individuals from all social classes, who no longer take care of their teeth to contract debts in successive purchases of mobile phone, TV, DVD players, cars, clothing, luxuries, pets, etc.

We can, therefore, indicate this other multiplier effect, which would be itself the dentist's chair. Once the citizen is sitting in front of a poor assessment of their oral conditions, the whole reality of priorities changes, and shall be led naturally by instinct of self-preservation. We made this acute introduction to point hidden forces in the model that may conspire to growth of the segment. We recall that, without people in relationship, there is no market.

In other words, the idea of a law can stimulate the memory of the regular maintenance of teeth, and so make individuals look for more dentists. Thus, a new dental culture would be consolidated in the country. Only after people are in the dentist's chair there may be new real economic possibilities, and, finally, the equation of the sum of forces suggested could work. The equation of the model would be successful when we consider that all sectors of the economic string would achieve gains for the market growth, as this would also mean a continuous inclusion dental being made en masse.

So the question is: where will the resources for all to grow come from? The funds will be brought by millions of individuals who will make a periodic evaluation of their oral conditions and, faced with problems that can not be postponed, they will have as a new priority oral rehabilitation at the expense of other spending more superfluous.

The cyclical movement of annual dental evaluation suggested by the law is the dynamo's self-sustainability of the economic system proposed. The units of dental credit CDR would be the generated impulses which would stimulate a new relation of dental professionals with the population, the market and the government in a new environment of flowering. Details of this new unit of currency would be easily done by economists. At the moment, we are only presenting it, and studying its operation by means of conceptual conjectures.

The first question that may appear is whether there are advantages to the use of a new benchmark, such as the performed dental credit CDR idealized, instead of making payment for the service to the professional with currency of the country. Credit CDR would work, initially, to give a unique identity for the dental law. That is, it enters the context as a garment of the new ideology of law.

Credit CDR would influence the human psyche as new monetary illustration, creating singularity for dental activity. We could say that a value in *reais* to the attendance of the law would not produce the same effect of exclusivity and importance in the mind of the individual. The professional could have the impression that it is not worth making the attendant. But receive credit CDR would mean being part of something bigger, where each credit represents one person assisted, and so would be contributing to the development of the country. This makes all the difference. Who would not want to be involved in a motion of advancement of the country?

The performed dental credit CDR would be like a revolution for the dental market in general. In practice, it would be an economic stimulus that would mean an abundance trend of new business to be conducted, since the stores and the industries of this sector would have a unique currency, which would begin to circulate monthly adding in sales of all. In other words, it would increase gross revenues significantly, which in sequence would be processed in currency. We could even speculate that the market would not increase if there wasn't a stimulus or shock in people's minds, driven by a new civil law characterized by a dental reference value.

Thinking for exclusion, if we remove the credit CDR of the equation of dental law, the economic magic disappears from the new ideology. Ultimately, all economic factors involved in the dental string would fight to get credits, that would simply represent billing increase. If everyone wants to increase services and sales, and if there was a new mechanism that could attract more and more people in relationship to generate more profits, of course, everyone would work for it rather than keep everything the same, without a new stimulus to identify the segment.

Credit CDR would be the instrument for measuring dental inclusion being performed, since each credit would mean another individual being attended. An interesting concept that would be intrinsic to the CDR is the fact of creating a benchmark for the teeth. It is now time to be imposed on society the concept of the importance and high value of the teeth. It has been reported that people are neglecting dental caution for contracting long debts with various kinds of superfluous.

This occurs, naturally, because, daily, the population is watching television, seeing advertisements of many products for payment in up to ten times. A "**dental propaganda**" for the visit to the dentist that the dental law would produce by credit CDR would be very significant and powerful. There would be a "**new dental culture**" in the country at the time an individual can go to the dentist for a free annual periodic evaluation. Possessing a right, the citizen may decide to turn off the television, get up from his armchair and go sit in the dentist's chair. If he does not have in mind the image of an individual right, in the form of a personal credit, because the service costs a few *reais*, he may prefer to stay in his armchair looking at his new flat or plasma TV screen.

