



## Dentistry—first and foremost a discipline promoting oral health



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Aspects of modern dentistry do not usually find entry into major medical journals. With this in mind, it was more than surprising that early in 2009, a *Lancet* editorial<sup>1</sup> focused on dental prevention and oral health, thus emphasizing with an extraordinary commitment a set of common diseases that has too often been overlooked. While the dental profession has (with tireless and by all means successful efforts) supported preventive aspects (such as oral hygiene and fluoridation), it is important to realize the presumably most unobtrusive fact about prevention: that it has been around in disguise for eons.

Nowadays, dentistry has recognized that dental caries and periodontitis management do encompass more than treating solely the consequences of those diseases. Risk assessment and management strategies that go beyond traditional restorative care and periodontal treatment regimens have not always had an unmistakable voice during curriculum development and competency assessment in most dental schools. Look back on your own dental education. Caries management was a synonym for surgical intervention, wasn't it? And periodontal treatment strategies focused on scaling and root planing, right? However, caries diagnosis is not cavity searching and periodontal therapy is not removal of tartar.

No doubt, traditional training methods were successful, and patients availed themselves of restorations, crowns, and fixed partial dentures, with some 10 years or more of service (but these restorations were followed by redentistry thereafter). For our dental students (and, to be honest, for the practitioners, too), using amalgams, composite resins, ceramics, or gold-base alloys was a sudden success, as well. However, do you really believe that dentistry has solved its main problems (while medicine has not, since patients still go blind or deaf, even in 2009)? It is time now to give yourself a pat on the back, you think? No, it isn't.

If medicine would have copied the dental way of treating disease, we would see tiny, but utterly quiet, built-in heart-lung machines running in patients with

pulmonary phthisis (for sure, tuberculosis is not dental caries, and heart-lung machines do not resemble amalgam restorations). However, with these pointed remarks, it seems clear that caries and periodontal management, even if demanding great dental skills, do require medical care, and this should be based on an intellectual course on the disease. This would include risk-based diagnosis, treatment, and prevention. Beyond any question, it would be necessary to implement strategies for applying these concepts in private and community settings, even if some of us might view these efforts with skepticism.

Indeed, dental education is in a unique position to improve dissemination of scientifically based knowledge and advocate communication between research and practice. Rapid adoption of validated approaches for the diagnosis and management of dental diseases is mandatory, and today's dentist should be furnished with tomorrow's knowledge and tools. Even if oral health were a neglected area of global health, we should be aware that prevention is key<sup>1</sup> for today and tomorrow.

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1. Oral health: Prevention is key [editorial]. *Lancet* 2009;373:1.