Practising dentistry in Greece: The impact of the economic and political crisis

During the last five years, Greece has been immersed in a complicated and very serious economic crisis. All Greek citizens have suffered significant changes in their quality of lives, especially at a professional level. In July 2015 this crisis reached its peak, with the country becoming dangerously close to bankruptcy. During this period banks were closed for two weeks and capital controls were implemented. There was a restriction on how much money citizens could withdraw from their bank accounts, set at the very low level of 60 Euros per day.

Practising dentistry in Greece has dramatically changed as a result, and the most dramatic effects were seen during the period from July to September 2015, when the aforementioned bank restrictions were implemented. In order to better understand the changes in the dental field that this situation has caused, one needs to review the effects of the crisis at various levels: that of the patients; lab technicians; dental material distributors; and finally dentists themselves. Also, a distinction needs to be drawn between the private dental system and the public health system (i.e. hospitals).

During the crisis, in private practice, patients were frequently uncomfortable spending money on elective treatment such as dental implants. In many cases this was because their salary had been dramatically reduced or they were unemployed. For other people, it was because they were feeling insecure about the future and didn’t want to spend their savings. This was a particularly pronounced response in the period from July to September.

Another important factor was that people who did have savings, but didn’t use electronic means for transferring money, could only access the daily cash limit of 60 Euros. This meant they had to postpone their treatment, whether they wanted to or not. One unusual phenomenon was observed, however: we saw a group of patients who wanted to ‘get rid’ of cash or were afraid of a ‘haircut’ to their savings held at the bank, and so decided to go ahead with high-end treatment, and pay for all the work up front. This was, however, a rare exception.

An additional obstacle that dentists had to overcome during the summer was requests from lab technicians to be paid in advance or on the day they would deliver their work to the clinic. Technicians would typically demand this regardless of whether the patient had prepaid the dentist or not. This situation created frequent episodes of tension between dentists and patients, who were asked to pay in advance for the work. It is important to note that each country has a unique relationship between patients, dentists and payment practices. In some countries, prepaying for treatment might be commonplace. In Greece, however, especially during the crisis, dentists have been trying to help people to manage the cost of expensive treatments by allowing them to pay in instalments and over longer periods of time. The bank restrictions created problems for the flow of money between patients, dentists and labs, because the daily limit was not enough to cover the cost of the bills.

Dentists also had to face another issue relating to the distributors of dental materials. Like the lab technicians, most of the companies supplying materials started asking to be paid at the time of delivery. Again, in Greece it had been very common for dentists to pay their bills in instalments, particularly during the crisis. This flexibility was often withdrawn by distributors during the period of capital controls. No one knew how long the bank restrictions would last, and clinicians became anxious about the availability of products from distributors. Fortunately, no lack of materials was observed, and the situation has slowly returned to normal. As Greek dentists we must, at this point, acknowledge the significant efforts made by some companies ensure that relationships were maintained and everyone stayed calm. They thoughtfully sent out emails to dentists letting them know that they had sufficient stock to supply them with products for at least one month, and some refrained from changing their payment terms.

Understandably, the crisis and the situation that it led to had a series of negative effects on the dental profession. A lot of clinics saw a dramatic drop in the number of new patients. This led to a general drop in prices charged, as practices sought to remain competitive in a struggling market. As a result many dentists left the country and sought jobs abroad. According to data from the Dental Association of Athens, Attica, 126 dentists closed their clinics and moved to work in other countries. Also, many dentists who were completing postgraduate programmes abroad (especially in Europe and the USA) chose to remain in those countries and work there, either in the private sector or in a university setting. As a result, Greece is missing an important proportion of capable doctors and scientists who have been trained using cutting-edge techniques and who would be a great addition to the local universities, and to our research base. Furthermore, banks have stopped giving loans to individuals, so it is hard for new dentists to start their own practices.

Despite all the problems our country is facing, the quality of dentistry in Greece still remains high. The faculty of staff who teach at our institutions and train our future dentists are largely responsible for this. They are highly trained and very capable. Companies are also making efforts in Greece to promote high-quality continuing education courses featuring local and international lecturers. In addition, all modern materials and devices are available on the market in Greece. On the other hand, what has not yet been incorporated into daily dental practice in many clinics...
is CAD/CAM technology. This is due to the high cost of these machines, and the need to purchase expensive updates which pushes up their running costs. Despite all these challenging factors, there are still a proportion of clinics which have been able to maintain pre-crisis prices and also see an increase in the number of their patients.

It is also important to consider the impact the crisis has had on the public institutions that provide dental care. Hospitals experienced a dramatic increase in the number of patients presenting at emergency rooms with symptoms of acute dental pain, or even severe abscesses of the cervicofacial region. For instance, at the KAT Hospital (one of Athens’ largest general hospitals) the number of patients who were admitted to the Oral and Maxillofacial Surgery Department, and were diagnosed with serious odontogenic infections, rose sharply during the crisis. There was a direct correlation with untreated decayed teeth and periodontal disease, and the fact that patients were neglecting routine dental follow-ups.

Levels of appointments at outpatient clinics of Dental or OMFS departments at public hospitals also increased. Oddly, it seemed logical to many Greeks to undergo a tooth extraction rather than opt for a conservative treatment. This increase in patient numbers led to an exponential rise in costs, and therefore a further burden on the already overstretched public purse.

Both the public sector in general and the public healthcare system have suffered serious consequences as a result of the recession. Recruitment has been cut, leading to fewer staff; there have been cuts in funding; and many clinicians and scientists have moved to other countries. All of these factors have exacerbated long waiting lists and contributed to the inability of public hospitals to cope with rapidly increasing patient demands. Delayed or defaulted payments by the government to dental supply companies also resulted in a noticeable lack of crucial materials at hospitals and other public institutions.

We cannot conclude without mentioning that many dentists have made a valuable social contribution during this time of crisis. Patients have always been guaranteed emergency treatment and pain relief when they were in need. Social clinics were set up and continue to serve the emergency demands of the population.

We believe and hope that this situation will soon be over, and that the effects on our day-to-day practice will be reversed. We are anxious to see our profession and our country flourishing yet again.

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The EAO’s annual scientific meeting took place in Athens in 2011. Despite the difficulties the country was experiencing, the event was a huge success, and delegates experienced warm Greek hospitality as well as discovering the magnificent city-scape of Athens.