Some interesting aspects to be defined would be the mechanisms of exchange of credit that could be made. The dental surgeon is in the beginning of the string generating credits (CDR), and his immediate exchange options would be shopping at dental stores, prostheses laboratory's services and reduction in taxes payable. Other institutions could provide liquidity for a lot of credits in possession of a professional. It would be perfect if the banks also were interested in capturing the credits directly from dentists. This will provide total flexibility to move the wheels of a new dental law.

The high-speed processing of credit CDR would be another feature of economic viability to be observed. Theoretically, from the very moment that a dental surgeon complete the consultation of an individual, and send the form to the database of the brain central system in the cloud of the Internet, it would be created credit the CDR. It would exist in the form of an electronic impulse, printed as a booklet of

the dental law for the individual and as a documentary report to the dental surgeon. Everything indicates that the electron transfer is the ideal way to handle the dental law safely.

In the ambience page of the law's central system in the cloud of the Internet, the professional would have the information on how many credits he would possess and transfer options for companies through the information of the number of national register of legal entities (CNPJ). This operation would create an electronic record that would go to the database of the Federal Revenue, which would be used to start the shopping in dental stores or pay off dental prosthetic services. If banks accept the credits, the entry of a code of the bank would lead the credit CDR to the professional's current account. We note that there are multiple possible trade scenarios.

Companies would access the Federal Revenue's web page, or the database in the cloud of the Internet, designed to process the dental law, would identify the credits transferred by professionals or other companies, would the conversion of credits CDR for currency, and would divert the value to be deducted from the amount of tax payable on the next tab. Simple as that is. We can't avoid the image of a dynamic professional that, when processing a dental law and using of information technology, would be in the same speed of modern business practices that push the capitalist relations. The dynamics of value exchange between the sectors can be summarized in the diagram in Figure 6.

DENTISTRY

Dental Surgeon
Prosthetic

POPULATION

Dental Law
Social Satisfaction

MARKET

Dental Stores
Industries

GOVERNMENT

Health and Education
Social Satisfaction

Figure 1: Simple dynamics of the exchange of values between the sectors involved.

We see through the dynamics shown that the equation of the model of a possible dental law would be a simple circular system of values exchange. The benefit of dental assistance would generate a performed credit for the work the professional, which would yield gains for the market, which would help the government achieve social satisfaction through dental inclusion. Theoretically, the expected increase in the number of patients on the basis of the economic system of Dentistry, in case there was a model like the indicated, would tend to change again the relationship of supply and demand. But this time, we would have a significant increase in demand for dental services. All the class desire, ironically.

Another sign of viability of the model can be seen on other possible mechanisms of dilution of the credits. When it comes to market, there is a whole complete package of investment options by other segments avid for profits. Countless forms of negotiating credits with market institutions in general can be thought. A group of economists meeting with a material like this on the table would quickly find spectacular and operational specific solutions. The life cycle of credit CDR may be suggested by the diagram in Figure 7.

DENTISTRY

POPULATION

DENTAL LAW

CDR

SOCIAL SATISFACTION

GOVERNMENT

OPEN MARKET

TAXES - CDR

Figure 7: Suggestion of the life cycle of the "performed dental credit" (CDR), among the sectors directly involved in the creation of a new dental law.

Information technology has transformed the governments around the world in vigorous robotic systems of tax collection. But we must fight for technology to return to the people, and also provide satisfaction to the society. Dentistry will live a performance's revolution when it fully utilizes the techniques of information already available in our modern world. In the context of the new economic system proposed, any government would have reason to be satisfied. The model calculates a temporary tax waiver. However, the expectation of market growth pushed by the entry of millions of individuals, and the resulting multiplier effects, can make the numbers by the dental industry have spectacular positive jumps.

