

The Imperative for Establishing Palliative Dentistry as a Sub-Specialized Field: A Critical Appraisal and Proposal

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Abstract

Palliative care has gained significant recognition as an essential aspect of healthcare, usually aimed at improving the quality of the terminal phases of life for individuals with serious illnesses. While various medical disciplines have embraced palliative care, and some reports have focused on this, dentistry has yet to establish a dedicated sub-specialty focused on palliative dentistry. Human intelligence, morality and empathy demands that palliative dentistry be an integral part of moderating pain and suffering. This report explores the need for palliative dentistry, as a specialty field, by analyzing the unique challenges faced by oral health care workers, patients with advanced illnesses, the oral-health-related complications encountered, and the positive benefits derived from a specialized palliative dentistry approach.

Keywords: *Palliative Care; Oral-Health-Related Complications; Palliative Dentistry*

Abbreviations

OHCW: Oral Health Care Workers; Pal-D: Palliative Dentistry; Ger-D: Geriatric Dentistry; MDUPs: Mobile Dental Unit Operatories

Introduction and Provenance

Palliative care is a holistic approach that addresses the physical, psychological, and emotional needs of patients with life-threatening illnesses, with the goal of improving their end-of-life quality of life. While palliative care is well-established in medicine, its incorporation into dentistry remains relatively underdeveloped.

Various medical disciplines have embraced palliative care, and some reports have focused on this, but dentistry has yet to establish a dedicated specialty focused on holistic palliative oral care [1].

Individuals facing advanced illnesses will often encounter significant oral health-related challenges that can impact their overall well-being. The development of orally associated functional morbidities including dental caries and gum disease, is a common occurrence. A specialized field of palliative dentistry could play a pivotal palliative role in addressing these challenges, improve the quality of life, and enhance the comprehensive medical care provided to these patients [1-8].

Aim of the Study

This appraisal explores the necessity for palliative dentistry (Pal-D) as a sub-specialty field, by analyzing the unique challenges faced by oral health care workers (OHCW), patients with advanced illnesses, the oral-health-related complications encountered, and the positive benefits derived from a specialized palliative dentistry approach.

Challenges in oral health for palliative patients

Patients undergoing palliative care frequently experience a wide range of oral health issues, including xerostomia (dry mouth), mucositis, dysphagia, infections, dental decay and gum disease. These conditions can result from both the illness itself, prescribed medications and the treatments administered. Compromised oral health not only contributes to oral discomfort (burning mouth and tongue) but also to suffering from pain and patients' ability to eat, with the diminution of overall quality of life. Consequently, nutritional needs may also be affected. Specialized palliative dentistry approach could offer targeted interventions to alleviate oral symptoms and enhance patients' oral health.

Integration of palliative dentistry into comprehensive care

The incorporation of palliative dentistry as a specialized field could ensure that dental professionals are trained to address the unique oral health needs of palliative patients. Dental practitioners would receive specialized training in managing pain and discomfort, preventing oral complications, and offering solutions for maintaining oral hygiene in challenging situations. Collaborative efforts between palliative dentists and other healthcare providers could lead to more comprehensive oral-care with plans that address not only physical symptoms but also improving psychological well-being.

Benefits of a palliative dentistry sub-specialty

1. **Enhanced quality of life:** Effective oral care can significantly improve patients' comfort and overall quality of life, allowing them to better cope with their illnesses and treatments. This applies especially to those who are going through an end-of-life suffering period.
2. **Reduced burden on medical teams:** By having a specialized palliative dentistry team, the medical staff can focus on the primary medical needs of the patients while entrusting the oral health management to dental experts. An experienced trained OHCW has operative skills that facilitate peri-oral intra-oral procedures for use of oral lavages or application of local medications.
3. **Preventive approach:** Palliative dentists can focus on preventive measures to mitigate oral health complications before they become severe, thereby improving patients' overall health outcomes. Oral health and stability should be stabilized before any chemo- or radiation-therapy is started. This optimizes healing and minimizes any consequent interference with healing during and after oncological therapy.
4. **Tailored treatment plans:** A specialized field enables dental professionals to develop comprehensive treatment plans that are customized for prophylaxis and subsequent monitoring and maintenance for the unique needs and limitations of each palliative patient. Xerostomia is a common complication of medications; including OHCW's for Pal-D in the plan will ensure proper mouth preparation and the use of artificial saliva to sustain a moist mouth, apply local medication (like antifungals for Candida overgrowth) [2,3].
5. **Research, education and training:** Practical experience generates strategies and protocols from observations and/or acquired analysis and evidence. A dedicated palliative dentistry specialty could promote research, education and training in the field, leading to the development of evidence-based protocols and guidelines for oral care in palliative settings. Specialists OHCW as part of oral medicine are well suited and could contribute, participate and assist in execution of therapeutic measures with Pal-D.
6. **Specialized apparatus, equipment and facility:** Palliative care unit may include mobile dental unit operatories (MDUPs), with all expected tooling, imaging (mainly Radiographic) and supports available.

