

Gap in Dental Curriculum: Neglecting Handicapped Patients

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In Pakistan, there are major problems in addressing the needs of disabled individuals including the lack of reliable epidemiological data, limited resources and inadequate healthcare facilities. The National Database and Registration Authority (NADRA) reported 371,833 children living with various type of disabilities in Pakistan in 2020.¹ A number likely to have grown since then. Unfortunately, Pakistan, unlike many other developing nations, has not allocated sufficient funds to meet their needs. This is intensified by a gap in dental education; the absence of specialized courses on treating these individuals. The lack of training has serious consequences for the dentists as well as the vulnerable patients they serve.

The disabled individuals require specialized care due to their unique physiological, psychological, and behavioral issues. They often struggle with communication, mobility, and understanding, making it essential for dentists to adopt tailored approaches that ensure their comfort, safety, and proper treatment. Specialized educational programs are essential to teach and train dental graduates to modify standard practices, employ specific techniques, and deliver the most effective care possible. In Pakistan, dental colleges adhere to the curriculum approved by the Pakistan Medical Dental Council (PMDC). The current approved curriculum does not include courses specifically designed for clinically managing individuals with special needs.² In countries with more developed healthcare systems, dental schools include courses explicitly designed to address the needs of special populations. The University of Washington offers a program in "Special Care Dentistry".³ The University of Melbourne Dental School includes training on "Special Needs Dentistry" as part of its Doctor of Dental Surgery program.⁴ These courses cover range of topics relevant to the specific needs and behavior of special people including.

- Understanding the physical and mental disabilities that affect patients.
- Modifying treatment plans to accommodate individual patient needs.

- Techniques for working with caregivers and family members.
- Behavioral management strategies.
- Effective communication with non-verbal or cognitively impaired individuals.

Individuals with physical disabilities face an increased risk of oral health issues, including dental caries, periodontal disease, and dental abnormalities.⁵ This may be due to the physical disability limiting an individual's mobility, dexterity, and physical functioning, which can affect their ability to carry out daily activities.⁶ The absence of such courses in dental curriculum employed in Pakistan means that graduated dentists, upon entering the workforce, are ill-prepared to provide adequate care to these individuals. This creates a gap in access to oral healthcare for a significant portion of the population. The lack of specialized training also increases the likelihood of misdiagnosis, improper treatment, and physical discomfort during procedures. Without the necessary knowledge, an attending dentist may inadvertently cause harm or fail to address the full range of the patient's needs, contributing to a cycle of neglect. This may lead many patient to avoid seeking treatment due to negative past experiences or fear of being misunderstood or mistreated. This avoidance leads to a higher prevalence of untreated dental caries and other issues, resulting in a lower quality of life for these individuals.

Dental colleges in the country primarily focus on general dental treatment techniques designed otherwise, healthy patients. The curricula are centered on textbook knowledge and standardized clinical practices, leaving little room for specialized training related to marginalized or underserved populations. Some institutions may offer optional workshops or seminars, However these are neither integrated into the core curriculum, nor comprehensive in scope or depth.

Dental students and graduates are rarely exposed to practical experiences with physically or mentally disabled patients during their training. This lack of exposure results in discomfort or uncertainty among professionals when they are required to treat these patients in real-world settings. In many Western countries like the USA, UK, and Australia, universities have introduced undergraduate and postgraduate

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training programs to meet the treatment needs of special populations. To keep pace with these advancements, Pakistani dental curriculum requires reform to address the gap in care for special individuals. Dental colleges should incorporate mandatory courses and practical training modules specifically focused on treating special needs patients. These courses should be developed with input from experts who understand the unique requirements of these populations. Dental students should be required to complete rotations or internships in environments where they interact with these patients under the guidance of trained professionals. This hands-on experience is essential for developing competence and confidence.

The induction of a specially designed curriculum, tailored to the specific needs of these patients, will undoubtedly address the current challenges and produce skilled dentists who demonstrate empathy, patience, and a commitment to serving those in need. This approach aligns closely with the policy of the International Dental Federation (FDI), which was adopted in 2016. The FDI policy strongly advocates for promoting education in special care dentistry at all levels—undergraduate, postgraduate, and continuing education—across all dental disciplines.⁷

CONFLICT OF INTEREST

None to declare

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