Adding to this, there is the fact that the government doesn't need to have direct resources of the budget, since it will only exchange an initial tax waiver for the expectation of dental inclusion be processed by the sector itself. Of course, there would be an inflection point in the equation, within a certain time, which can be calculated by specialized economic technicians. But, after expansion and consequent accommodation of the rotation of the performed credits CDR, the amount of future revenues may far exceed the current. It would be like a movement of scheduled political incentive that would result in higher revenues in the medium term and exceptional gains in popularity in the short, medium and long term.

However, the government can not just think about expanding its fund-raising machine in the industry, without help solve the problem of dental inclusion. In the trend of a sustainable world, it is primarily responsible for stimulating and providing adequate

social satisfaction, because it collects public funds exactly for this purpose. In the model suggested, any waiver of taxes made in the first phase of deployment would be recovered from the phase of accommodation. We can not avoid imagining an environment of evolution and development in case the government, one day, destines some very significant political and economic stimuli for professionals and the dental market.

If so, there would be another feasibility factor of growth through the right dental model: safety. The mechanism of electron transfer of the credits CDR can provide a reasonable level of security in the distribution of public resources, if, one day, they were injected in Dentistry by a programmatic plan of total dental inclusion of population. That is, it would be a safe way of the government to pay a little for social satisfaction through public oral health.

The best ending to an economic topic is to talk about numbers. No one can deny the curiosity aroused by the text to the value of the hypothetical performed dental credit CDR. We can only do a conceptual estimate, in case the dental surgeon devotes his full time to the assistance of patients from the law. We assume that the professional makes every consultation in thirty minutes, with an average workload of eight hours per day and twenty days a month.

Estimating the value of the performed dental credit CDR, initially, for twenty *reais*, the professional would earn six thousand and four hundred *reais* per month. For the credit of thirty *reais*, the gain would be nine thousand and six hundred *reais*. For the CDR of fifty, there would be a sixteen thousand's salary. Make your choices...

The figures show a surprising collateral economic stimulus when we consider the magnitude of the labor market growth that may occur if a model of self-sustaining economy was implanted in Dentistry. With the increased demand, the sector can be leveraged with the creation of jobs in various levels of its string, such as dental surgeons, assistants, auxiliaries, professors, prosthesis' technicians, prosthesis' auxiliaries, oral health technicians, programmers, systems analysts, computer technicians, typists, secretaries, messengers, etc.

In relation to the total cost of the plan, we can make a preliminary estimate of how much would be the initial tax waiver of the government for its release in the first year. Considering that the values of 30 and 50% of the attended population per year were achieved, the calculation is simple:

- 1- **Costs for 30% of the population: 57 million people.**
 - § **CDR = 20 *reais* > 1,4 billion *reais*.**
 - § **CDR = 30 *reais* > 1,7 billion *reais*.**
 - § **CDR = 50 *reais* > 2,8 billion *reais*.**

2- Costs for 50% of the population: 95 million people.

§ CDR = 20 *reais* > 1,9 billion *reais*.

§ CDR = 30 *reais* > 2,8 billion *reais*.

§ CDR = 50 *reais* > 4,7 billion *reais*.

To calculate a value maximized to 80% of the population, estimated over a CDR of fifty *reais*, which would be the ideal value for dental surgeons, there would be an initial cost of the dental law of 7.6 billion *reais* in the first year. But this cost would begin to be reduced progressively with the increased tax collection when the companies revenue's growth is certified, reaching the period of maximum assistance or accommodation.

When we see the government raising more than 800 billion per year in taxes, with almost 40% of gross domestic product (GDP), and spending 90 billion on a single check for banks, as occurred in December 2008, we can begin to dream of the possibility that it would really be feasible to implement a dental plan as presented in the text. It appears that the optimal value of the credit CDR would really be 50 *reais*, since in this way, many professionals actually experienced a new phase of professional flowering.

