



LETTER TO THE EDITOR

Medicine after Dentistry?

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Why study medicine when you are already a dentist? Why study a second program like medicine for seven long years or more? These are perhaps the most recurring questions I have been asked recently. I think the answer is not that simple, and requires contextualization.

The dentistry program shares some courses and subjects with medicine; evidently they have a different approach and depth of application, but I think they play an essential role in the training of dentists. However, this knowledge is diluted when dentists begin their clinical practice and evaluate only the dental condition of their patients, leaving all other relevant aspects in the hands of physicians.

One of the courses that seek to establish a link between medicine and dentistry is maxillofacial surgery. And although this course aims to provide the knowledge for the integral development and recovery of a patient, it reaches its limits too soon just when dental students are in the phase of the clinical study of the patient. All this raises the question of how to move a step further and connect oral health with general health; how can dentists have more autonomy and demand more clinical prerogatives for themselves, contributing to their intellectual and professional development. The answer, I believe, lies in the study of basic medical sciences.

To achieve such level of development it is necessary to know what opportunities a dentist has in Chile to study or deepen his or her knowledge in the medical sciences. Unfortunately there are no undergraduate or postgraduate programs offering a double degree for the professional dentist to follow a more productive and faster path^{1,2}. So the only option is to enter the medical school. The long seven years of the program are certainly intimidating, particularly at the beginning. Consequently, the first attempt is to try to transfer the highest number of credits, which in my case was only possible with a couple of subjects the first year.

The second step is to make the schedule of college courses compatible with the work that can be done as a dentist with so little time left; with fewer hours to study and sleep, and with almost no time to lead a normal social life. The third step appears at the beginning of clinical courses, usually semiology. Unlike dentistry, in medicine the burden of knowledge is not acquired in a stratified manner, but rather, the teacher assumes that undergraduates have previously studied a large amount of content on their own and that they attend hospital clinics only to observe and put into practice what they have already learned. The teacher or clinical tutor is just someone who guides students' previous knowledge.

Therefore, the study of medicine involves studying all day long and as quickly as possible, because there are too many contents with such complexity that it is impossible to study them in full in undergraduate programs. In this sense it is difficult to internalize the contents comprehensively, as we do in the dental school. A physician has to diagnose and treat many diseases that often involve different systems, in many occasions the diagnosis resulting in a different condition. Another obstacle is to learn the methods and logistics specific to each hospital, *i.e.* studying long medical records focusing exclusively on relevant data, requesting examinations, and performing other complex activities. That is, it is also necessary to learn how to function in a world that has already its own rules. Anyway, nothing that cannot be learned and solved in time.

Over the years things get balanced, college schedules and the rhythm of study become part of everyday life. Knowledge starts to flow, what was once almost incomprehensible, now is known, what once seemed so strange, now becomes less strange, what made no sense before, it does today. Knowledge is without a doubt the aspect that encourages you to continue moving forward despite the obstacles, the ability to perform a comprehensive exami-



nation of the patient, to know and manage what you previously had to refer. This feeling of empowerment grabs you and makes college years pass by without feeling that they are a burden to you.

Internship, the great last step before completing the program, is the moment when you become a real physician. This is the moment when the little time you had before is now reduced to zero. It is the moment when your knowledge of medicine has its highest expression, the moment when you have to decide what to do to help your patient. It is at this specific moment when we, physician-dentists, can treat a patient integrally, taking into account the patient's medical conditions. Now it is also possible to suggest diagnostic hypothesis of systemic diseases. It is the moment in which all the effort has its compensation. Making medicine and dentistry complement each other is absolutely rewarding. I strongly believe that being able to understand the patient as a whole is the ultimate reward for having completed these two programs.

Reflecting on the above, I think the double degree in dentistry and medicine is crucial for the training of maxillofacial surgeons. In my humble experience it is hard to accept that the professional who diagnoses and treats a patient is not able to understand that person in his/her whole complexity. This is not achieved by taking only some sub-

jects from the medicine program. That, in my opinion, is unethical if we consider that the patient is not aware of this situation and fully trust his or her doctor. Surgical risk assessment especially with respect to the maxillofacial area may be an extremely complex field for physicians, so a double degree would be useful for both professionals. Also there is an important number of patients that have medical complications after invasive surgical procedures. These complications require comprehensive treatment of the condition, something that maxillofacial surgeons face daily in their practice³.

Finally, if you ask me again why study medicine being a dentist, the truth is that at this point I would not be able to explain it in a simple way. All I can say is that medicine is without a doubt a fundamental tool for the dentist as it allows him/her to integrate and understand the complexity of patients and their conditions. It means returning to the roots of health sciences. It means going against the ultra specialization, the model that prevails today. It is a way to change the current view of dentistry. The interesting thing is that whatever will happen here in Chile with this new approach to dentistry, it is already being written in history.

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