



The Place and Importance of Dentistry in Consultation

Diş Hekimliğinin Konsültasyondaki Yeri ve Önemi

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Abstract

Aim: The aim of this study is to provide the opinions, professional problems and expectations of the dentists with respect to the consultation.

Material and Methods: In the study, a qualitative research method is followed, and the standardized open-ended interview technique is used during the process of data collection. The working group of the study is consisted of 14 dentists. In this regard, the focus point of the study includes the situations encountered during the examinations of the patients, the level of consultation between the medical doctors and dentists, situations which might be caused by the insufficiency of the consultation.

Result: As a result of this study, the facts have been obtained such as the facts that the dentists are more active in referring their patients to the medical doctors or establishing direct contact with them, however, the medical doctors do not consult to the dentists in the sufficient level; the patients are subjected to wrong diagnosis and applied wrong treatments because of the insufficient level of consultation;

Conclusion: Despite the increased level of communication among the dentists in the recent years, the communications between the dentists and the medical doctors is still not sufficient.

Keywords: Dentistry, medical practice, consultation, diagnosis, treatment

Öz

Amaç: Bu çalışmanın amacı, diş hekimlerinin konsültasyona yönelik görüşlerini, mesleki sorun ve beklentilerini ortaya koymaktır.

Materyal ve Metod: Çalışmada, nitel bir araştırma yöntemi izlenmiş olup, veri toplama sürecinde standartlaştırılmış açık uçlu görüşme tekniği kullanılmıştır. Araştırmanın çalışma grubunu, 14 diş hekimi oluşturmaktadır. Bu kapsamda hastaların muayeneleri sırasında karşılaşılan durumlar, tıp ve diş hekimleri arasındaki konsültasyonun düzeyi, konsültasyon yetersizliğinin neden olabileceği durumların ortaya konulması çalışmanın odak noktasını oluşturmaktadır. Yapılan çalışmada, diş hekimlerinin hastalarını tıp hekimlerine yönlendirme veya direk iletişim kurma konusunda daha aktif oldukları, ancak tıp hekimlerinin diş hekimlerine yeterli düzeyde danışmadıkları; konsültasyon yetersizliği nedeniyle hastalara yanlış tanı ve tedaviler uygulandığı belirtildi.

Sonuç: Son yıllarda diş hekimleri arasındaki iletişim düzeyi artmış olsa da genel olarak diş hekimleri ve tıp hekimlerinin iletişimlerinin yetersiz olduğu yönünde bulgular elde edilmiştir.

Anahtar Kelimeler: Diş hekimliği, tıp hekimliği, konsültasyon, tanı, tedavi

INTRODUCTION

Consultation is the exchange of opinions by more than one medical doctors for diagnosing or treating a disease (1). Söyüncü (2) addresses that consultation is one of the elements of the medical practice. The dentist is competent and authorised with practicing any professional activity, with respect to human health, in relation with protection of the health of the teeth, gums and mouth, as well as gingival tissue in direct relation with these, and diagnosis and detection, treatment and rehabilitation of the

diseases and irregularities (3). The dentist is required to carry out all required proceedings, in accordance with the professional ethics, for preventing the patients from suffering and for their interests. Therefore, the dentist may request the consultation from the related units, if deemed necessary, with regard to the diagnosis, treatment and follow-up of the patient (4). The rules for consultations are laid down in Medical Deontology Regulation (5). Besides, the professional rules and rules of ethics, with which the practitioners requesting and conducting the consultation comply, are specified under the Declaration

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on Ethics of Medicine Profession issued by Turkish Medical Association.

The consultation between the dentist and the medical doctor might be in two form such as medical and dental consultation. The dentist might request medical consultation for medical evaluation or treatment of his patient, for laboratory tests or blood examination, for the need to change on the medical treatment of his patient, for suspecting a systematic disease on his patient or for being unable to take the sufficient and correct medical history from his patient. The medical doctor, as well, may request dental consultation from the dentist for treating the dental complaint of his patient, for preventing the complications which may arise following the treatments such as operations, radiotherapy, bone marrow transplantation or for detecting the odontogenic focuses on a patient who is considered to have focal infection (6). In the literature, the studies on the medical consultations of the dentists are more than the studies on the dental consultations of the medical doctors.

In this study, it is aimed, by addressing the necessity of mutual consultations of the medical doctors and dentists for the right diagnosis and specifying the treatment, to observe how the consultation is understood in the practice from the perspectives of the dentists and what the deficiencies of the consultation are.

MATERIAL and METHODS

While collecting data for the study, the standardized open-ended interview technique is used. In the standardized open-ended interview technique, the same questions are asked to the participants in the same systematic sequence. Therefore, the subjectivity is removed. In this method, it is considered that the comparison and analysis of the obtained data is easier (7-9).

