Perspective



Importance of family dentistry in the training of dental surgeons.

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Corresponding author: Alex Bustos. Roosevelt 1550. Concepción, Chile. Phone: (56-41) 2204386. E-mail: abustos@udec.cl Over the last decades, Chile has been undergoing epidemiological, demographic and social changes. Society has had to adapt itself to face these challenges and to generate a new and more effective interrelationship between the community and institutions.

This reorganization and reorientation of the different sectors, favoring field and intersectoral work, should open up a space for all actors, forging new closer relationships. In the economics area, there is an increasing competitiveness and interdependence of social sectors, where the greater circulation of goods and the provision of services improve the levels of production and create new expectations reducing the disparities in the quality of life of the populations. In the political context, it is possible to identify the emergence of new regional and local governments and the need to strengthen them by means of regulations that may contribute to the decentralization process and to reduce the concentration of power in order to favor local decision-making. In the philosophical field, paradigms and models used so far to explain and interpret human life are being questioned, changing the way in which people and institutions relate to each other. This relationship would be based on the need to adopt a holistic and integral approach. These new challenges in current health policies demand new forms of construction and interpretation of health realities, including an integral approach based on a biopsychosocial paradigm.

This paradigm, which promotes a new conceptualization of health care based on well-being and not only in the absence of disease, involves a variety of determinants that affect and are linked to the health of people. It also seeks to respond to the current and future needs of patients, their families and the community.

This new concept opens up new horizons in the management of health. Subsequently, the fragmented, super specialized and individualistic knowledge of different disciplines of social and health areas is no longer suitable to deal with the epidemiological profile of the Chilean population, which is currently characterized by risky habits and behaviors. Therefore, reductionism in the study of human beings and health-related problems should be left behind in order to give way to a more comprehensive and coordinated care approach provided by teams of professionals dedicated to the search of interdisciplinary solutions.

The Family Health Approach is a way of reorienting work in health care, recognizing the family as the most relevant component in the socialization process of individuals within the dynamic health-disease process.

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Cite as: Bustos A. Importance of family dentistry in the training of dental surgeons. J Oral Res 2017; 6(10):260-261. doi:10.17126/joralres.2017.074 Recognizing the family as the basic component of society, where people are born, grow old and die is crucial in this new paradigm. That is, families are the main social units in which people plan, live and carry out their life projects.

In this approach the family is defined as a "basic unit of health care", where the family, as a place of 'encounter and dialogue', must be able to instill healthy attitudes and habits in children from birth onwards, which will continue developing and be reinforced through a lifelong learning process.¹

Some health specialists, such as dentists, may be a little reluctant to provide care under this approach, since their training was based on a more individualistic and disciplinary model. However, it has been shown that focusing professional's training on the social area improves the adoption of this care approach by health professionals.

In the Dentistry program at Universidad de Cartagena, Colombia, Family Health is taught as a transdiscipline, with the aim of providing cognitive and humanistic bases to identify and find suitable solutions to problems associated with the health of the individual within their family and social environment. By interacting with the community, it is possible to better identify and analyze risk factors related to the health-disease process, planning their control or elimination by promoting self-care.

This model of care (Dentistry focused on Family Health) improves the quality of life of patients at the biopsychosocial level. Patients complete their dental treatment with a better self-esteem, with risk factors controlled or eliminated, and with an increase in health promoting factors. The model needs to be monitored and evaluated to assess its impact and its possible implementation in other health institutions. It aims not only to improve oral morbidity rates but also to reduce morbidity and mortality of adult patients. It shows how dental care can make people healthier and more productive to the country.²

In Chile Dr. Jaime Farfán Urzua suggests that: there is little training of dentists in relation to the Family Health model; oral health topics are not included despite the fact that dentists participate in meetings and in the management staff; there is little family counseling by the dentist; there is also the need to formulate new service protocols, to increase human resources in dentistry, and improve oral healthcare infrastructure.³

Undergraduate teaching makes up the majority of university training or degree studies, which teach primary skills, so that students can acquire competences in certain areas of knowledge, for which they are awarded a degree that allows them to work professionally in a particular field.⁴

Together with this new approach to Family Health, it is crucial to develop educational strategies in dental training, so that family health can be integrated into the undergraduate and postgraduate curricula in order to provide students with the necessary skills to interact with families and communities, and thus achieve healthy families that represent a contribution to their countries.

Without a doubt this new approach will meet some resistance as the disciplinary clinical training is firmly positioned in our countries. It is and will be a challenge for those who promote the integrality of health care based on the Health Promotion strategy.

The syllabus of the Dentistry Program at Universidad de Concepción incorporates Family Health topics (concepts and foundations of family health in Chile, family structure, family typology, social support and social network). It also includes family assessment instruments such as the genogram. Our goal is to continue including new subjects and field community training in our syllabus in order to improve the skills of Dental Surgeons at national and Latin American level.

REFERENCES.

de los equipos odontológicos de la atención primaria, en relación a los procesos de transformación al modelo de atención integral con enfoque familiar y comunitario. Escuela de Salud Pública, Facultad de Medicina. Universidad de Chile: Santiago, Chile; 2012.

4. Vidal Ledo M, Lemus ER. Docencia de pregrado en Atención Primaria de Salud. Educ Med Super. 2012;26(2):350–60.

Bustos A, Riquelme N, Asenjo G, Fernández P, Contreras Y, Illanes B. Salud Familiar: una perspectiva en el paradigma Biopsicosocial. Rev Fac Odontol. UdeC: Concepción, Chile; 1996.
Díaz-Cárdenas S, Tirado Amador LR, Vidal Madera M. La Salud Familiar al servicio de la Odontología. Rev Clín Med Fam. 2013;6(1):61–2.

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