

Editorial

Oral surgery and maxillofacial surgery: the logic of a single discipline

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The specialty of oral surgery, stomatology and maxillofacial surgery is a discipline whose importance in terms of public health is considerable. All reports regularly emphasize this point and so the Oral and Maxillofacial surgeon because of its link with the dental practice, has a key position in the landscape of the public health [1,2].

The French situation for this specialty is particular with adverse effects on the patients care.

Indeed two disciplines are sharing the activities related to this specialty.

The first oral surgery has two origins (medical or dental) and the second maxillofacial surgery is of exclusive medical origin.

The relations between dentistry medicine in this field of practice is tumultuous and closed to what is “hell love”. Very recently after 12 years of medical involvement in the teaching of the DESCO (DESCO is the French diploma to practice oral surgery) the current period is cooling down with a will at least displayed by university maxillofacial surgeons to disengage from the teaching they did in the DESCO.

Why this situation?

When it was created, the DESCO was built on the principle of partitioning, setting up a barrier with the maxillofacial surgery. For the dentists, this “pact” gave them an extended and recognized specialty by the medical part, for the maxillo-facial physicians a hoped-for “return” concerning patients with the most complex pathologies that were not always referred to them.

It is important to remember that outside France, maxillofacial surgery, taken as isolated specialty, does not exist. It is known either as oral and maxillofacial surgery in Anglo-Saxon countries or as stomatology and maxillofacial surgery in Latin European countries.

In many countries of the world, oral and maxillofacial surgery is a dental specialty and more and more a dental and medical one, with the need for a double degree (physician and dentist: MD-DDS) and not physician or dentist as the current DESCO is. The whole specialty has a large spectrum of practice

from “minor” interventions to the most complex ones such as free flaps, malformations etc. **But it is clear that the special is unique and united.**

Failing to take these elements into account, the creation of the DESCO, furthermore built in an atmosphere of mistrust, carried within it the ingredients of discord.

Very quickly some dental practitioners wishing to extend their field of practice to what is elsewhere, oral and maxillofacial surgery, pushed for an overflow of practice. The maxillofacial surgeons (and especially those who had set the DESCO up) then have felt this extension as a moral betrayal and wanted the current diploma to be withdrawn.

What is the way out of this situation?

It is obvious, that there is an intricacy of knowledge between dentistry and medicine to practice oral and maxillofacial surgery.

Indeed, can we imagine practicing maxillofacial reconstructions, without mastering dental prosthetic rehabilitations, so essential to obtain a satisfactory and stable result?

Who can claim today to treat medical pathologies of the oral cavity without understanding all of their manifestations that often go beyond the oral cavity alone?

The specialty is one and to splint it is a nonsense.

Following the example of what has happened throughout the world and that is, more and more, becoming a general rule, France must offer dual training to any trainee, whatever his original background. Getting the second diploma, the new oral and maxillofacial surgeon will have the capacity to treat any pathology of this so large specialty.

Such an evolution, beyond corporatist quarrels, would allow to the French Oral and Maxillofacial Surgeon to get the best training and would put him at the international standard.

References

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