

Let's put the mouth back in the body

Oral care is a significant economic activity in Canada, accounting for 7% of all health care expenditures. The cost of care provided by dentists and other members of oral health teams amounted to about \$9.7 billion in 2005.¹ This should not surprise us, given that dental caries is the most common chronic disease of childhood in this country. Furthermore, many readers of this journal are likely to have some degree of periodontal disease, which is a leading cause of tooth loss among adults.

Despite these truths, oral health and dental care are scarcely mentioned in the many reports on Canada's health care system published in recent years. Reading these documents, one would be left with the impression that, in the eyes of health policy-makers, the mouth is not part of the body. Perhaps this is because dentistry has carved out a predominantly private care delivery system (95% in the private sector) in Canada that is essentially operating in a different domain from the medical profession.

Our 2 professions have a proud record of beneficial collaboration. For instance, we have worked closely on matters of public interest, including water fluoridation and professional education. However, I believe the time is now right to increase our joint efforts in the pursuit of the public good. I say this because health systems are increasingly integrated and because oral health is growing in public significance.

This added significance stems from researchers demonstrating a correlation between oral diseases and certain costly systemic health problems.² The links seem to be quite strong for diabetes and for aspiration pneumonias, while more tenuous at this stage for ischemic heart disease and pre-term birth. The possibility of such links has policy-makers in some quarters interested enough to encourage more research into the issue.

Given that it is already clear that oral diseases and the major chronic life-threatening diseases share common risk factors, such as smoking and uncontrolled carbohydrate intake, we should start thinking outside the current health-funding framework.

This is especially important in an age when the public and policy-makers are interested in disease prevention and health promotion. One of the great successes of our prevention-oriented dental profession is that the prevalence of oral diseases has dropped dramatically for many Canadians since the early 1970s, which is when our last national survey of oral health took place.

Although we lack contemporary epidemiological data, my strong feeling is that an unfair proportion of the burden of oral disease is now borne by the most vulnerable segments of

our population, such as the economically disadvantaged, Aboriginal peoples, people with disabilities and the elderly.³ Unfortunately, these are the groups with the least capacity to access the comprehensive oral health care that is available to the majority of Canadians.

There is, however, encouraging news on the horizon. As recommended by the Canadian Oral Health Strategy,³ fieldwork has begun for a national survey of oral health as part of the Canadian Health Measures Survey.⁴ I believe that the information gathered in this exercise will drive home the point that preventing oral disease among vulnerable groups is socially desirable and will make economic sense for Canada's publicly funded health care system.

It is surely the joint duty of our 2 professions to advocate for more resources (human and financial) for research into the prevention of oral diseases and into the links between oral and systemic disease. Whereas oral health care consumes considerable economic resources in Canada, the proportion of the Canadian Institutes of Health Research budget flowing to oral health research, mainly through the Institute of Musculoskeletal Health and Arthritis, does not adequately reflect the health care burden caused by oral disease.

As our medical and dental schools come closer together, oral health researchers now collaborate more with researchers from other disciplines. Because the mouth is a window to many body systems, physicians and dentists have to consult more frequently to solve clinical problems of joint interest. The time has come to recognize that the mouth is not divorced from the rest of the body. I urge the medical and dental professions to work together to encourage the evolving Canadian health care system to put the mouth back in the body.

Wayne Halstrom

President, Canadian Dental Association
Ottawa, Ont.

This article has been peer reviewed.

REFERENCES

1. Canadian Institute for Health Information. *National health expenditure trends, 1975–2005*. Ottawa: Canadian Institute for Health Information; 2005.
2. US Department of Health and Human Services; National Institute of Dental and Craniofacial Research. *Oral health in America: a report of the Surgeon General*. September 2000. Available: www2.nidcr.nih.gov/sg/sgrohweb/welcome.htm (accessed 2006 Nov 23).
3. Federal P, Directors TD. *A Canadian oral health strategy*. Available: www.fptdd.ca/COHSdoc.html (accessed 2006 Nov 23).
4. Statistics Canada. Canadian Health Measures Survey. Available: www.statcan.ca/english/concepts/hs/measures.htm (accessed 2006 Nov 23).