

Nurkse's model of vicious circle of poverty theory: Is it applicable for dental profession in India

Dear Editor,

In dental practice, the five foundational pillars of ethics are autonomy, justice, non-maleficence, beneficence and veracity.^[1] The dental profession in India is regulated by the autonomous body, the Dental Council of India (DCI). The DCI has made compulsory the registration of undergraduate course Bachelor of Dental Surgery (BDS) and Master of Dental Surgery (MDS) in various disciplines. But with the mushrooming of dental clinics in India, the quality of dental care has deteriorated. The top 10 unethical practices in India are as follows: sterilization and waste management inadequacy, poor knowledge and attitude towards ethics, in competence among dental professionals, increased economy of oral health service, hesitation in following informed consent, lack of consensus about the treatment procedures among dentists, conflict in publicizing the dental services, clustering of dental clinics in urban areas, disagreement with treatment modalities among dentist and patient, and poor medical record maintenance.^[2] Apart from this, it is shocking to find that fresh younger dental undergraduates work with meagre salaries in the private health sector and shift into other better-paying jobs such as business process outsourcing.^[3]

Dentistry is a noble profession requiring highly demanding and stressful learning environment. The dental schools in the private sector are planning to close postgraduate education in nonclinical specialties such as oral pathology and microbiology, oral medicine and radiology, public health dentistry.^[4] The dental undergraduates feel less job opportunities in the above nonclinical dental specialties.^[4] On the other hand, dental undergraduates are not opting postgraduate career in clinical specialties in private dental schools. The rationale may be due to the hike of the curriculum fees which is not affordable for the middle-class population.

Ragnar Nurkse, an economist in 1953 introduced the model vicious circle of poverty theory to demonstrate low level of economic activity.^[5] It consists of two levels; supply level and demand level.^[5] The supply level progress in the following vicious circle "low income-low savings-low capital formation-low productivity-low output-low income."^[5] The demand level progress in the following vicious circle "low income-low purchasing power-low

attractiveness of investment-low output-low income"^[5] The above model may be applied to the current status of dental education in private dental schools in India.

Since the postgraduate seats of private dental schools are not filled, the faculty members have unpaid salaries for months together and some faculty members may be terminated.^[6] The private dental schools with inadequate infrastructure, insufficient patient inflow, poor research facility and lack of full-time faculty, and less exposure of students to dental care services are confounding factors. The aforementioned factors aggravate the Nurkse's model of the vicious circle of poverty theory in the dental profession. In the dental profession, supply level is influenced by reduced physical capital formation (lesser revenue from dental care services, lesser revenue from undergraduate and postgraduate admissions). The demand level is influenced by reduced human capital formation (teaching faculty joining the institution and students joining the dental course are diminished, students getting less exposure due to insufficient patient inflow).

The above concerns about Nurkse's model of vicious circle of poverty theory on the dental profession have to be tackled by health policy makers and government officials of India. The application of a universal oral health scheme in public health institutions by creating job opportunities for dental surgeons in public health institutions at rural, semi-urban and urban areas in India may improve the situation.^[7]

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