Tertiary Healthcare Institutions and Maxillofacial surgery: A case for Reform

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Tertiary health care institutions are an important component of the healthcare system of any country. Their role in enhancing specific and overall health parameters of community is immense ranging from complex specialized clinical care to supervision, training, development of guidelines and quality assurance. They are built with a vision to foster advanced medical education and research. In post-independence India, the All India Institute of Medical Sciences (A.I.I.M.S.) New Delhi, Postgraduate Institute of Medical Education & Research (P.G.I.M.E.R.) Chandigarh & Jawaharlal Institute of Postgraduate Medical Education & Research (J.I.P.M.E.R.) Puducherry were designated as “Institutes of Excellence.” These modern temples of medical education have not only played a crucial role in the advancement of healthcare and medical research, they have also been at forefront in formulating various health-related policies at both state and national levels. With addition of more such institutes in the country, an attempt has been made to make tertiary care more accessible to the masses at Pan India level.

At inception of these institutes, the Department of Dental Surgery was meant to provide only clinical services but gradually it was accorded due importance with initiation of post-graduation programs. It is now a well established specialized healthcare discipline in these institutions.

The management of various maxillofacial diseases, disorders and emergencies is unique, because it not only requires in depth knowledge of both medical and dental aspects but also of their intricate relationship. The role of Oral and Maxillofacial Surgery (OMFS) encompasses providing services in emergencies like trauma and life threatening infections, managing craniofacial deformities, elective surgeries for advanced Head Neck diseases and complex reconstructions [1]. Hitherto, OMFS has been clubbed with all other subspecialties under a generalized department of Dentistry. This approach does not allow the OMFS unit to perform to its full potential, thus depriving patients of the benefits of rapid advances in the field adversely impacting public health in general [2]. OMFS has now outgrown the confines of dentistry. The traditional notion that dentistry is a specialty whose expanse ranges from basic restorations to inserting implants is no longer true [3]. With cutting edge advances in the field of craniofacial trauma, infections and Head Neck oncology, the flight of our speciality from its nest is long overdue. The commitment and perseverance of our seniors has successfully created a niche and established OMFS at the forefront [4]. However, it still has to cover some distance in attaining its rightful status as an independent relevant surgical domain. OMFS as a specialty should have been right up there in pecking order of mainstream surgical branches. It must work hard to change the erroneous perception that it is a specialty that intersects and clinically

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overlaps with established areas of Plastic and E.N.T. Surgery [5].

The allied surgical specialists working in head and neck region are often ignorant about biomechanical complexity of the Temporomandibular joint (TMJ) and its implications on dental occlusion. This may result in sub-optimal outcomes after TMJ, trauma and orthognathic surgeries. In addition it has also led to under appreciation of skills and judgment of OMF surgeons who are rightfully trained to perform such surgeries.

While OMFS in India, is and will continue to be rooted in dentistry, it's much needed overreach beyond the confines of dental sciences is overdue. The current notion of OMFS as a mere advanced arm of dental services and its application solely for pre-surgical dental treatment or only to manage post surgical rehabilitation is an approach fraught with surgical failures and complications. It is depriving the masses of appropriate treatment protocols in many interventional scenarios.

A case in point is the management of post-COVID mucormycosis patient which requires a multi-disciplinary approach. OMF surgeons along with other medical disciplines are now at forefront of mitigating the scourge of this disease. They invariably play a crucial role in managing the residual defects by employing maxillofacial prosthesis and implants. In such cases without the proper involvement of maxillofacial surgeons, desirable outcomes in terms of adequate maxillofacial rehabilitation [6] and prevention of recurrence of the disease cannot be achieved.

India is a country of about 1.4 billion people, and the reach of best health infrastructure to every corner of the country is still limited. The opening of AIIMS-like institutions in every state has been a major step in this direction serving as a conduit to pass on benefits of both recent advances and highly skilled professionals to the community. However, in terms of Maxillofacial services, these institutes still need to promptly plug certain critical gaps. Firstly, the functioning of OMFS as an independent department (with indoor facility, skilled staff and critical care services) should be conceived right at inception stage of these institutes. This will not only allow these tertiary institutes to provide comprehensive interdisciplinary management of craniofacial trauma, diseases\deformities and life threatening infections, it will deliver maxillofacial care to the community far more efficiently [7]. Secondly, a dedicated OMFS station should be integrated with Trauma Center and Emergency wings for round the clock services. This will reduce the inconvenience of multiple referrals for patients and can further strengthen the outreach of the department, thus rightly projecting OMFS as an important integral care provider. Thirdly, channels for direct coordi-

nation (instead of routing through the department of dentistry) with medical specialties like Anesthesia, Neurosurgery, E.N.T, Plastic Surgery and Pathology should be established. This will facilitate prompt diagnosis, correct treatment and appropriate rehabilitation of the maxillofacial patients.

Unfortunately most recent guidelines in India on oral health care still do not emphasize the recruitment of an Oral and Maxillofacial surgeon at either the district hospital levels or in tertiary healthcare institutions [8]. The MCI regulations still continue with the requirement of a Professor and an Assistant Professor (who can be from any branch of dentistry) in the Department of Dentistry of the medical colleges. This certainly does not serve the Maxillofacial needs of our patients appropriately. There are lot of expectations of reform from the newly formed body, the National Medical Commission. We hope that it will consider mandatory recruitment of Maxillofacial surgeons in the staffing pattern of medical colleges as a minimum requirement and perhaps also the inclusion of the teaching of Maxillofacial surgery (in addition to Dental surgery) in the MBBS curriculum. This will foster better understanding of the field among our medical colleges right at the beginning of their careers.

The post-COVID phase has accelerated revamping of the healthcare and medical education system in India. We look at this as an inflection point that policy makers should use to accord OMFS its due importance. Many countries across the world require dual qualification (both dental and medical) to be able to practice Maxillofacial Surgery [9]. It's time the relevant stakeholders (policy makers, medical/Dental regulators) device curriculum in a manner that not only streamlines it's place in tertiary healthcare but also allows it to more efficiently address the Maxillofacial needs of patients. Failing to do so will result in a large population that will remain to be underserved, subject to inadequate treatment and referrals to the wrong specialists. The recent advisory on management of post-COVID Mucormycosis from the ICMR\Ministry of Health [10] acknowledging the role of Maxillofacial surgery as an independent surgical discipline (along with ENT, Ophthalmology, Plastic Surgery) and not clubbing it with Dentistry is indeed a welcome change. More such steps are needed from our policy makers, and the next decade will witness whether or not we continue to deny our people access to advance specialized care that the speciality is capable of delivering. Once OMFS is established primarily as a surgical specialty in tertiary healthcare, with a glimmer of optimism and unwavering faith in our perseverance, we can be sanguine in the assumption that we shall surely be able to serve the community better.

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