



It is time for the expansion of dentistry to include the care of individuals with special needs



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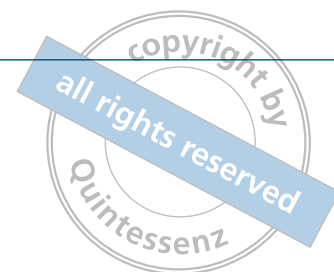
In the June 2014 editorial in *Quintessence International*, the author asked “Is it time for expansion of the scope of dentistry?”¹ The writer described the current marked decline in tooth decay and the accompanying reduction in traditional dental treatment patients. Reference is made to the increase in the number of older patients with background disease: “Accommodating this trend will require dentists to take into consideration the patients’ general health, and may be an opportunity to expand the scope of the dental profession.”¹ Examples of areas included in the editorial for suggested expansion of practices included salivary diagnostics, smoking cessation, and blood pressure and glucose level monitoring. No mention is made of the underserved dental needs of the more than half a billion people throughout the world with one or more disabilities; or specifically in the United States, the underserved dental needs of the 57 million men, women, and children with intellectual disabilities, or physical and/or sensory impairment (including more than 38 million with severe disabilities).^{2,3}

It was not until 2004 that the US Commission on Dental Accreditation adopted a new standard (with implementation in 2006) stating that “Graduates (from US dental schools) must be competent in assessing the treatment needs of patients with special needs.”⁴ The standard does not require clinical care experience dur-

ing dental school training. “The literature shows that academic dental institutions have a history of under preparing students to deal with the increasing population of individuals with special needs.”^{5,6} Subsequent to the establishment of the new standard, one study indicated an increase in clinical experiences in the care of patients with special needs in dental schools.⁵

However, the issues of inadequate preparation of dental school students to provide care to patients with disabilities and the frequent reluctance of practitioners to meet the needs of patients with special needs is not just a US problem; these conditions exist in many parts of the world. For example, study reports from Greece,⁷ Belgium,⁸ Ireland,⁹ Germany,¹⁰ Brazil,¹¹ Saudi Arabia,¹² Jordan,¹³ Nigeria,¹⁴ Indonesia,¹⁵ China,¹⁶ and the Caribbean and Latin America¹⁷ repeat the “drum beat” of limited or at best varying levels of dental school preparation and the inadequate access to dental treatment for individuals with disabilities.

In addition, the reality is that there are barriers to preparing current practitioners to provide care to individuals with special needs. For instance, in the US since 1969, an increasing number of US state dental boards require dentists to complete a defined number of continuing education hours as a precondition for relicensure. A review of continuing education courses in the larger dental conventions showed the provision of few



if any courses for the care of individuals with special needs. For example, attaining Mastership in the US Academy of General Dentistry, a professional designation within the Academy that reflects a general dentist's ongoing commitment to provide quality care through continuing education, requires a specified minimum number of hours of continuing education hours in a range of subjects, including special patient care. Unfortunately only a limited number of course presentations are available to meet these requirements.¹⁸

Yes, there is a need to expand the scope of dentistry, but surely this development must include the care of men, women, and children with special needs of all ages. However, this expansion cannot wait for the graduation of next generations of dental school graduates. While many practitioners do provide care for the legions of individuals with special needs, planning is essential to prepare the broad base of current practitioners for the provision of these services, if the care of the millions with special needs is to become a reality.

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