14 dentists (10 males, 4 females), from 26 to 57 years old (average 36.1), who work in various parts of Turkey participate in this study. Professional levels of the participants vary from 1 to 32 years (average 11.8). One person only works at a public institution, 4 persons work only in private sector and 9 persons work both in public institutions and in private sector. Firstly, the literature review is carried out in the development of the means for data collection. In line with the review, a form consisting of ten questions is drawn up. In the framework of this form, 14 dentists are reached on the social media and they are asked the questions of the standardized opened interview, therefore the data is collected. While the interview might be performed face to face, it may also be carried out through question forms answered on the phone or other communication means, through postal service or by himself/herself (7,8). In the study, the data is deciphered in the descriptive analysis technique. While the answers are examined, the common opinions are specified in the form of a chart accompanied with their frequency and percentage values (Table 1). Moreover, the participant opinions are quoted directly, and related

findings are aimed to be explained in a comprehensive way. While quoting, special attention is paid to explain the common opinions and express the distinctive opinions and suggestions. The dentists participating in the study are coded from H1 to H14 and the reference is indicated in the direct quotes included in the study.

RESULTS

Eight main questions are directed to the dentists during the interview, as well as the questions relating to their personal data. The findings obtained in the scope of the answers given to those questions are considered.

Accordingly:

- Findings on existence of a systematic disease in the line with the complaints of the patients

13 of the dentists participating in the study have generally and the other one has sometimes suspected of a systematic disease. One of the participants gives an example concerning his evaluation on this subject as "I observe tartar problem, condensed on the incisors of lower jaw, on the patients who breath by mouth or have obstacles obstructing the breathing such as septum deviation. Likewise, erosions are typical on the patient who has reflux. Papillary atrophy on the old diabetic patients typically indicates the B12 deficiency." [H3]. Another participant provides example such as "According to the medical history of the patient, I consult to the subject matter specialists concerning the pre-diagnosis of the diseases such as heart diseases, arrhythmia, gastritis and reflux."

- Findings on opinion exchange with other dentists

All of the participant dentists (14 persons) state that, when they have trouble to diagnose, they consult to the other dentists.

- Findings on consulting to the specialist medical doctor when suspecting diseases except mouth and teeth problems

7 of the participant dentists state that they consult directly to the specialist medical doctor and explain the situation when they get suspicious of a disease except mouth and dental health. 6 of the participants report that they do not consult directly to the medical doctors, however they direct the patient to them. 1 dentist states that he rarely consults directly to the medical doctor.

- Findings on contact of medical doctors with dentists concerning the patient and consultation

4 of the participant dentists state that the medical doctors do not contact with and consult to dentists when required. 6 of the participants state that they are consulted rarely by primarily ear nose and throat specialists and 4 of them state that they are consulted really seldom.

"Unfortunately, it is so rare to call it never, however I have experienced it 2-3 times." [H11]

"We do not observe it on the same frequency. The patients are referred as a quick preoperative examination before the operation, however sufficient time for the treatment is never available." [H13]

- Findings on the cases where the medical doctors apply wrong diagnosis and treatment as they have not consulted to the dentists

9 of the participant dentists state that they have encountered cases where medical doctors apply wrong diagnosis and treatment as they have not consulted to the dentists. 5 of the participant dentists state that they have not encountered such a case. The statements of the dentists concerning some of the cases are as follows:

"Recently, they were about to conduct a biopsy on the heart disease patient, I prevented it on the last minute." [H1]

"They once referred a patient stating that his tooth was aching, however they had not seen the cancer formation on the tongue base. It was diagnosed on the early phase. I rereferred my patient, whom was told that he had ulcer and it would be healed if he had his teeth treated, because of metastasis on the area of pulling out in his mouth." [H2]

"The patient was consulted late for the submasseteric abscess caused by number 48. The patient had to take iv antibiotics for a long time." [H3]

"I came across with the treatment for months of extra oral fistula caused by lesion on the teeth No. 31 and 41. The fistula was removed after the treatment of 2 teeth." [H4]

"While the patient was about to undergo brain surgery operation, I detected that the reason of the headaches was upper 8, so saved the patient from the brain operation which has a disability possibility. We found this tooth on the operation which could not be observed in the oral examination however could not be included." [H5]

"While détartrage would be sufficient for my patient with gingival bleeding, he had undergone a whole range of treatments for weeks from the heart to the blood." [H6]

"I came across a few times that the patients who had ache caused by dental infection and went to Ear, Nose, Throat Polyclinic were diagnosed with acute sinusitis and applied antibiotics and decongestants while they should have been applied root canal treatment." [H7] "We witness that they mistake the toothache with headaches." [H8]

"I experienced situations such as wrong antibiotic prophylaxis, nonselective drug usage, inability to take MR with implant." [H14]

