**Introduction**

Why should doctors of dentistry be considered a totally separate profession, when the teeth are just as much a part of the body as the eyes, brain or heart? Why aren't dentists a specialty of medicine like ophthalmologists, neurologists, and cardiologists?

Ever since I entered the medical field, a question that has been plaguing my mind is why should there be a separate qualification (BDS), a separate college (Dental College) and a separate council (DCI) for a stream that deals with a part of the human anatomy - the teeth? If it is justified, then on the same lines, why can't we have individual qualification, college and council for each organ and specialty like Ophthalmology, ENT, Orthopedics etc. I thought that as after completion of MBBS we do specialization MD/MS in different parts and systems of body then similarly why not similar MD/MS in dentistry too. If the dental problems/illnesses can be managed properly in the dental-departments of Medical Colleges then why Medical Education should allow a separate Dental Education/Profession in the form of BDS, Dental College and DCI. Why is dentistry treated separately? Is it not wastage of money, manpower and infrastructure of country to run a separate BDS Degree, Dental Colleges and Dental Council exclusively for dentistry when it is manageable by MBBS/MD, Medical College and MCI in Medical Education? Is it not an unjustifiable and mysterious discrepancy; and is it not violating the ethics, equity and justice of Medical Education?

When I searched I found that it is about 60 years back when the Dental College and DCI came into full existence, then question arises why it was needed and what caused the separation of dental wing from the Medical-Education/Profession to create an independent entity as Dental-Education/Profession. Has there been an era of sudden increased dental illnesses which forced us to separate the dental wing from Medical-Education/Profession to solve the problem properly? I could not find any such history of epidemic dental illnesses anywhere in India in the past. Then it only seems that as we Indians are not known to be team players, perhaps some ego war between medical professional resulted in to the separation of dental wing from the Medical-Education/Profession and afterwards unlawful decisions at higher authorities gradually caused the present situation of a separate Dental-Education/Profession.

Continuing on my search for a satisfactory explanation, I discussed the matter with many expert medical personnel but could not. Some suggested that “you are looking at the Indian situation in isolation, though the basic points raised by you are interesting but the reasons indicated for separation are possibly not. Dental-education is separate from Medical-education around the world; hence the same pattern was followed in India”. Some expressed opinion that “All over the world the dental teaching is separate from the medical colleges, hence only to look upon this in a narrow India centric perspective is not the right approach. Most of our medical/dental institutions are made on a western model” but I think it is incorrect and unnecessary to follow western model blindly in Indian reality and socio-economic perspectives without careful exploring its ill effects and harms to our society and country.
Have a look on Dentistry, commencement of Dental colleges and DCI

The World Health Organization defines Dentistry as "the science and art of preventing, diagnosing and treating diseases, injuries and malformations of the teeth, jaws and mouth". During the Middle Ages and throughout the 19th century, dentistry was not a profession in itself, and often dental procedures were performed by barbers or general physicians. Dentistry throughout the world is practiced differently, and training in dentistry varies as well.

The First Dental College of India was established in Calcutta (presently Kolkata) in the year 1924. It was then called Calcutta Dental College and Hospital, and was constructed single handedly by Dr. Rafiuddin Ahmed without any government aid. Incidentally it was the first Dental College to be established in Asia. After his death on 9 February 1965 the college was renamed after him. The Second Dental College started in 1933 in Bombay (now Mumbai) known as the Nair Hospital Dental College (after Dr. A. L. Nair) and run by the MCGM (Municipal Corporation of Greater Mumbai) and is the only dental college in the world to be run by a municipal authority.

In 1935, Dr. H. Venkata Rao started the first dental college in Madras called the "Madras Dental College & Hospital" but it folded up in 1942. The Government of India in 1943 instituted a Community health survey headed by Sir Joseph Bhore to furnish suggestions for augmenting health services in the country. This committee recommended the improvement of dental services and starting of dental colleges to obtain the necessary qualified personnel. The Indian Dental Association (IDA) founded in 1946 highlighted the necessity for regulating the practice of dentistry and this resulted in the enactment of the dentist's act 1948. The Dental Council of India (DCI) was constituted in 1949 at the central and state levels. In December 1949, the Government by an order sanctioned the opening of a separate Dental wing attached to Madras Medical College and Government General Hospital Madras for training candidates for the BDS course and recommended an intake of fifteen students per year in the year 1953. By the Government an order was passed stating the separation of Dental Wing from the Madras Medical College to form an independent Dental College with independent budget from 3rd October 1979. Inauguration of Madras Dental College was done by His Excellency Prabhudas Patwari, the Governor of Tamilnadu on 26th February 1980. During bifurcation, the Dean of Madras Medical College was relieved of charge and Dr. B. P. Rajan was appointed as the Principal. In the year 1992, the institution was renamed as Tamilnadu Government Dental College and Hospital and has been affiliated to The Tamilnadu Dr. M.G.R. Medical University, Chennai, since the inception the Medical University.[1]

