



The connection between dentistry and other medical fields

In most countries, dentistry is considered a branch of medicine or a health-related profession, similar to physical therapy, nutrition, or podiatry, rather than a specialty field of medicine.

Dentistry and other health-related professions are normally taught in separate faculties, though the level of interaction with medical schools varies from one university to the next. Additionally, schools differ in the level of basic science and interaction with the other health-related professions to which they expose their students. These distinctions normally emerge from variations in the duration of the studies (4 to 6 years) and the teaching philosophy of the particular institute.

In many aspects, however, dentistry appears to be different from the other health-related professions. Dentists perform highly invasive procedures and prescribe medications on a daily basis. Moreover, the wide range of treatment provided by dentists affects in a significant manner not only oral health but also patients' general health. Dentists are therefore unquestionably required to be aware of the specifics of each patient's general health, including medications he or she takes and each patient's response to the provided dental treatment. To do so, thorough knowledge of the medical sciences is required, likely similar to that of physicians.

Should dentistry be considered a specialty of medicine (such as anesthesiology or dermatology) rather than a branch of medicine? Although this change could improve the treatment dentists provide, the required training would be extended beyond any reasonable time frame.

In recent years, a continuous increase has been noted in the level of knowledge required of dentists, including both specialists and general practitioners. A long-term solution to this could be expanding the teaching of basic sciences, medicine, and other health-related professions at the undergraduate level. Since this would take a considerably long time to implement, a faster and more practical solution could be drawn from already practicing dentists. The gap in knowledge can be narrowed by extensive interaction with experts in other health professions, namely primary care physicians and specialists. This interaction should be done in the treatment planning phase. However, an open line of communication with other experts should then carry on during treatment and maintenance visits.

A network of health professional colleagues (not limited to only dental specialists of multiple disciplines) would improve the treatment provided and could indirectly increase referrals from other health professionals with whom dentists interact. Most patients appreciate consultations as long as they do not significantly delay treatment. Efficient referral and consultation methods among care providers serve patients as well as practices. We should be familiar with the treatments and services offered by other care providers and simultaneously inform them of the procedures we carry out and the conditions we treat.

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