

ROLE OF ORAL PHYSICIAN IN TERTIARY CARE CENTRE

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Tertiary prevention refers to the person to optimum function or maintenance of life skills through long-term treatment and rehabilitation. This form of prevention involves treatment, rehabilitation, prompt treatment, as well as patient education. When the disability or disease cannot be reversed or is permanent, then tertiary treatment is used. This level of prevention is involved more with treatment rather than any preventive measures. Since the disease has already been established, the focus will be to minimize the harmful effects of the disease process and maintain optimum health. In tertiary treatment, the focus turns toward reducing any further complications once the disease process has already progressed. Oral medicine is the Junction between medicine and dentistry and essential in diagnostic and treatment planning for medical practitioners. Oral health is the foremost part of overall health. The main objective is to highlight the role of oral physicians in the tertiary care centers and how they can reduce complications caused by severe diseases.

KEYWORDS: Oral health, oral physicians, tertiary care, preventive health strategies, tertiary dental care, healthcare professional

INTRODUCTION :

A Swiss psychiatrist and psychoanalyst, Carl Jung, once said that "Medicine cures diseases, but only doctors can cure patients." With the advancements in modern medicines to cure diseases, it is equally important to create a holistic environment. The potential reintegration of dentistry with medicines enables us to acknowledge the paradox of change¹. Building awareness of common oral problems and the risk factors for dental issues is critical as physicians know what to look for and make proper referrals. "If you know how to do an oral exam, it does not take much time to concentrate on the mouth. It is a part of the entire body, and one should consider doing a good oral exam." During an excellent oral examination, it is imperative to go through the minutest of changes that could be visible in the oral cavity. Oral health is the foremost part of the overall health, and oral physicians should update themselves to the latest medical

technology, keeping on par with the utmost treatment modalities to the patient. The primary role of an Oral physician that is concerned with dealing with the oral health management of medically complex patients, including the diagnosis and management of medical conditions that affect the oral and maxillofacial region, tends to play a significant role in succeeding with the tertiary care for the patient.

LITERATURE REVIEW :

The search terms used were "tertiary care" and "oral physicians." The original purpose of the search was to establish the role and importance of oral physicians in the tertiary care centers and what possible outcomes could be drawn. For prioritizing the prevention of head and neck cancers, different articles were searched using the terms "Early detection in head and neck cancer," and two related studies were also included in the literature.

ROLE OF AN ORAL PHYSICIAN :

An oral physician is identified by the medical community as a dentist who is adequately trained in the field of Medicine, Radiology and Applied Oral pathology in order to manage variety of stomatological diseases that fall outside the scope of routine dentistry. An oral physician is expected to

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have a thorough knowledge in the field of oral diagnosis and be competent to handle any disease condition contributing to sore mouth, oral cancer, and orofacial pain. To be a successful oral physician, in depth knowledge in stomatology, general medicine, pharmacological science, environmental allergens etc., are mandatory. A clear understanding of hypersensitivity / idiosyncratic reactions to various drugs and the effects of environmental/dietary factors on oral mucosa distinguishes him from his allied specialists.² The stomatological diseases fall under the grey areas of Medicine and Dentistry. The general physician often fails to understand the dental and the oral concepts contributing to oral diseases. The dentist falls very much short of knowledge regarding the systemic, environmental, food, and drug influences on oral lesions.³ A physician should discuss with his patient in detail good oral hygiene and how it can impact their systemic health as well. Patients will be referred frequently from smaller hospitals to tertiary hospitals for major operations, consultations with sub-specialists, and sophisticated intensive care facilities. In this way, an oral physician may tend to become a bridge between the required and the preferred treatment.

CREATING A HOLISTIC ENVIRONMENT :

An oral physician should create an educational strategy that will take an initial step to regenerate dentistry into medicine and the more extensive health care system. He should work hand in hand with the physicians to retain and cross-train, thus increasing the flexibility for both professions. Oral medicine practice helps in the early diagnosis and monitoring of mucosal lesions and potentially malignant disorders for a better prognosis. Correct diagnosis and timely treatment of Premalignant disorders may help prevent malignant transformation in oral lesions.[4] It includes principles of medicine that are concerning the mouth, as well as research in biological, pathological, and clinical spheres. It includes the medical management of diseases specific to the orofacial tissues and oral manifestations of the systemic diseases. It moreover includes the

management of behavioral disorders and the oral and dental treatment of medically compromised patients. Oral physicians strive to maintain a holistic relationship between the patient and the required tertiary care facilities. Since they are the first to get conversant with the patient's dental needs and requirements, it enables them to get in kindlier terms with the patients, enabling them to get on board with the patient's oral diseases and their systemic ailments.