In addition to the spontaneous growth of the labor market, the scenario would contain new perspectives of work and research for professionals, teachers and students. Adding to all this, we would have the influence of the capitalist relation that the mass consumption causes a reduction in the cost of technology, that would be plotting its return to the people. This would be very important for the population, and also for Dentistry, as always walking knowing where north is, toward achieving the paradigm of providing adequate social satisfaction.

So we can document:

"We must somehow direct the potential of the network formed by the pillars of scientific, technological, industrial and economic development of modern Dentistry for the best interests of Dentistry."

ANALYSIS

After all these theoretical devices to try to characterize the ideology of an **individual dental right**, we see that countless analysis can be done about it, pointing out positives or negatives qualities. We know that the text many times passes through a vibrant fictional environment. But when we initially suggest a constitutional law to ensure the oral health of people, somehow this idea came to life itself, and we could not do anything to interfere with the natural unfolding of the text.

Any kind of criticism about the model, or any concept that may be used or improved, will have significant value to deepen the understanding of everybody's' challenge in realizing the primary goal of Dentistry of total inclusion of the population.

We will do four final analysis of some aspects involved in the model proposed of an **individual dental right**: the political, institutional, economic and social aspects of Dentistry. First, however, note that we introduced the term "**individual**" in the model's nomenclature. A key concept already intrinsic to the text is that all individuals would have the right to an annual dental appointment. Thus, we reinforce the observation by the angle of people, and we wish that the feeling of individual ownership of the right to be ever more evident.

ANALYSIS OF POLITICAL ASPECTS

The performance of the public sphere has been relevant with several simultaneous actions. Some are very specific on the basis of the assistance of people with no cultural or economic conditions to go to a dentist. However, we can not expect the government to find all the solutions and solve the problem of dental inclusion alone. The government is not an expert on teeth. But, nowadays, is who has the power to regulate the industry with its public actions and vigorous structure of tax collection.

As seen in reading, the suggestion of a model of sum, where each sector must do its part, seems to be the most viable route for any common result that may be planned. But the responsibility for the total inclusion of the population is primarily of Dentistry, for it is the specific organization to study and expose the technical and institutional dental solutions. Only from the well-defined solutions we can get an ideal relation with the public sphere that enables us to receive the key stimuli to start a full assistance.

Extracting the topic of characterization of dental law, we saw that one form of the government to create significant incentives for the dental sector would be the movement of the executive and legislative powers to create and pass a law guaranteeing the right to oral health of citizens. When we insert Dentistry in the development of society, we see that the result of its action on the people is to provide general health and high levels of self-esteem.

The result of the stimulus would be worth double for the government, because fewer oral problems would also mean less potential disease for the individual, who would

not overwhelm the service of the SUS, reducing health spending. There would also be the profit of a strong partisan propaganda by providing effective social satisfaction irreversible for the population.

No one can remain indifferent to the large number of individuals, counted in tens of millions, out of a basic dental care. For Dentistry, basic already means a lot, since preventive information produce prophylactic effects on the maintenance of teeth. Therefore, the dental class needs to find solutions and the government needs to have a greater predisposition to promote the sector with a policy of specific stimuli.

The law's model of the text considers the concept of the sum of the policies and regulatory actions of government along with the assistance actions of the dental class and the operation of the system by the market. The intense dynamics that can be created by new business relations, over time, can only result in dental inclusion. Many deep political analyses can be made about the original idea of an unprecedented dental law for people.

Somehow, the political class needs to be informed of the possibilities and viabilities that exist in Dentistry, offered by dental innovations and information technology. We can not miss the chance to transform into law the good ideas that very important mechanisms of action at the moment have, and that maybe were able to change to much better the oral health status of two of hundreds of millions of Brazilians.

