Dentistry has been traditionally seen as an entirely separate field from general medicine, with a divide between the two professions. However, the current medical-dental divide is becoming increasingly problematic as oral health is closely linked to overall health. Some examples include patients who have uncontrolled diabetes mellitus, rheumatoid arthritis, patients who are transplant recipients, and elderly patients, who are adversely affected by poor oral health, and vice versa. Compounding this problem in South Africa is a large number of rural and outlying regions that need medical and dental care and intervention. At times these communities only receive periodical contact with a doctor or dentist who may be on rotation, or patients must travel large distances to community health clinics. It is conceivable that by empowering these professionals, these communities and patients will benefit greatly.

It is imperative to bridge the gap between dentistry and general medicine for better patient outcomes and reduced healthcare costs. After all we do not only fill and extract teeth, which empirically, is a narrative held by many professional colleagues. The current state of dental and medical education is one of separation, with little integration between the two professions in the senior years of training. This division between dentistry and medicine can have significant consequences for patients, as dentists may fail to recognize conditions that affect the body beyond the mouth, while medical practitioners may overlook oral health issues that can have wider implications. This lack of coordination between the two professions not only impedes the delivery of comprehensive healthcare but can also lead to missed opportunities for disease prevention and early intervention and associated economic benefits overall.

Fortunately, there is growing recognition of the need for closer collaboration between dentistry and medicine. A recent article published in the prestigious journal Nature1, states that “…the wall between doctors and dentists must come down. By blending the two disciplines, we can harness the potential to identify and treat diseases and conditions earlier, resulting in improved patient outcomes, better management of chronic diseases, and reduced healthcare costs”.

As such, there is a need to develop programs that bridge the gap between dental and medical education in the senior years of undergraduate training. By incorporating components of medical and dental curricula, students would gain a deeper understanding of the interrelationships between oral health and general health, allowing them to identify and manage conditions that affect both. Such programs would not only benefit students but would also lead to better patient care, as future practitioners would be better equipped to provide comprehensive healthcare competently. To achieve this goal, dental schools can modify their curricula collaboratively with medical counterparts to include more emphasis on medical topics. Dental students should receive more training on medical issues such as pharmacology, systemic disease management, and basic medical diagnostics. Conversely, medical students should also receive more training on oral health and its relationship to systemic diseases. This integration will allow future dentists and physicians to work together in a more collaborative manner, leading to improved patient outcomes.

The connection between general and oral health is clear. Closer collaboration between the two professions can benefit the patient, decreasing morbidity and mortality, and reducing institutional as well as individual health costs. However, this collaboration requires the training and education of future dentists to be more integrated with that of general medicine. Expanding the role of dentists in general medicine would have significant benefits for public health. Oral health is intimately linked with a range of chronic diseases, including diabetes, cardiovascular disease, and respiratory disease. As such, promoting good oral health can help to prevent and manage these conditions. By integrating dentistry and medicine, we can better address the underlying causes of chronic disease, reducing the burden of illness and improving population health.

Another important aspect of improving the training of dentists is to provide more opportunities for them to conduct research. Research plays a crucial role in advancing the field of dentistry and expanding our understanding of the connection between oral health and general health. Therefore, dental schools should incorporate more research opportunities into their curricula, allowing students to gain experience in conducting and publishing research. This will also help to increase the number of dentist-scientists, who can contribute to the advancement of the field of dentistry.

In conclusion, the separation between dentistry and medicine is detrimental to overall health, and there is a pressing need to integrate dental and medical curricula. As dental practitioners, we have a crucial role to play in general medicine, and we must embrace this role to provide the best possible care for our patients. By working together, we can promote disease prevention, better patient outcomes, more effective management of chronic diseases, and reduced costs for health-care systems. The training of future dentists should be modified to include more emphasis on medical topics, and medical students should also receive more training on oral health. Additionally, providing more research opportunities for dental students will help to increase the number of dentist-scientists and advance the field of dentistry. It is time to break down the wall between dentistry and general medicine and work together to improve overall health.

REFERENCE:
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