How unifying dental, medical care can advance health equity

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Staff News Writer

The complete separation of the dental and medical health systems in the U.S. isn’t just anachronistic; it’s also harmful to patients and frustrating for physicians and dentists alike. Consider, for example, that only about half of patients who visit an emergency department with a toothache end up seeing a dentist within six months, and more than one-fifth return for the same problem.

In addition, it creates and aggravates health inequity, as poor oral health has serious detrimental effects on general health. The January issue of AMA Journal of Ethics® (@JournalofEthics) explores inequity along the medical-dental divide—in practice, in education and in health policy—focusing on practical and ethical strategies for better aligning goals of care.

Articles include:

"How Should Emergency Department Clinicians Respond to Unmet Dental Needs?"
Division between medical and dental care exacerbates health inequity and forces many with compromised access to seek oral health care in emergency departments.

"Why Should Primary Care Clinicians Learn to Routinely Examine the Mouth?"

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Despite availability of good national oral health curricula for medical trainees, most physicians are ill-equipped to identify oral cancers or avoid unnecessary referrals.

"Education Solutions to the Medical-Dental Divide."

A medical-dental schism from 1840 persists and prevents oral health’s integration with overall health, to many patients’ detriment.

"Time for Dental Care to Be Considered Essential in U.S. Health Care Policy."

Training, service delivery and financing are done separately in dentistry and general health care, which has influenced reimbursement structures, access to services and outcomes.

Listen and learn

In the journal’s January "Ethics Talk" podcast, Lisa Simon, MD, a fellow in oral health and medicine integration at the Harvard School of Dental Medicine, discusses her path from dentistry to medicine. Mary Otto, author of Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America, gives a history of oral health care in the United States.

The January issue also features five author-interview podcasts. Listen to previous episodes of the “Ethics Talk” podcast or subscribe in iTunes or other services.

Earn CME
These *AMA Journal of Ethics* CME modules are each designated by the AMA for a maximum of 1 *AMA PRA Category 1 Credit™*:

- Should Dentists Treat Despite Medical Contraindications?
- Why Should Primary Care Clinicians Learn to Routinely Examine the Mouth?
- Using GIS to Analyze Inequality in Access to Dental Care in the District of Columbia.
- What Primary Care Innovation Teaches Us About Oral Health Integration.
- Is Oral Health Essential?
- How Medical–Dental EHR Integration Can Improve Diabetes Care.

Additionally, the CME module “Ethics Talk: Why Oral Health Care *Is the Way It Is*” is designated by the AMA for a maximum of 0.5 *AMA PRA Category 1 Credit™*.

The offerings are part of the *AMA Ed Hub™*, an online learning platform that brings together high-quality CME, maintenance of certification, and educational content from trusted sources, all in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

Learn more about AMA CME accreditation.

**Submit manuscripts and artwork**

The journal’s editorial focus is on commentaries and articles that offer practical advice and insights for medical students and physicians. Submit a manuscript for publication. The journal also invites original photographs, graphics, cartoons, drawings and paintings that explore the ethical dimensions of health or health care.

**A look ahead**

Upcoming issues of the *AMA Journal of Ethics* will focus on tactical health and law enforcement, moving toward abolition medicine and health equity in U.S. Latinx communities. Sign up to receive email alerts when new issues are published.