Oral Health is Not a Luxury – by Kendra Lastowka

Before starting this clerkship, I never really thought about oral health either in my personal or professional life. The only thing that really stood out to me before this clerkship were some of the comments from fellow classmates about completing an oral exam in physical diagnosis last year. Many students, including myself, thought it was completely ridiculous that we complete unpleasant tasks in order to best care for patients, but for some reason the line had been drawn at anything to do with the mouth. On the first day of our clerkship, one of our speakers made an analogy between teeth and fingers: “What if we viewed fingers as we view teeth? What if we just didn’t care for fingers? We just lopped them off when they became infected?” This has stuck with me, and I have been wondering what it is about teeth that makes it okay to treat one part of the human body as lesser than the rest. Now about three days into this oral health clerkship, two things in particular have stood out to me: The first is the arbitrary boundary that sets apart the medical and dental worlds. The second is how the consequences of limited access to dental care perpetuates the notion that dental care is a luxury, and does the importance of oral health injustice.

Throughout the first few days of this clerkship, I have become increasingly aware of the separation between the mouth and the rest of the body. It seems that this artificial separation results in incomplete health coverage, contributes to health disparities among the rich and the poor, and creates a gap of communication between dentists and medical professionals. How do we deconstruct this artificial barrier? Harm can come from physicians failing to perform necessary oral health screening. This may mean missing an oral cancer, or failing to recognize the early signs of dental carries, which can develop into more serious infections over time. Harm can come from dentists failing to recognize medical issues. For example, one dentist did not see that the side effects from radiation had destroyed his patient’s teeth (From the reading “Determined”). This ended up creating an obstacle for the patient, as he could not convince his insurance to cover the cost of restoring his teeth. Dentists and physicians would be able to provide better care to their patients if they were cognizant of potential problems in any part of their patients. I want to know why keep these worlds separate? I know it is a long shot, but why not have dental school and medical school combined? Dentistry could be a subspecialty to go into after completing conventional medical education. This way, both dentists and doctors would understand the entire human body, instead of picking and choosing which organ systems to pay attention to.
In the article “Why in Heaven’s Name Aren’t Teeth Considered Part of Our Health?” by Susan Sered, she mentions that poor oral health is often viewed as the result of “poor decision making”. This view is harmful to the importance of regular oral health. It seems that patients believe they do not need the dentist until it is too late. If they are well off, tooth decay and loss won't happen to them because they aren’t poor. If they are poor and don’t have access to adequate resources, resultant tooth loss and decay cause them to rely more heavily on financial services, preventing them from rising up out of poverty. This perpetuates the stigma against oral health: having healthy teeth is seen as luxury (not a right) which is only available to the financially well to do people, but at the same time the inability to maintain good teeth without a dentist speaks poorly on your character. I think that in order to create better access to oral health care, seeing proper oral health as a luxury needs to be changed. Having proper teeth as the result of receiving proper care is not a luxury, it is a medical issue that should be available to every person, regardless of privilege.