

## Review Article

### Perspectives in Oral Health Care: Pathway for Dentists

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**ABSTRACT:** Overview of health care providers and systems that will expose the student to other oral health care possibilities and encourage further study. “The World Health Organization (WHO) is the is renowned organization worldwide is directing and coordinating authority for health through its various programmes all over the world. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.” This article overviews the perspectives in oral health care provided by a Dental Surgeon and providing the best treatment protocol to be followed while treating the patients.

## INTRODUCTION

Perspectives on oral health care are necessarily different in various countries. Perspectives are dependent on many factors including demographics, oral health needs, health care values/beliefs, and educational and health care systems of delivery. Each culture has its own way of meeting the oral health needs of its people. Improvements in medical and social care during the last 20 years have increased the life expectancy of many people, including those with previously life-threatening disorders.<sup>1</sup> However, many of these individuals remain vulnerable and require particular attention to ensure that both general and oral health care provision meet their special needs.

### Doctor - Patient Relationship

The beginning of the doctor–patient relationship is when a professional duty attaches to the opinions and actions of the doctor. The basis of this relationship is in contract law. Contract law has three elements that must be fulfilled: the offer, the acceptance, and the consideration. The offer is a proposal to enter into an agreement. The offer must describe the intent of the offer. In other words, it must describe the intentions of the person making the offer. In a doctor–patient relationship, the intention of the doctor is to provide services. It must have certain and definite terms. The doctor offers to provide services for an ailment in return for consideration, that which the person accepting the offer will give to the doctor for the services rendered. And it must be made to the person who can accept the offer. Making an offer to a person not able to accept the offer is meaningless.<sup>2</sup>

**APPROPRIATE ORAL HEALTH CARE :** Whilst perfect oral health is the ideal goal, five important objectives

when providing oral health care are: 1) enabling patients to care for their own oral health, with or without assistance 2) keeping patients free from pain and acute disease 3) maintaining effective oral function 4) retaining aesthetics 5) causing no harm. Although the dentist may be the team leader, dental care professionals are essential to successful provision of care. Care may also involve the following groups: 1) parents/carers 2) social services/social work departments 3) health visitors 4) general medical practitioner 5) paediatric consultant/ other hospital specialists 6) school teachers and assistants 7) colleagues in paediatric dentistry, oral surgery, oral medicine, periodontics, endodontics, prosthodontics, orthodontics.

A multidisciplinary team approach to patient care leads to a more effective sharing of resources, generates more creative responses to problems involving patient care, heightens communication skills, produces new approaches to learning and clinical practice, and results in the formulation of a practical and appropriate treatment plan. In dentistry, patients with special needs may result in small alterations to standard practice or great challenges requiring hospital-based treatments. The special needs of patients with a disability of an intellectual, physical, sensory, emotional or behavioural nature may need a little more thought and understanding than those of the general population .<sup>3</sup>

### Involvement Competencies for Entry Into the Profession of Dental Hygiene

CM.1: Assess the oral health needs of the community and the quality and availability of resources and services.

CM.2: Provide screening, referral, and educational services that allow patients/clients to access the resources of the health care system.

CM.3: Provide community oral health services in a variety of settings.

CM.4: Facilitate patient/client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.

CM.5: Evaluate reimbursement mechanisms and their impact on the patient's/client's access to oral health care

CM.6: Evaluate the outcomes of community-based programs and plan for future activities.<sup>4</sup>

**Charter for Health Promotion**, the WHO delineated prerequisites for health for all as follows:

1. Advocate: Health promotion aims at making conditions favorable through advocacy for health.
2. Enable: Health promotion aims at reducing differences in current health status and ensures equal opportunities and resources for all to achieve health.
3. Mediate: Health promotion aims at involving people in all walks of life as individuals, families, and communities. Strategies should be adapted to the local needs of countries and regions to consider differing social, cultural, and economic systems.
4. Build healthy public policy: Public policy and policy makers at all levels should consider the health consequences of their decisions and accept responsibility for the same.
5. Create supportive environments: Make global decisions that are conducive, not detrimental, to health.
6. Strengthen community action: Set priorities, make decisions, and plan and implement strategies to achieve health through community action.
7. Develop personal skills: Provide information through education to individuals that enhances life skills that ultimately increase health options.
8. Reorient health services: Health professionals and organizations must move in the direction of health promotion.