ANALYSIS OF INSTITUTIONAL ASPECTS OF DENTISTRY

There is a lack of dental assistance measured in millions of individuals. On the other hand, we have an economic crisis in the system of Dentistry because of the lack of patients in dentist's office. So we can see that there are missing only mechanisms capable of promoting the integration of these two scenarios. As mentioned earlier, we can not expect the government to solve all the problems of dental inclusion alone. It is not an expert on teeth.

Solutions must be submitted by the dental institution, composed by its 216,000 dental surgeons, counted by the Brazilian Association of Dentistry, or ABO (Portuguese: *Associação Brasileira de Odontologia*), in 2008.

In the text, trying to define what these solutions are, we have shown a set of ideas that initially suggests the union of the dental class around a common goal. Further, we proposed the creation of an economic model, capable of moving the market to assist in the operation of dental inclusion's day-to-day. When we detail a little more the studied model, we realized that it would take only a few political and legislative incentives to trigger an irreversible process of dental inclusion.

Seeing the vigorous movement of support given by the Brazilian Association of Dentistry in 2008, for the sake of the adoption of Constitutional Amendment 29, which organizes the transfer of government funds for health, can see the path to be followed by the dental profession at the National Congress to create the stimuli seen in the model as key to Dentistry.

But without a fundamental ideology of the class, we will not be able to effectively define a dental policy to be required in the legislature. That's why we suggest the wave of the flag of a new individual dental law, to try to provoke a valuable union of professionals.

Colleges, Councils and Associations of Dentistry could be the elements of union if they agreed with the search for a consensual ideology of dental inclusion. This would be driven by the prospect of a new economic model specific to the dental sector, supported by information technology. The ideology of a dental law can also be a new vision for higher education, sponsored by the academia, seeking to expand their horizons.

ANALYSIS OF ECONOMIC ASPECTS

One of the most interesting set of science is the criterion of spontaneity. It explains from the behavior of electrons to the fact that an object falls to the ground. The certainty that if we let go a single pen in the air, it falls down, in this obvious case of gravity, is one kind of spontaneity that governs our world. We see, in history, that the trends are formed by specific factors that lead individuals to have a spontaneous behavior, both in the reaction with the environment in which they are and in action for a desired purpose. This is the logic behind the economic model suggested in the text.

From initial political stimuli, specific commercial mechanisms and fast electronic regulation, the performance of the market to operate a self-sustainable system as proposed will follow the criteria of spontaneity that will lead to growth. Note that in this way a new trend of development would be being created. We are yet to combine the rules with the market. But it would not take long for it to realize that by helping the dental inclusion it will also have a significant growth. Thus, the dental healing system of mass market could again begin to move, and spontaneously, the dental market would conspire and interfere so that the goals of the class were also made.

In other words, it would be to use the very force of market capitalism to help make dental inclusion. The stimuli of the public sphere would be in areas where it can act better, that is, in politics, to legislate a new dental law, and the fund-raising machine, electronically regulating the new commercial contours. The day-to-day of the inclusion operation would be responsibility of the spontaneity of the growth of the market and of the dental class. It must be believe that the government does not spend more on the sector because it does not know how to do this efficiently and safely. The self-sustaining economic model proposed in the text indicates mechanisms that may

produce the desired effect of oral assistance of the entire population, and also provide profits for the entire string of forces involved.

ANALYSIS OF SOCIAL ASPECTS

The main facts that support the argument of the ideology of a dental law are the finite numbers of 28,000,000 people without dental assistance, and 24,000,000 individuals without any teeth, at least until 2003, when the survey was closed by IBGE. We put the sheer numbers so that we can amplify our perception in relation to the magnitude of suffering that so many people are living, and that will continue to rise while they live.

The teeth are very precious property and could not be at the level of values as low as is in the society. In all classes can be seen a neglect and distance behavior of dental assistance. Recently, the Brazilian Association of Dental Surgeons, or ABCD (Portuguese: *Associação Brasileira de Cirurgiões-Dentistas*), uttered on this subject, warning that people are choosing to get into debt to buy mobile phones, televisions, clothes, cars and many other unimportant items, instead of taking care of their oral health.