SCOPE OF ORAL MEDICINE :

Oral medicine acts as a fulcrum between dental and medical fields, giving the platform for oral physicians or researcher in local, national, and international arenas.⁵ Oral medicine practice depends on good diagnostic ability in-depth knowledge in identifying and removing the underlying cause from local, systemic, genetic, and environmental factors. Oral physicians should adapt the demographic changes and medical advancements with academic and research orientation to expand oral medicine and radiology and shoulder being part of the patient's overall health care team. Nevertheless, a time has come where oral medicine specialists have revolutionized oral diagnosis with the help of the latest noninvasive imaging and diagnostic techniques. Also, diagnosis is a pivotal step against any pathology, and the scope of the oral physician is diverse. With the triad of rational thinking, professional knowledge, and judicious approach, which today glows with various technological dimensions, it is easier to come across better treatment modalities.

DELVING INTO TERTIARY CARE :

The term tertiary care came into hospital parlance a few decades ago, but only in 2013 was it integrated into the US National Library of Medicine's Medical Subject Headings thesaurus, when it was defined as "care of a highly technical and specialized nature, provided in a medical center, usually one affiliated with a university, for patients with unusually severe, complex, or uncommon health problems.⁶ A patient is referred to tertiary care once he is hospitalized and



needs a higher level of specialty care within the hospital. Tertiary care entails highly specialized equipment and expertise. A positive approach to tertiary care for the patient will not only resolve his current oral complaints, but it will also increase the patient's ability to reduce further risk factors, therefore reduced morbidity, and mortality rates. At the tertiary care level, the patient will receive highly specialized, high-technology care and treatment procedures. Often, care at this level is accessible only if the patient enters a hospital with the necessities and specialty facilities. Of the various tertiary care institutions, three vital ones are hospitals specializing in a certain kind of disease or a group of diseases, hospitals associated with medical schools, and large regional referral centers, including the means of diagnostic aids such as magnetic resonance testing and CT scanning.

ORAL PHYSICIANS IN TERTIARY CARE CENTERS :

The main aim of an Oral physician in tertiary care should be trying to improve the patient's quality of life and reduce the symptoms of the disease they already have. An oral physician's responsibility in a tertiary care center should focus on people who are already affected by a disease, improving the quality of life by reducing disability, limiting, or delaying complications, and restoring function. Tertiary prevention targets both the clinical and outcome stages of a disease. It is implemented in symptomatic patients and aims to reduce the severity of the disease as well as of any associated sequelae. It aims to reduce the effects of the disease once established in an individual. Forms of tertiary prevention are commonly rehabilitation efforts.⁷ To minimize the negative impact of an already-established disease by restoring function and reducing disease-related complications should be the goal of tertiary prevention along with improving the quality of life for people with the disease. He should not only aim at treating the patient visiting his clinic but also look for possibilities to make him aware of his systemic diseases and how they can impact oral health overall. Tertiary dental care services are provided by specialist hospitals, universities, or

regional centers equipped with diagnostic and treatment facilities, which are not generally available in local hospitals. Here often, dentists work together in a cross-disciplinary way with other medical specialist groups in multi-professional teams. An oral physician is the first dental professional who comes to direct terms with the patient addressing his dental needs, enabling the formation of the bond between the oral physician and the patient before heading to any other departments for the necessary treatment required. So, the patient is very well acquainted with the oral physician, and it would further enable him to lay down all his health status while taking a case history. Practicing empathy towards patients can help connect with them on a personal level by making them feel understood. For the patient to proceed with the treatment, it is essential to develop a bond with the patient, and this will not only improve the easy flow of the treatment procedure but also would enable the patient to approach the oral physician for his further requirements and would effortlessly agree to tertiary care. As part of treatment-resistant cases, many chronic pathologies, including those of the oral and maxillofacial region, are a treatment challenge to dental professionals. Such chronic pathologies may sometimes lead to behavioral disorders such as depression, prompting the oral physician to seek additional medical assistance affirming their major role in advancing tertiary care to the patients.

AMALGAMATION OF DENTISTRY AND TERTIARY CARE :

Dental health care is a two-person endeavor, not something that one person does to another.[8] While dentists think of dental symptoms in physical terms, and patients experience those symptoms in their own psychological and social context, understanding this allows more effective help to be given to the patient. An appropriate health care delivery system should acknowledge the unique and vital role of health for all aspects of the human organism. The research of preventive health strategies around the world shows that USA has in 2011 laid down a health prevention strategy for the nation and shows us the importance,



especially being a developing country with poor healthcare and social indices in India.[9] The effective use of resources, proper healthcare infrastructure, dedicated healthcare professionals and IEC campaign can greatly influence preventive strategy in India.[10] Use of technology should be co-opted to leverage and provide preventive health services to the communities at affordable costs.^{11,12} Tertiary dental care includes trauma centers, burn treatment centers, oro-maxillo-facial surgery, organ transplants, radiation oncology, etc.¹³ After all strengthened health system aims at saving more lives. The tertiary care facility will combine leading-edge technology and experienced staffing in a harmonious blend to provide 'round the clock efficient medical services. Most of the cases that the oral physicians may come across, including management of oral mucosal abnormalities, oral cancer, salivary gland disorders, temporomandibular disorders, often lead to the requirement of tertiary care.

