The patient comes first

One hears that oral and maxillofacial surgery (OMS) occupies a precarious position in the wider sphere of health care and that it faces formidable challenges both now and in the future. Be it ever thus.

OMS has a long history of dealing successfully with challenges, particularly those in which the best interests of the patient have been put above all else. We must never abandon this primacy of patient well-being; it is our privilege and professional responsibility to preserve it.

OMS is the effective traditional link between medicine and dentistry, and as such we can advocate for patients in hospitals, in medical and dental faculties, with government and private health authorities, and with professional associations. We must resist the path that leads back to "guild" behavior, which regrettably rears its head from time to time, when we see professional societies ardently promoting self-interest and exclusivity rather than (but in some cases masquerading behind the façade of) the well-being of the patient.

In addition to dentoalveolar surgery and anesthesia, oral and maxillofacial surgeons must not only manage and care for, but also be seen to manage and care for patients with core health needs, such as those with cancer, traumatic injuries, cleft lip and palate, sleep disorders, jaw atrophy, and temporomandibular joint dysfunctions (to name only some). To do this most effectively, OM surgeons must work collaboratively with a wide range of health professionals, including dentists, nurses, pharmacists, speech pathologists, physicians, health care administrators, and government officials. To be seen to deliver top quality patient care is the prerequisite foundation on which we can establish and maintain excellent and collegial relationships with these health care providers.

In most cases, we are able to deliver the best possible care to our patients, but access to this high-quality care remains a problem for certain groups. Research is needed to discover how we can improve access to care for marginalized groups and individuals, and it is our (all health care providers’) collective responsibility to initiate, foster, and carry out such research. Today, more than ever, we need research that is "new, true and important." If we have the will, OM surgeons can lead the way. In education, we must champion interdisciplinary learning so that we can provide our student colleagues with the opportunity to formulate problems, an exercise of considerably greater intellectual importance than problem solving. We must not falsely separate conception from execution, because this would stress vocational training over professional education.

Oral and maxillofacial surgeons should continue to take the high road by stressing professionalism and repudiating "guildism." In so doing, we will demonstrate to all that the patient comes first!

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REFERENCE