Is there a need to change the structure of educating dentists in order to provide better healthcare to a greater number of people? When medical and dental education concentrates on treating illness, will the future doctors address the whole patient as a whole, from a “holistic” approach, or putting it another way, will they treat the hole in the patient or the patient as a whole?

In “Learning for Tomorrow,” Alvin Toffler noted that schools and universities were too past- and present-bound, that technological and social changes were outracing education, and that the concept of the future of medicine was too past- and present-bound to the motivation of the learner. The same might be said of individuals and organizations in the healthcare system.

To Toffler’s statement, “all education springs from some vision of the future...” one might add, “together with an understanding of the past.”

Is dental education becoming more specialized and less “holistic”? That is, are we more concerned about targeting our sights narrowly on our daily fields of biomechanical expertise, which provide our income, or the needs of the patient as a whole?

As a clinician, researcher and teacher of dentistry and orthodontics for more than 40 years, I have, and I am sure all of you have, seen that patients are falling through the cracks and are not being served by our profession appropriately. Sometimes there is a void in process care; sometimes a lack of communication between the treating physicians and dentists; and, sometimes, it represents a large void in the educational experience, which failed to stress the importance of examining and treating the patient entirely. It is the responsibility of all dentists and physicians, who are specialists, to provide the proper and necessary total healthcare to their patients by insuring that the patient’s other medical needs are treated or referred for proper care.

For us orthodontists, it is simple: We are dentists, not just tooth benders. We are still responsible for knowing oral medicine, anatomy, physiology, pathology and the rest of the basic sciences as well as how to move teeth.

• If we don’t know it, we can’t see it;
• If we don’t see it, we can’t diagnose it; and
• If we don’t diagnose it, we can’t treat or refer for proper care.

Therefore, what should we call ourselves? Physicians? That seems to be appropriate...don’t you think? Please feel free to respond.

When Dentists Treat Illness, Are We Treating the Patient as a Whole—“Holistically”?

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Oral Physicians Practicing “Holistic” Dentistry

Dentists, including all generalists and specialists, pursuing qualitative methods of examination and treatment, must strive to recognize and understand their patients’ total oral needs. These oral physicians must search for totality, the unifying criteria. This “holistic approach” assumes that the whole is understood as a complex system, which is greater than its parts. The whole person also assumes that a description and understanding of a person’s social milieu is essential for overall comprehension and appreciation of patient needs.

The emphasis on “holistic” understanding in a qualitative approach to a treatment plan is characteristic in sharp contrast to the logical and necessary nature of obtaining a history and treating the patient’s need in the daily trenches of our individual dental practices, with greater emphasis placed on the quantitative approach. Treatment goals require an operational understanding of independent and dependent variables. Outcome assessments are identified and measured as specific dependent variables. Treatment goals and dental education programs must also be factored in as discrete, independent variables in this process. Standardized and quantified dimensions provide a measure of the true character of the dental or oral physician.

To quote Donald B. Giddon, DMD, PhD, “…however, some dentists do recognize their responsibilities and opportunities by becoming involved in a variety of roles reflective of primary care functions, such as smoking for tobacco cessation, recognition and referral of hypertension, skin cancer, and domestic and substance abuse, as well as the recognition and treatment of the dental ravages of eating disorders such as bulimia.” (J Dent Educ. 70(2); 111-114 2006).

Researching the literature for “holistic” patient care can be a picturesque but fascinating odyssey, despite the adversity of a lack of information. Hopefully, both medical and dental care agencies, as well as health care agencies, will be the visionaries who acknowledge the problems associated with delivery of incompleteness and begin to attack it. We live in a time and place of unequal access to information and alternatives for managing our lives and futures.

A Look to the Future by Observing the Past, Present and Beyond Collaboration

On an increasing scale, dentists will continue to be both primary caregivers and key partners with dental healthcare organizations as a result of integration strategies, incentives and joint venture arrangements. To stay competitive, healthcare organizations must seek win-win alliances between dentists and their patients. Again, quote Dr. Giddon, “Although health care is becoming increasingly complex, medical specialists, including dentists, are becoming more isolated from participation in total healthcare.”

Collaboration is the essential first step in practice management. There must be a spirit of collegiality, characterized by a willingness to sit down at the same table and work toward mutually beneficial solutions. The difference between collaboration and competition is that collaboration offers a single issue, project or concern. The outcome is usually a universally acceptable, episodically applicable solution that addresses that particular issue, but does not fundamentally alter the basic mode of operation, nor the delivery model under which the organizations function. Foremost, however, is the need for continued education for physicians and dentists, alike. Dr. Giddon is on the right path by suggesting that the dentist, whether specialist or not, must consider himself or herself as an oral physician because the courts sure do!