Modern computer modems to recall the patients' treatment record and therapy provided would be included.

7. **Geriatric dentistry and palliative dentistry:** Geriatric dentistry (Ger-D) is similar to-, but different from-, the concept of palliative dentistry (Pal-D). The two do overlap, and a sub-specialty of Pal-D is a part of Ger-D-specialty. MDUPs can be used to execute both Ger-D and Pal-D.
8. **Application of intelligence:** The full armamentarium of resources must be available for Pal-D. Adapting principles of approach for the benefit of a patient demands intelligent, comprehensive understanding of properties of all materials available. Sometimes intelligence stimulates unusual, novel chemical, physiological or a physical property of a material for relief of discomfort, pain or suffering. Examples are using a mix of topical analgesia with an anti-inflammatory as a collutorium, or use of petroleum jelly to alleviate lip dryness.
9. **Empathy dictates:** A full awareness and understanding of and other persons intellectual and emotional thoughts, feelings, and behavior, even those that may be distressing or disturbing..... is an essential principle guiding policies of Pal-D therapy. It is axiomatic that Pal-D is always carried out with empathy from the provider for a patient.
10. **Morality:** Humans are moral creatures., and a such are capable of moral action. Pal-D and Ger-D are morally constrained disciplines in that both therapies always should be carried out for the comfort wellbeing, or survival and optimal immediate and subsequent best interests of a suffering patient. This to be done within the accepted norms of behavior, generally conforming to accepted general standards of behavior.

Discussion and Proposal

In most societies geriatrics do have long-care facilities, but there is an unmet need to care for these patients. Accordingly, in general practice Ger-D is a social community fee-for-service demanding maximum from appearance and function, and is practiced mainly on healthy, compos-mentis mobile elders, and the dentistry is expected to be durable [4,5].

Ger-D is mostly practiced in private operatories, with functioning seniors who have a good prognosis for longevity, but Ger-D may also occasionally be done in hospitals and homes [6,7].

PalD focuses on dentistry as an altruistic service providing comfort, relief of pain and suffering, and may compromise on appearance. Pal-D often demands the use of MDUPs and is performed on very ill patients, with a poor prognosis for ideal outcomes, often immobile, in wheel chairs, or bed-ridden. At any age Pal-D is only expected to last till a patients' demise. Pal-D service is generally located in hospitals or institutions where specialized mobile operatories (MDUPs) should be available. Pal-D is less frequently practiced in private homes.

It is axiomatic that interest in these fields (Ger-D and Pal-D) demands a strong basis of ethics, and a sound principled morality. But Ger-D may be profit based, but Pal-D should not be. The basic costs incurred should not burden the patient in any way. Specialist Pal-D Dentists should be salaried, and not base their earnings on fee-for-itemized-service.

What price is put on relief of pain and suffering??

Time with Ger-D is money.... but should not be with Pal-D.

Pal-D is an unselfish, humane calling that affords honorable, philanthropic treatments and management for those in need.

Palliative medical end-of-life care is aimed at easing pain; this was once an almost exclusively nonprofit service provided by for-profit management of care-givers [7]. Consequently, Pal-D has all too often been ignored, because of the cost to provide Pal-D. Corporate-greed for-profit palliative care givers should not shirk this responsibility.

Pal-D is a magnanimous, altruistic calling. In practice it is the noble satisfaction of higher, virtuous, calling to relieve all pain, discomfort, suffering, and control of infection, and Pal-D should be a free service for end-of-life patients.

Most of the rest of implemented Ger-D Service in dentistry is elective.... for which management or geriatric patients should pay!!!

Concluding Remarks

The establishment of a palliative dentistry specialty field is crucial to meet the oral health challenges faced by patients undergoing palliative care. By addressing the unique needs of these individuals, specialized palliative dentistry can significantly enhance their overall quality of their remaining life and contribute to a more holistic, honorable approach to healthcare. Further research and advocacy are warranted to promote the integration of palliative dentistry into the broader spectrum of health care with palliative care and geriatric dentistry.

There is an imperative need for establishing palliative oro-dental care as a specialty, with trained dentists having high human intelligence, unimpeachable morality and never-ending empathy. Contemporary civilized medicine demands that palliative dentistry be an integral part of moderating pain and suffering. Palliative dentistry should be regarded and respected as a vital service for treating terminally ill patients.

Author's Statement

The authors have no conflict of interests to declare.

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