

Medical Aid Schemes Playing Judge, Jury, and Executioner: Who Really Decides Your Dental Treatment?

SADJ MAY 2025, Vol. 80 No.4 P18-182

Mr KC Makhubele – CEO, South African Dental Association

South Africa's Medical Aid Schemes /Third Party Funders have taken on a troubling role—one that places them in direct conflict with the very professionals responsible for delivering quality healthcare. Dentists and other oral health practitioners are finding themselves at the mercy of faceless assessors, often with questionable / unknown/ undisclosed qualifications, who dictate which treatments are “necessary” and which should be rejected.

This raises a fundamental and deeply disturbing question: Who is better positioned to make a clinical judgment—the dentist examining a patient in real-time or an administrator sitting behind a desk, assessing treatment claims based on paperwork alone?

The Dangerous Power of Medical Aid Schemes /Third Party Funders Assessors

It is common knowledge that medical aids review claims before approving or rejecting them. This process is meant to prevent fraud, a good goal, but more often used to ensure financial sustainability of the scheme. However, what is happening in South Africa's oral healthcare sector is something far more sinister—medical schemes are overriding the clinical decisions of trained professionals, often to the detriment of patients.

Our observation is that some claims are dismissed based on the opinion of an assessor who has never seen the patient, has no direct insight into their condition, and in some cases, may not even be qualified to evaluate complex dental procedures. There are unverified reports that even cases where oral hygienists and dental therapists—who do not have the same scope of practice as dentists—are placed in decision-making roles over the work of fully qualified dentists. If this is verified, it is not just concerning; it is a scandal that undermines both patient care and professional integrity.

What Qualifies These “Referees” to Overrule Dentists?

This brings us to an even more serious issue: What qualifies these so-called assessors to overrule the judgment of treating professionals? If a medical aid assessor is a dental therapist, oral hygienist, or, even worse, someone with no formal oral health qualifications, how can they be the ultimate authority on what treatment is appropriate for a patient?

Dentists spend years in intensive training, continuously updating their knowledge to keep up with advances in oral healthcare. Their expertise is built on hands-on experience with patients—not just theoretical knowledge. The idea



that a remote assessor, potentially with a lower level of qualification, can overrule a dentist's decision is not only absurd but a dangerous precedent that threatens the very foundation of ethical patient care.

The Human Cost: When Profits Come Before Patients

The impact of this system is not just bureaucratic; it has real, painful consequences for patients. A dentist may recommend a specific procedure based on clear clinical evidence, but if the medical aid refuses to cover it, the patient is either forced to pay out of pocket—often at great financial strain—or settle for a suboptimal alternative.

This practice prioritizes the financial interests of medical aid scheme over the health of patients. It turns healthcare into a numbers game, where the goal is to save money rather than provide the best possible treatment. And yet, medical schemes continue to sell themselves as partners in healthcare, while they act as cost-cutting corporations that interfere with professional judgment.

Time for Accountability: Medical Aids Must Answer to Practitioners

It is time for South Africa's oral health practitioners to demand accountability from medical aid schemes. There must be:

Transparency on Assessors' Qualifications – If a medical aid assessor is rejecting a treatment plan, they should be required to disclose their own qualifications and justify why they believe they are more competent than the treating dentist.

An Independent Review Process – Decisions that override a practitioner's treatment plan should be reviewed by an independent panel of experts, not just internal medical aid employees.

Professional Oversight – The Health Professions Council of South Africa (HPCSA) and the South African Dental Association (SADA) must investigate cases where unqualified or underqualified individuals are making treatment determinations.

To this end, the South African Dental Association will initiate discussions with Medical Aid Schemes to reveal who is responsible for making these decisions and how they are made. We will also express our serious concerns in the hopes of finding more effective solutions.

Enough is Enough

South Africa's oral healthcare system cannot continue to operate under a model where medical aids have unchecked power to dictate treatment decisions from behind a desk. Dentists are trained to heal, not to fight bureaucratic battles with people who do not share their level of expertise.

If the current trend continues, the message will be clear: In South Africa, your dental health is not decided by your dentist—it is dictated by a medical aid scheme that prioritizes cost-cutting over care. And that is something every healthcare professional, and every patient, should be outraged about.

OSSTEM⁶ IMPLANT

Why Osstem? A Global Leader in Dental Implants

- Available in over 90 countries worldwide
- Top-selling implant brand (Global Rank #3 – 2022)
- Proven clinical track record (10+ years)
- Advanced surface & digital convergence technology
- 98.9% surgical success rate
- Easy certification access anytime, anywhere



Meet the TS III SA Implant

Submerged type implant with an internal hex 11° tapered connection structure



- Connection - Mini / Regular
- Excellent initial stability in soft bone with smaller threads in the upper section
- Corkscrew thread & cutting edge
- Sand-blasted Acid-Etched surface
- Cost-effective



021 883 2225
info@osstemsa.com
www.osstemsa.com

Precision Meets Performance