This is a clear sign that the dental solutions must be found by the dental institution urgently and can not wait all be resolved by the government in the blink of an eye. Our contribution to the solutions is the model of individual dental **law** suggested in the text.

Any part of the text that may be used, or if it only serves as a warning sign that we live in a time of consciousness, and therefore Dentistry needs to solve its serious problems soon, will have been a worthwhile experience within the context of our search for dental solutions. If we can at least unite the class, as suggested, to start a movement in search of solutions by the dental institution, it would already be a great advance.

After all the arguments we presented in the text, we thought of an interesting question that can be answered by you, as a citizen:

What would be the choice of people if they could vote on the options of having or not a dental right? Yes or no?

It is just missing for someone to notify society.

But if there is a desire to unite the dental class, encourage politicians, organize the information technology, combine the rules with the market and create a group of representatives of the sectors to develop and operate a central system in the cloud of the Internet, the rest would only be monitor the growth of the market, the increase of jobs and the results of a new vigorous machine of dental inclusion in operation.

However, the full action of the model suggested in conjunction with a dramatic increase in the number of oral health teams (ESB) would be ideal, doing consultations in households, and large-scale expansion of dental assistance points of SUS and of the project *Brasil Sorridente*. These actions will be more favorable than we can imagine in short, medium and long term. If these actions are leveraged to the maximum, an optimistic estimate would be to extinguish excluded from history of dentistry, perhaps in a decade.

In conclusion, in giving a dental law for the individual, we would be providing oral health to the population, yielding quality of life, which generates self-esteem, and the final product of this would be massive social satisfaction, which is the main requirement for sustainable development.

Make at least one test^[4]:

Ask formally to the Association of Dentistry or the Regional Council (Portuguese: *Associação de Odontologia ou Conselho Regional*) of your city:

What do we need to do politically to have a dental individual right?

CONCLUSION

In this chapter on an ideology of dental law we make a foray into the plane of the imagination. When we started detailing a little more this subject, which appeared in our previous books, were swept away by a torrential sequence of ideas that led naturally to the text set out in the book. We see that nothing prevents us from creating a new dental right for citizens. This suggestion has the backdrop of a powerful and continuing dental propaganda, able to establish a new culture of oral assistance in the population. All this is supported by a self-sustaining economic model, designed tailored to our industry.

The idea is released to the professionals for discussion. We have an institutional problem to be solved that, tragically, is measured into the tens of millions of individuals without assistance. Something must be done quickly to eliminate the excluded from the history of Dentistry in a sustainable way.

We arrive at the end of the book with the awareness of our limitations, often imposed by other activities that we developed. But our final message is of optimism, even in before a world in profound changes. As we saw in the text, this happens because we have a theoretical perspective of improving the reality around us. Whether through a dental law, or any other project even better, that may initiate the long-awaited evolution of Dentistry in the aspects of social coverage.

AUTHOR'S NOTE: this is a chapter from the book "Materials Research and Ideology of Dental Law" by Mario João and Sergio Pietro Lacroix, launched in 2009 by Editora Gama Filho, Rio de Janeiro, Brazil.

[1] Draft of the doctoral thesis of ZANETTI, Carlo. The crisis and the loss of sustainability of Brazilian dentistry: perspectives for an Agenda 21 for Oral Health. (2000) Presented at the National School of Public Health, Oswaldo Cruz Foundation – MS.

[2] All data on government programs mentioned above are on the website of the Ministry of Health: http://portal.saude.gov.br/saude/area.cfm?id_area=406

[3] Information on the form of TISS can be found in the Brazilian National Health Agency's web page, from the Ministry of Health: http://www.ans.gov.br/portal/site/_hotsite_tiss/f_materia_15254.htm

[4] If you want to make criticisms or suggestions about the idea of a Dental Law, you can send your text directly to the authors: lac@lacroix.com.br