EARLY DIAGNOSIS - KEY TO TERTIARY CARE :

A patient coming with oral cancer needs to be very well educated and further referred to an oncologist for the desired treatment. Patients with anxiety stress-related temporomandibular joint disorder may immediately be needed to simultaneously consult a psychiatrist and a physiotherapist. Early diagnosis is the key to improving any chances of head and neck cancers. The oral cavity and the oropharynx are ideal for early detection due to their good accessibility for inspection.¹⁴ Thus, it needs to be kept in mind that diagnosis is not the end but the beginning of practice.¹⁵ It has been found that over five people in India die every hour every day because of oral cancer.¹⁶ So early diagnosis is crucial because the earlier a head and neck abnormality is detected, diagnosed, and treatment can begin, the better the patient can be for the rest of his life. With the scope of early diagnosis and fulfilled primary care, the patient can move to secondary, and it will be easier to motivate him for tertiary care, which is the most major step in treating the ailment completely. A patient seeking tertiary care also reduces the chances of any

recurrence. The treatment plan revolves around the oral physician making a rightful decision regarding his patient's concerns to proceed with an effective and holistic treatment planning. The benefits include higher productivity, lower treatment costs, less suffering and premature mortality, and more cohesive families-and, of course, happier, better adjusted, more successful young people.¹⁷ The outlook of the integrated health system has a network of care with multiple combinations of dimensions among subsystems such as nuclear representation, relating the clinical aspects and governance to the representations and collective values. The normative integration aims to ensure coherence between the system of representations and values of society simultaneously with the interfaces of clinical and functional integration.¹⁸

CONCLUSION :

The field of medicine and oral medicine is transforming at a tremendous rate, and we have come a long way. With a better understanding of the human organism and its pathophysiology, an oral physician with sophisticated diagnostic abilities can better manage patients' oral and general health. Their education and preparation make them uniquely qualified to treat the oral health of a growing patient population whose management is more complex because they are medically or pharmacologically compromised. Furthermore, they are integrated into the healthcare professional team and health care delivery system, improving the coordination and integration of medicine and dentistry's patient care program, biomedical research, health services research, and public and professional service. Concluding, Oral physicians are moving away from treating the hole in the patient towards treating the patient as a whole.

REFERENCES :

1. Nash, David A., "The Oral Physician... Creating a New Oral Health Professional for a New Century" (1995). Oral Health Science Faculty Publications. 14. Published in the Journal of Dental Education, v. 59, no. 5, p. 587-597.
2. Nagaraj E. Defining the role of Oral Physicians. Indian J Dent Res 2011;22:620-1.



3. Rogers RS, Bruce AJ. Preface Oral Medicine/Oral Dermatology Dermatol Clinics 21 2003:xi - xii.
4. George A, BSS BSS, SS SS, Varghese SS, Thomas J, Gopakumar D, Mani V. Potentially Malignant disorders of oral cavity. OMPJ. 2011;2:95-100.
5. Atkin P, Allan R and Mighell A. Oral medicine. BMJcareers Career Focus 28 JANUARY 2006 Page-33 35.
6. National Center for Biotechnology Information. Tertiary health care . Available : www.ncbi.nlm.nih.gov/mesh/68063128 (accessed 2014 Jan. 14).
7. Kisling LA, M Das J. Prevention Strategies. 2020 Jun 7. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. PMID: 30725907.
8. Taheri, T. (2011). "Dental health care is a two-person endeavour." Vital, 8(2), 36-37. doi:10.1038/vital1374
9. National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. June 2011. Available at: <https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>. Accessed on 4th July, 2017.
10. Groene O, Garcia M. Health Promotion in Hospitals: Evidence and Quality Management, Vienna, WHO Collaborating Centre for Hospitals and Health Promotion, EUR/05/5051709. 2005.
11. ReneeC, Top 10 issues impacting healthcare industry in 2016, healthcare IT. January 19, 2016; Available at: <http://www.healthcarebusinesstech.com/issues-impacting-hospitals-2016/>. Accessed on 27 May, 2017.
12. Raje N. Preventive Healthcare Technology Trends That Indian Healthcare Industry Should Look Into. 2017. Available at: <http://techstory.in/preventivehealthcare-technology/>. Accessed on 4 August 2017.
13. (2008) Tertiary Dental Care. In: Kirch W. (eds) Encyclopedia of Public Health. Springer, Dordrecht. https://doi.org/10.1007/978-1-4020-5614-7_3473.
14. Gerstner, Andreas O H. "Early detection in head and neck cancer - current state and future perspectives." GMS current topics in otorhinolaryngology, head and neck surgery vol. 7 (2008): Doc06.
15. Lund, Valerie. (2012). Diagnosis is not the end, but the beginning of practice. Rhinology. 50. 337-338.
16. Gupta B, Ariyawardana A, Johnson NW. Oral cancer in India continues in epidemic proportions: evidence base and policy initiatives. Int Dent J. 2013 Feb;63(1):12-25. doi: 10.1111/j.1875-595x.2012.00131.x. Epub 2012 Dec 13. PMID: 23410017.
17. National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors.
18. Contandriopoulos AP, Denis JL, Touati N, Rodriguez R. Intégration des soins: dimensions et mise-en-oeuvre. Ruptures. 2001;8:38-52.

