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Dentists as Oral Physicians

It can be argued that in the mid-19th century, dentistry in North America developed into a profession due, in part, to the overwhelming prevalence of oral disease and the lack of individuals trained to provide the much-needed and specialized treatment. While at this time the theory of focal infection was taking shape and also acted as a lever for dentists to advance their professional aspirations, the most likely opinion was that treating teeth was simply a mechanical endeavour and that no relationship existed between the health of the teeth and that of the rest of the body.[1] However, biomedical science has since demonstrated that oral health is intimately related to systemic health and well-being. As a result, this begs a series of questions: Is it time to acknowledge that dentists need to be physicians of the stomatognathic system? Should education for the practice of dentistry be integrated with the education of physicians being trained to care for other functional organ systems? Should oral health care be included and integrated into the broader health-care delivery systems of Canada and the United States?

Dentistry emerged as a scientific, university-based discipline subsequent to the 1926 Carnegie Foundation's report by William Gies, "Dentistry in the United States and Canada."[2] In that report, Gies and his colleagues favoured the view that dentistry should become integrated with medicine as a specialty. They argued for an enlarged view of dentistry in which "dental surgeons and dental engineers become oral physicians." There did exist some skepticism in Gies' committee as to whether this was possible, thus they also argued that "the practice of dentistry should be made an accredited specialty of the practice of conventional medicine, or fully equal to such a specialty in the grade of health service." The report then concluded that "dentistry cannot now be made a specialty of medicine." Important to this final negative assessment of complete integration was the political and professional culture of the time in North America, in which physicians and dentists viewed themselves as different professions, each with their own, albeit similar, aims and objectives professionally, economically, and/or socially.[3] Thus, dentistry emerged and developed in the 20th century as an autonomous profession, attempting to be, as the report stated, "fully equal" to a specialty of medicine as a health service.

Dentistry made notable advances in the last century in research and education, resulting in significant improvements in the oral health of Canadian and American populations. However, by the end of the century it had become increasingly apparent that dentistry could no longer be equal to medicine while remaining separate from it. In 1994, the World Health Organization report, "Oral Health for the 21st Century,"[4] stated:

> "The changing disease patterns, the advanced diagnostic and treatment methodologies and the broadening of responsibilities illustrate the need for a new type of oral health professional, someone with special education and skills in the care of the oral and maxillofacial complex. These professionals will have principal responsibility for oral health care, and they may be assisted by specially-trained support personnel. In addition to these generalist oral physicians it is anticipated that the need will remain for specialists."

In early 1995, the Institute of Medicine (IOM) in the United States released the results of its four-year study of dental education, "Dental Education at the Crossroads: Challenges and Change."[5] This landmark study by America's most prestigious science policy body proved to be provocative. While acknowledging the progress dentistry and dental education had made, the report indicated that the profession had arrived at a crossroads, and transformative changes were required: "...the status quo [is], in effect, a path toward stagnation and decline."

Significant changes in the environment, which had occurred and were continuing to occur, made the profession vulnerable.

> "Dental education and dentistry are made vulnerable by their relative isolation from the broader university, from other health professions, and from the restructuring of health care and financing systems that characterizes most of the health care delivery system."[5]

Dentistry had become (and continues to be) isolated organizationally, intellectually and educationally from medicine, arguably to the detriment of society and the profession.

The recurring theme of the IOM report was one of "closer integration" of dentistry with medicine:

> "Dentistry will and should become more closely integrated with medicine and the health care system at all levels: research, education and patient care. The march of science and technology in fields such as molecular biology, immunology, and genetics will, in particular, continue to forge links between medicine and dentistry as will the needs of an aging population with more complex health problems [...]. Government and primary purchasers of health services can be expected to maintain and indeed increase the pressure on health practitioners and institutions to develop more highly integrated and constrained systems of care that stress cost containment, primary versus specialty care, and services provided by teams of professional and other personnel."[5]

The profession of dentistry in the United States reacted vigorously to the IOM report, generally viewing it negatively and with suspicion. The American profession was satisfied with the status quo; at the time of the IOM report, dentistry was thriving economically, a perceived prime benchmark of professional success. Organized dentistry in the United States rebutted the report with the oft-heard expression, "dentistry is not medicine." Sadly, while the IOM report was largely ignored in Canada, dental educators in both countries have failed to respond to the recommendations of the report, many of which would have resulted in dental education becoming less isolated and more closely integrated with medicine.

The environmental issues for North American medicine and dentistry in the 21st century (e.g. access to care, information technology, public perception of the health professions) have only resulted in increased pressure for change in dental education and dental practice. The status quo has been maintained with dentistry remaining isolated and unprepared to address the transformations occurring in emerging health-care delivery and financing systems. One way to effectively address the oral health of the public is for the profession to become integrated with medicine. Dentistry is medicine — oral medicine. If not medicine, what is it? The basic and foundational path to integration starts with dental students being educated in concert with medical students who are studying to prepare for other aspects of medical practice.[6] Only then can dentists finally be understood to be physicians of the stomatognathic system — oral physicians — able to join physician colleagues in addressing the pressing health issues of the public today and beyond.

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