- Findings on the sufficiency of mutual consultation between the medical doctors and dentists

All of the participants (14 persons) state that the mutual consultation of the medical doctors and the dentist is not sufficient. 6 out of 14 dentists state that, even though

they consult to the medical doctors, they do not consult to the dentists. Some opinions of the dentists are as follows:

"As we are at the same building of the State Hospital, the consultation is conducted easily. If the consultant doctor is away, in general, before the patient explains his complaints to another dentist, he has his tooth pulled out." [H3]

"I do not consider that it is sufficient. I observe that the patients on whom the consultation is required is not consulted (by both the medical doctors and the dentists) because of insufficient medical history." [H8]

"Even though the dentist request consultation frequently, I think the medical doctors consult rarely." [H9] "The medical doctors do take the tooth seriously, so we experience the problem of 'nothing would come up from that'. Also, their consultation to us is scarcely any." [H11]

- Findings on the communication among the doctors in Turkey

All of the participant dentists (14 persons) consider the communication among the doctors insufficient. 3 out of 14 participants state that the communication among the dentists is much better compared to the past thanks to the effect of social media. Some of the participant dentists state that there are situations of thinking himself superior on matters such as age, speciality and field of work. Some opinions of the participant dentists are as follows:

"The dentists have started to communicate more among themselves especially after the popularisation of the social media, however, I think there is no communication between the medical doctors and dentists unless they are working under the roof of same hospital/centre/policlinic." [H1], [H6]

"Terrible, everyone thinks that he knows the best. Old thinks he is better than the young, specialist is better than practitioner, medical doctor is better than dentist..." [H11]

"The dentist conduct communication much better among themselves compared to past, but I think it is still not enough. The communication between the medical doctor and the dentist is not in a good level. I believe that especially the specialist doctors do not consider the dentists as persons with more comprehensive knowledge." [H12]

- Findings on the relation between the gastrointestinal system diseases and the mouth and dental health

While 13 out of 14 dentists think that gastrointestinal system diseases and the mouth and dental health absolutely affect each other, 1 dentist states that there might be some relation between them. Some of the cases encountered by the participants are as follows: "I encountered cases such as abnormal erosions, abnormal amount and fast tartar formation on the teeth of patients

with excessive reflux." [H1]

"Many of my patients had troubles because of missing teeth." [H2]

"Excessive tartar formation and abrasion on the teeth of

the patient with reflux." [H4]

"Especially on the mouth mucosa of the patient with crohn disease" [H13]

"Such as crohn, celiac, gastritis-reflux" [H14]

Table 1. Findings of Interview

Findings of Interview	f (n=14)	%
Findings on existence of a systematic disease in the line with the complaints of the patients		
Suspecting generally of a systematic disease	13	92.8
Suspecting sometimes of a systematic disease	1	7.2
Findings on opinion exchange with other dentists		
Consulting to the other dentists when having difficulty in diagnosis	14	100
Findings on consulting to the specialist medical doctor when suspecting diseases except mouth and teeth problems		
Directly consulting to specialist medical doctors	7	50
Not directly consulting, but referring the patient	6	42.8
Rarely consulting	1	7.2
Findings on contact of medical doctors with dentists concerning the patient and consultation		
Does not contact/consult	4	28.6
Rarely consult	4	28.6
Rarely consult in general the specialists of Ear, Nose, Throat	6	42.8
Findings on the cases where the medical doctors apply wrong diagnosis and treatment as they have not consulted to the dentists		
Encountering cases of wrong diagnosis and treatment by medical doctors	9	64.3
Not encountering any cases	5	35.7
Findings on the sufficiency of mutual consultation between the medical doctors and dentists		
Finding insufficient	14	100
Reporting while dentists consult, medical doctors do not	6	42.8
Findings on the communication among the doctors in Turkey		
Finding insufficient	14	100
Reporting the communication among dentists is better compared to past	3	21.4
Findings on the relation between the gastrointestinal system diseases and the mouth and dental health		
They are absolutely related	13	92.8
They might be related	1	7.2

DISCUSSION

As a result of the study, it is understood that the patients who went to see the dentist for examination have also mostly systematic diseases. The similar results were provided on the study of Güngör-Hatipoğlu and Hatipoğlu (10) in which the consultation forms of 159 patients who applied to the dental clinic of a university hospital were evaluated retrospectively. As a result of the conducted study, it is observed that the consultation is requested mostly from the cardiology and internal diseases units. The ear-nose-throat, general surgery, dermatology, neurology, gynaecology and obstetrics and other departments come after. In 55.3% of the consultations, additional attempts and precautions before, after or during the routine treatments are suggested. These precautions include the issues such as regulating the dose of the medicine used by the patients, prophylactic antibiotic applications, regulating INR value and sedation.

