Guest Editorial

Global Health and Dental Education: A Tipping Point?

The global dimension of dental education is receiving increasing attention, not least in the *Journal of Dental Education*, as well it should—for among other drivers of this development we now benefit from solid confirmation of the enormous global burden of oral and craniofacial conditions. These, of course, include but are not limited to caries, particularly childhood caries; periodontal disease; oral malignancies; oral mucosal and salivary gland diseases, including those related to HIV/AIDS; developmental defects of the craniofacial structures and teeth; and noma and traumatic injuries and their sequelae. One or more of these conditions affect the majority of people worldwide, causing vast morbidity and significant mortality. They interfere with many aspects of daily life and impose a huge social and economic burden. Worldwide, most go undetected or untreated, for patients have access neither to the means available for their prevention nor the reparative care of trained professional dental health workers. The numbers of that group of professionals are not—indeed doubtless never will be—sufficient to even stem the tide of increasing oral disease, let alone repair the ravages of damage already done.

What small dents can North American dental education programs make in this sad and enormous problem? First, we must become aware of the problem. We must communicate to our own colleagues and students its nature and possible approaches to its solution. Second, we must temper our sense of possession, proud possession, of this field, with the understanding that dentistry is part of the larger field of global health that extends responsibility to all who might contribute to that solution. This goes well beyond traditional professional health education and health care. It extends to other disciplines that can contribute to attacking the underlying causes of the problems we face, the “causes of the causes.”

To put it simply, while the profession of dentistry perhaps belongs to dentists, dental hygienists, and other emerging cadres of dental health professionals, oral health belongs to and is a fundamental right of humankind. It is true that much of this has been mentioned for years in our dental curricula, with service to society in general and to underserved populations in particular (mostly domestically) being covered in most dental education programs, albeit somewhat in passing. However, there has been sparse evidence of its extension to the global responsibilities of our field. Promising recent developments include the establishment by the Consortium of Universities for Global Health (www.adea.org/uploadedFiles/ADEA/Content_Conversion_Final/about_adea/ADEA_CP_December_2011.pdf) of its Global Oral Health Interest Group and by the International Association for Dental Research of the Global Oral Health Inequalities Research Network (www.bsodr.org.uk/affiliated-organisations/gohirn.html).

In this issue of the journal, three articles address aspects of these challenges and offer information on how well we are doing. In “Results from a New Global Oral Health Course: A Case Study at One Dental School,” Seymour et al. outline the rationale and planning for a comprehensive global oral health course recently initiated at Harvard for dental specialty residents and a few dental students, as well as some from the School of Public Health. This excellent report sets the standard for others who are providing similar courses or plan to do so. In “Voluntourism and Global Health: Preparing Dental Students for Responsible Engagement in International Programs,” also describing a Harvard approach, Seymour et al. analyze the pros and cons for volunteer experiences available to dental students. This article is important in part for its clear and rigorous distinction between “voluntourism” and what are, or should be, more responsible approaches to volunteering in global oral health. It is likely that both articles will be widely read and cited. In “Student Perceptions about the Mission of Dental Schools to Advance Global Dentistry and Philanthropy,” Ivanoff et al. describe perceptions about the role of dental schools in global issues and in humanitarian activities held by dental students in Tennessee and Sofia, Bulgaria. This article delineates the current situation in this field and underlines how far we have to go. Taken together, these three articles
offer us glimpses of a path for many aspects of the future of global oral health education.

REFERENCES


