



Where do we Stand as an Oral Medicine Specialists? In Dentistry or Dental Medicine

Saurabh Prakash¹ and Veena Naik^{2*}

¹Associate Professor of Orthodontics, Faculty of Dentistry, AIMST University, Bedong, Malaysia

²Associate Professor, Oral Medicine and Maxillofacial Radiology, Faculty of Dentistry, AIMST University, Belong, Malaysia

***Corresponding Author:** Veena Naik, Associate Professor, Oral Medicine and Maxillofacial Radiology, Faculty of Dentistry, AIMST University, Belong, Malaysia.

Received: September 07, 2018; **Published:** October 05, 2018

Oral medicine is a dental specialty that bridges the traditional areas of health between dentistry and medicine. International descriptions reflect this, and oral medicine is defined as "the dental specialty placed at the interface between medicine and dentistry and is concerned with the diagnosis and management of (non-dental) pathology affecting the oral and maxillofacial region" [1]. The specialists of this field provide clinical care to patients with a wide variety of orofacial conditions, including oral mucosal diseases, orofacial pain syndromes, salivary gland disorders, and oral manifestations of systemic diseases. Oral medicine is principally considered as medical specialty but ended up in dentistry, and now suffers an "identity crisis," bestriding both dentistry and medicine.

In parallel to dentistry's fate, the historical track record of how oral medicine was treated as a specialty in the US is not particularly encouraging either. 33 countries recognize oral medicine as a specialty [2] and 22 countries have a postgraduate program in oral medicine [3]. Unfortunately, all countries have abandoned the medical training that is required for oral medicine and are following the American model of a postgraduate dental training [4]. Leaders in oral medicine have been instrumental in dental education since the 1920s.

Oral medicine also falls outside mainstream dentistry and is at the other end of the spectrum of dental activities that focuses on appearance, such as aesthetic, cosmetic procedures and smile. Nonetheless, oral medicine is the main specialty, along with maxillofacial surgery, dealing with serious and sometimes life-threatening or life-changing orofacial diseases.

Only recently has Oral Medicine been recognized as a specialty through the newly formed American Board of Dental Specialties (ABDS) in U.S [2]. For example if we consider any oral diseases, it is initially detected by oral medicine specialists, oral pathology provides definitive diagnosis and oral surgery treats it. In the future, when surgery of oral diseases like oral cancer may be replaced by immunotherapy, and diagnosis will be based on digital algorithms stored in smart phones [5], detection, diagnosis, and treatment may occur in the same place. For such transitions between specialties, one would have to be in an inter-professional and person-centered care environment [6]. Medicine is more attuned to inter-professional education and practice than dentistry.

The inclusion of oral medicine specialists in oncology management teams: can be achieved by augmented importance for training the post graduates in this field, and exposing them to planning chemotherapy, radiotherapy and complications arising from such interventions plus treating medically compromised at a hospital in-patient setting. The oral medicine specialist can also play a key role in the management of post chemo/radiotherapy patients undergoing treatment for other cancers affecting the body. Palliative management of dental issues in terminally ill patients [7].

Curricular overcrowding is multifaceted by the most of online teaching and clinics. Hence everything is moving towards preventive dentistry. The mean decayed, missing, filled, and treated (DMFT) rates over 40 years (1970 - 2010) are declining in the developed world. Similarly, a marked decline in tooth loss is underway in the past two decades [8]. Fewer interventions will demand more

preventive but also more diagnostic and regenerative approaches for an educated population with access to digital information and growing sophistication.

Overall, India was noted to have the largest increase in the number of oral medicine services as defined by intensifying numbers of clinicians within the specialty as compared with other countries. This could be due to the role of the oral medicine practitioner serving as an initial point of health screening for patients attending their many dental schools and hospitals throughout the country.

However, there seems to be little awareness among the medical practitioners regarding the expertise and availability of specialists in Oral Medicine and Radiology. Very few referrals of oral mucosal lesions are done to the dentists, as a majority of them are done to general dental practitioners rather than to an Oral Medicine and Radiology specialist [9].

In spite of the speedy progress being made in the field of dental imaging, the lack of support and understanding of the benefits of advanced imaging procedures and rigid curriculum based clinical practice; the brighter side of the specialty has been neglected and gone unnoticed.

In conclusion, together we need to develop a global strategy to promote the clinical practice of oral medicine amongst patients and all other healthcare professionals to increase awareness of the specialty. Thus, encourage the budding dentists to opt for the specialty which will be in near future a boon to diagnosis.

Bibliography

1. Schmidt-Westhausen AM and Bornstein MM. "Oral medicine: a specialty placed between medicine and dent-istry". *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz* 54.9 (2011): 1061-1065.
2. Scully., *et al.* "Oral medicine (stomatology) across the globe: birth, growth, and future". *Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology* 121 (2016): 149-157.
3. Rogers H., *et al.* "An international survey in postgraduate training in oral medicine". *Oral Diseases* 17.1 (2011): 95-98.
4. Al Spielman. "The future of oral medicine". *Oral Diseases* 24 (2018): 285-288.
5. Topol EJ. "Individualized medicine from prewomb to tomb". *Cell* 157.1 (2014): 241-253.
6. Alfano M. "Connecting dental education to other health professions". *Journal of Dental Education* 76 (2012): 46-50.
7. Revan Kumar Joshi and Nagesh KS. "Challenges and Areas for Future Research in Oral Medicine and Radiology". *Journal of Dental and Orofacial Research* 13.1 (2017): 43-48.
8. Rozier GR., *et al.* "Trends in oral disease in the US population". *Journal of Dental Education* 81.8 (2017): eS97-eS109.
9. Amita Aditya., *et al.* "Need and availability of dentists and specialists in oral medicine and radiology: A survey". *Journal of Indian Academy of Oral Medicine and Radiology* 26 (2014): 158-161.

Volume 2 Issue 11 November 2018

© All rights are reserved by Saurabh Prakash and Veena Naik.