The participant dentists have always resorted to opinion exchange with their colleagues where they had difficulty in diagnosing in relation with mouth and dental health. However, when they get suspicious about the diseases apart from the ones related with mouth and dental health, 50% of the dentists have contacted directly with the medical doctors, 7.2% have rarely contacted and 42% have not contacted, however preferred to refer the patient to the medical doctors.

According to Medical Deontology Regulation, the doctor requesting consultation is obliged to explain why he needs the consultation to the patient and his relatives and, if they accept it, to inform the consulted doctor about the reasons thereof in writing. The consulted doctor is required to provide his findings and opinions to the consulting doctor. Therefore, the consultation should be paid the required attention and it is not in compliance with the legislation to direct the patient only by phone to the acquaintance doctor or to the related department.

The doctors need exactly to know the current medical situation of the patient for the right diagnosis and treatment. The patient might not know sufficiently his medical situation or may not relate it with his systematic disease. According to the literature, reliable medical history concerning the systematic diseases may not always be obtained from the patients. Hatipoğlu and Demiralp (11) reported in one of their evaluation that 25% of the patients to undergo periodontal treatment and with cardiologic problems cannot specify their diseases or specify it deficient or wrong. Besides, Kömerik and Çadır (12) stated, on their study where they evaluated 76 consultation form which were filled up by the oral surgery department, that significant deficiencies and contradictions were available on the consultation forms for the detection of the situation and treatment. Therefore, it is required for the protection of the patients' health and a successful treatment not only to obtain the medical history of the patient, but also to initiate the consultation mechanism in case of even a slight suspicion and to

contact with the other specialist doctors (10).

28.6% of the participants state that the medical doctors do not contact with /consult to the dentists, 28.6% state they are really rarely contacted and 42.8% state they are rarely consulted in general by the ear-nose-throat department. When the sufficiency of the mutual consultation is asked, all of the participant dentists state that they find the mutual consultation of the medical doctors and dentists insufficient. At this point, the percentage of the ones who state that medical doctors do not consult to the dentists arises to 42.8%. According to the procedure and principles to be complied with by the medical doctors during the consultation and the team work, in the case that the opinions and practices of other specialities are needed during the patient monitoring process, the doctor conducting the treatment should request consultation.

While, before 2007, the consultant practitioner was specified as "a specialist in his field of expertise with scientific and technical knowledge", following the amendments on the legislation, the requisition for the consultant practitioner to be a specialist has been abolished (4). However, according to the findings derived from the opinions of the participants, the practitioners are treated whether they have specialist competence during the communication and consultation among the practitioners. Under Second Chapter of Medical Deontology Regulation which governs the communication of the doctors with their patients, it is provided for that the medical doctor or the dentist is obliged to accept the request of the patient for consulting. The refore, the opinions of the patient are required to be taken into account and the practitioners should give the confidence to the patient. And this shall be provided by keeping an open mind on age, speciality and field or are in the exchange of opinions among the practitioners. 64.3% of the participants state that they have encountered cases which were applied wrong diagnosis and treatment as the medical doctors did not consult to the dentists. Among the examples of these cases are wrong medicine application, as well as, diagnosing cancer patients with toothache and ulcer, conducting plastic surgery practices while needing dental treatment and the attempt to take the patient under brain surgery operation or headache diagnosis while he needed dental operation.

Another result of the study is the opinion that the gastrointestinal system diseases and the mouth and dental health absolutely affect each other. Abnormal itching and abrasion on the gingiva of the patients with reflux, the cases of excessive and fast tartar formation on the teeth of patients, digestive system troubles because of missing teeth, crohn, celiac, gastritisreflux are among the most frequently encountered problems. The results of the study show that the social media has contributed in the recent years positively to the communication especially among the dentists, however the communication among the practitioners is not

sufficient in our country. The participant dentists state that this communication problem is resulted from considering someone better than other because of age, speciality, and field of expertise or the distance between the working locations.

Today, when it is possible to contact and communicate, even see each other in groups, a communication network among the practitioners might be established taking the advantage of technologies of this day and time. By providing the legal integration of this established network, the communication and consultation might be led away from the personal arbitrariness. This established communication network might be opened to the access of practitioners and the patients from the hospital, offices and even from the houses and the communication between the practitioner patient and practitioner might be recorded under less procedure and effort, so it might become more efficient.

Moreover, the curriculums of the universities may be regulated in order to ensure that the persons who study to become medical doctors and dentists are taken integrated professional ethics and communication classes starting from the first years of university. Similarly, Turkish Medical Association and Turkish Dental Association and the Ministry of Health and the hospital administrations might conduct joint activities and ensure that medical doctors and dentists are taken integrated professional ethics and communication classes starting from the first years of university.

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