

Financial Aspect of COVID-19 on Orthodontic Practice in India

Journal of Indian Orthodontic Society
54(3) 276–277, 2020
© 2020 Indian Orthodontic Society
Reprints and permissions:
in.sagepub.com/journals-permissions-india
DOI: 10.1177/0301574220930173
journals.sagepub.com/home/jio



COVID-19 emerged as a prodigious event in December 2019, which has led to potentially severe unprecedented consequences in almost all realms of life, not sparing dentistry including orthodontics. Owing to the implication of saliva and aerosols in the spread of this dreaded disease, many health regulatory bodies have advised dental practitioners to only effectuate emergency procedures and avoid all elective treatments including orthodontic adjustments.^{1,2} However, this step has resulted in dental practices suffering gargantuan economic losses that has been witnessed by the world, including India. While general dental practices feel the drought, orthodontics has borne the repression repercussions as well.

The pandemic has led to a drastic change in the work environment for orthodontists, and it is the need of the hour to adapt to the change, adopt the newer protocols, and be adept in the same. The current and impending economic losses could be attributed to accentuated expenditure and the lack of resources to fulfil them. Despite being shut, clinics need to bear recurrent disbursement including salaries to the staff, EMI for equipment, monthly rent, and bills including those of biomedical waste management, water, electricity, phone and internet, and for consumables.

There is a plethora of knowledge available and various guidelines have been provided to form contingency plans for orthodontic practices. The clinic needs to be refurbished according to these, adding to the soaring expenditures in the practice.³ Pandemic rehabilitation expenditure includes newer personal protective equipment (PPE) such as N95 masks, face shields, head and shoe covers, alcohol based hand rubs, additional disinfectants, aerosol reduction measures, such as HEPA filter, newer antiretraction hand-pieces, chemomechanical agents, and COVID-19 rapid test kits, which might be imperative for nonstressful management, although less has been published regarding the same relevant to orthodontics.

Furthermore, sudden implementation of lockdown has resulted in missed appointments of the patients, which might have led to breakage of the brackets or oral appliances and appliance fit issues. Consequently there is an increased rehabilitation workload resulting in increased duration of treatment, primarily and cost, thereafter.⁴ Moreover, according to the latest recommendations staggered patient appointments

should be considered, implying less patients in a given duration of time, affecting the orthodontist monetarily. Due to the overall financial loss to the common man and fear of contracting the disease, the number of new orthodontic cases might also dwindle. This might further decrease the revenue generated by orthodontists as many orthodontists are consultants in general practices.

To understand the financial impact, practicing orthodontists may be divided into 2 categories, ones that are relatively new (<10years experience) and the other group with experience more than 10 years. The first group may face more hardships due to being relatively new in the field.

Some of them may not have their own set-ups and only visit general dental clinics as consultants. Hence, the losses borne by the general dental practitioners will directly or indirectly affect them.

The second group might have their own clinics but are likely to face a withdrawal phase where earnings dip and rentals and EMIs accumulate but proper precautions might permit relative normalization within 6–12 months depending upon how the pandemic progresses. Unnecessary additions and alterations should be avoided initially. Nonetheless, all precautions should be taken to safeguard them, and also retain their confidence.

Realizing the profundity of the situation, the governments and dental regulatory bodies of many high-income countries have offered financial help to dental practices, for example \$27 billion has been promised by the Canadian government to businesses, including dental practices. Similar measures have been advocated by the government of the UK, Ireland, and USA. While high-income countries have made financial strategies and provided aid, no scheme has been formulated by dental regulatory bodies or governments of low- or middle-income countries such as India.

However, during this pandemic and after, the clinician should be apprised with the latest information about the newer available PPE, newer consumables and aerosol reduction devices and decide which ones are more suitable to their practice, while spending wisely, rather than being parsimonious. The orthodontist must meticulously and conscientiously evaluate his clinical requirements and form a customized clinic contingency program utilizing the lockdown period, keeping in mind and following the



advocated protocols. At the same time, he must keep his patients in confidence about the efficiency and capability of the practice to safeguard the patients, patients' families, and the whole team with the additive preventive measures.

Anuraj Singh Kochhar

*BDS, MDS (WFO Fellow),
Former Consultant Orthodontist,
Max Hospital,
Gurgaon, India.
Email: Anuraj_kochhar@yahoo.co.in*

Gurkeerat Singh

*BDS, MDS, M Orth Diplomate, Indian Board of
Orthodontics (IBO),
Vice Principal, Professor and Head,
Department of Orthodontics & Dentofacial Orthopedics,
Former Editor Journal of Indian society of orthodontics,
Sudha Rustagi College of Dental Sciences and Research,
Faridabad, Haryana, India.
Email: drgurkeeratsingh@gmail.com*

References

1. Farooq I, Ali S. COVID-19 outbreak and its monetary implications for dental practices, hospitals and healthcare workers [published online Apr 3, 2020]. *Postgrad Med J*. doi:10.1136/postgradmedj-2020-137781. Accessed May 18, 2020.
2. Batra P. Coronavirus and its recent impact to our daily livelihood. *J Indian Orthod Soc*. 2020;54(2):91. <https://doi.org/10.1177%2F0301574220920076>
3. Suri S, Vandersluis YR, Kochhar AS, Bhasin R, Abdallah M. Clinical orthodontic management during the COVID-19 pandemic [published online Apr 27, 2020]. *Angle Orthod*. doi:10.2319/033120-236.1. Accessed May 18, 2020.
4. Lim PA, Ng YS, Tay BK. Impact of a viral respiratory epidemic on the practice of medicine and rehabilitation: severe acute respiratory syndrome. *Arch Phys Med Rehabil*. 2004;85(8):1365-1370.