### **Evidence-Based Practice**

In the last decade, evidence-based health care has served as a catalyst for new avenues for health services research and a focus on health outcomes. The goal of **evidence-based practice** is to facilitate timely translation of research findings into clinical and community practices that result in improved oral health. This requires a decision-making process based on integration of new evidence for effectiveness with expert opinion, clinical and community experience, and professional judgment. Research on diffusion of innovations

demonstrates that it takes at least 10 years for practitioners to adopt new materials or techniques.<sup>6</sup>

### **Informed consent**

Informed consent involves the conversation between the dentist and the patient prior to treatment regarding the alternatives/options, risks, benefits, and costs of the treatments discussed. Informed consent is required by law and should be documented. It is the protection of the patient's rights to self-determination in accepting or rejecting the proposed treatment. This, in turn, ethically keeps patient autonomy intact. The written form that the patient signs prior to treatment is not the informed consent. It is a documentation or memorialization of the conversation that took place. Without an informed consent, the dentist may be held accountable for assault and battery, which may not be covered by malpractice insurance.<sup>7</sup>

### **Making a Referral**

A referral is essentially a request for assistance regarding a patient, from an appropriate colleague. This may be a referral from primary care to secondary care or occasionally between clinicians in secondary care. Common principles apply to both. The referring practitioner may require a second opinion, or in many cases, the referral may also request that management of a patient be undertaken. Such a referral requires the transfer of information between the referring dental surgeon and, in many cases, a specialist, and may take a verbal, electronic or written form. Often, the referral may be an elective process following discussion between the patient and clinician regarding treatment options.<sup>7</sup>

### **Health Care Plans<sup>8</sup>**

Health insurance plans can be broadly divided into two large categories: (i) indemnity plans (also referred to as reimbursement plans), and (ii) managed care plans.

### **Health Maintenance Organizations**

HMOs, or their dental equivalents (dental maintenance organizations [DMOs] or dental health maintenance organizations [DHMOs]), provide health care services on a prepaid basis, meaning that HMO/DMO members pay a fixed monthly fee, regardless of how much care is needed in a given month. In most cases, HMO/DMO members must receive their care from providers and facilities within the HMO/DMO network.

### **Preferred Provider Organizations**

PPOs are plans under which patients select a provider from a network or list of providers who have agreed, by contract, to discount their fees. In PPOs that allow patients to receive treatment from a nonparticipating provider, patients will be penalized with higher deductibles and copayments. PPOs are usually less expensive than comparable indemnity plans.

### **Point-of-Service Plans**

POS plans are arrangements in which patients with a managed care plan have the option of seeking treatment from an “out-of-network” provider. The reimbursement for the patient is usually based on a low table of allowances, with significantly reduced benefits than if the patient had selected an “in-network” provider.

### PROFESSIONALISM AND ETHICS

Professionalism and ethics are the guideposts by which we must live our professional lives. The information contained in the chapters that make up this part of the book is to be applied not just when seeing patients in your office. It is meant to be applied throughout your life in and out of the office. Hopefully, it will guide you through a successful, enjoyable, and rewarding career.<sup>9</sup>

#### Conclusion :

Oral disease is one of the most prevalent diseases in the world, causing considerable morbidity, particularly for disadvantaged populations. To address these problems, many countries have utilized a variety of providers to help ease the burden of care needed with less cost. Hence, as a dentist we have give an appropriate oral hygiene.

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