COMMENTARY

Doing the right thing

BACKGROUND

The role of an expert can be variously defined, but experts themselves should be aware of what is expected and what is not. Dentists are highly trained, skilled professionals who differ from tradesmen because they always place the patient's best interests first rather than any monetary advantage. The core business of a dentist is to help people achieve and maintain optimal oral health. To achieve this goal requires that the dentist understand optimal oral health and what is needed to achieve it.

DEFINING OPTIMAL ORAL HEALTH

The definition of optimal oral health must be tailored to the specific situation. If, for example, teeth are extracted and replaced with implants, is that providing optimal oral health? Experts can point out that teeth are easier to maintain than implants. However, periodontitis can often be treated but peri-implantitis can remain and create a baffling and difficult clinical condition that is difficult to manage. Expert opinion says that implant failure is inversely related to experience and training, so knowledge and skill are crucial to the management and the well-being of the patient. It's all a matter of context.

TAKE-HOME MESSAGE

Although consulting expert opinions helps dentists become skilled and knowledgeable practitioners, the decision regarding any course of action must remain firmly within the context of how it's perceived. Although it's good to be an expert, practitioners must not forget that it's equally important to do the right thing at the right time and not merely to do something because we have the knowledge and skill required.

Clinical Significance

Implants replace missing teeth, not just teeth. An expert opinion should keep the focus on telling those who have the skill and expertise to place implants how they should proceed in implant cases—doing implants not just because they can but because it's in the patient's best oral health care interest.

Bartold PM: Are you an expert? *Austral Dent J* 63:393, 2018

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Advocating for the role of dentistry in global health

BACKGROUND

The United Nations High-Level Meeting on Noncommunicable Diseases (UN HLM on NCDs) was held in September 2018, but the most common NCD worldwide—dental caries in the permanent dentition—was not mentioned, nor was periodontal disease, the world's seventh most common NCD. Oral health itself was not even mentioned, yet the global oral disease burden is estimated to affect over 3.9 billion people. The purpose of this meeting was to build consensus, create awareness of the NCD burden worldwide, highlight the economic consequences of inaction taken against these diseases, and propose strategies to address the situation. The goal is to reduce premature mortality from NCDs by a third by 2030.

NEEDED INVESTMENTS

The World Health Organization (WHO) proposed "best buys" for NCDs that need to be implemented to prevent the occurrence of 10 million avoidable deaths by 2025 and 17 million preventable heart attacks and strokes by 2030. These best buys would also lead to a potential $350 billion in economic growth over these periods.

To implement WHO's best buys would only require an investment of $1.27 per person per year in low-income and lower-middle-income countries, yet it would yield a 15% reduction in premature mortality from NCDs and 3.2 million saved lives by 2030. Every dollar invested would yield a return of at least $7 by 2030.

ROLE OF DENTAL PRACTITIONERS

Five of the 16 WHO best buys involve reducing modifiable risk factors, reducing unhealthy eating, and managing chronic diseases. Because many of the risk factors for oral disease are the same as the factors contributing to chronic disease, the dental practice would be a perfect place to institute screening programs and become a portal into the health care system. However, unless oral disease and the oral care profession are identified as important components of worldwide NCD preventive efforts, the promise of using dentists to help intervene in managing NCDs worldwide will remain unfulfilled.

MAKING THE CASE FOR DENTISTRY'S INVOLVEMENT

Some years past, the FDI World Dental Federation aligned dentistry and oral health with NCDs and became part of the NCD Alliance. The goal of this alliance is to minimize the effects of NCDs worldwide, as with the UN HLM on NCDs, but dentistry must have a seat at the table to effect change.

Some parallels can be seen between oral disease and several diseases that have become well-known and have garnered financial, scientific, and social support for interventions. Specific examples include HIV disease, breast cancer, and mental health. The incidence of oral disease is much greater than these 3, but oral disease has a much lower mortality, which many people interpret as making it less urgent to invest in interventions. In addition, powerful patient voices have led the fight against HIV, breast cancer, and mental health disorders. For oral disease, no patient advocates have stepped up to lead the fight for important interventions. It's vital to change how dentistry currently advocates for its role in the health care community and in political circles. Dental patients have been helped in terms of relief of pain and suffering, the creation of better esthetics and improved ability to speak, and enhanced ability to consume healthier diets—among many other benefits. Dentists need to develop advocacy strategies that include the people who have benefited most from their oral health care.

Clinical Significance

Oral health cannot be excluded from efforts to improve other health care without sacrificing the health of millions of people. Unless the voices of our patients are included in our advocacy efforts, there is little chance of improving dentistry's visibility and making the case that a visit to the dentist can include screening that could save patients' lives. It's time to take a step out of the darkness and let everyone see the benefits that dentistry offers in terms of health care worldwide.

Glick M: Promoting the importance of oral health: Where are our patients' voices? *J Am Dent Assoc* 149:1003-1004, 2018

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