The DCI a statutory body was constituted on 12th April 1949 under an Act of Parliament - the Dentists Act, 1948 (XVI of 1948) with a view to regulate the dental education, dental profession and dental ethics thereto-which came into existence in March 1949. The amendments were made through an ordinance promulgated by the President of India on 27th August 1992. Through this ordinance, new sections i.e. section 10A, section 10B, section 10C were introduced in the Dentists Act 1948, mainly to restrict mushrooming growth of dental colleges, increase of the seats in any of the course and starting of new higher courses without the prior permission of the Central Govt., Ministry of Health & Family Welfare. The amendment was duly notified by the Govt. of India in Extraordinary Gazette of India, Part II and Section I on 3rd April 1993 with effective date 1st June 1992. The Council is composed of 6 constituencies representing Central Government, State Government, Universities, Dental Colleges, Medical Council of India and the Private Practitioners of Dentistry. The Council is financed mainly by grants from the Govt. of India, Ministry of Health & Family Welfare, though the other source of income of the Council is the 1/4th share of fees realized every year by various State Dental Councils under section 53 of the Dentists Act, Inspection fee from the various Dental Institutions for Inspecting under Section 15 of the Dentists Act, 1948 and application fee from the organization to apply for permission to set up new Dental College, opening of higher Courses of study and increase of admission capacity in Dental Colleges.
under section 10A of the Dentists Act, 1948 as amended by the Dentists (Amendment) Act, 1993.[2]

There has been a problem of quackery in the history of dentistry, and accusation of quackery among some dental practitioners persist even today.[3] In India, street dentists often operate without licenses in the streets of large cities. These practitioners charge far less than conventional dentists and cater to those who cannot afford licensed dental care.[4]

In Japan, the first national (vocational) dental school was established in 1928 by individuals who were opposed to oral medicine. The graduates of this school received no academic degree. Subsequent to the introduction of the American dental educational system in Japan following World War II, Japanese vocational programs in dentistry became dental schools, and all dentists have since been educated in these schools. In 1995 the Institute of Medicine (IOM) published its report entitled Dental Education at the Crossroads: Challenges and Change. The IOM called for “closer integration” of dentistry with medicine, with the “most far-reaching” possibility being dentistry becoming integrated with medicine as a specialty of medicine. The time has come for dental education in Japan to structurally merge with medical education.[5]

Usually some dental students drop out and transfer from dental school to medical school, thus reducing the number of dentists entering the profession. However, this is a result of the appeal of the respective professions and does not support maintaining the isolation of dental education from medical education. In their study of North American dental students, Henzi et al. found that a combined medical and dental curriculum was positively perceived by senior dental students and dental residents, although sophomore dental students had negative impressions of the curriculum.[6]

The current autonomous status of dental education from medical education is insufficient for the education of an oral physician. The modern dental education began in the nineteenth century as an independent professional program distinct from medicine because of the overwhelming prevalence and severity of dental disease, which up to that time had been solely managed by mechanical treatments; it also evolved autonomously due to the lack of knowledge regarding the relationship between oral diseases and both general health and systemic diseases. In the twenty-first century, the training of oral physicians with a basic medical education is the most appropriate way to develop future dentists.[7]

**Drawing attention and personal opinion**

Everybody knows that a graduate in MBBS gains the basic knowledge and insight in whole human body including teeth, various diseases, diagnoses, treatments and medico legal aspects. Then for the post-graduation as MD/MS, this graduate gets a further detailed knowledge of the respective organ/system of body, its diseases, diagnoses, treatments and medico legal aspects. In comparison, in BDS and MDS, the basic and detailed knowledge respectively is restricted to the teeth and oral cavity only. It is truth that a graduate MBBS can manage and treat the general illnesses of any part of the body even teeth too, but in comparison a graduate BDS is restricted to the teeth and oral cavity only with no ability to manage or treat the general illnesses of other parts of the body. Similarly an MD/MS apart from treating respective organ or system deeply, finds no difficulties in managing the general illnesses of other parts of the body other than teeth too, but an MDS cannot manage the general illnesses of the parts of the body other than teeth.

It is interesting to know that the amendments by the President of India on 27th August 1992 in the Dentists-Act-1948 was mainly to restrict mushroom growth of dental colleges but in last 10 years there is a speedy rise of opening of dental colleges throughout the country without seeing it’s after complications for the society and country. In India on one side when only 381 medical colleges are running with a long history, then on the other side 302 dental
colleges have come into existence in a very short time with a short history. Out of 302 dental colleges only about 40 are government institutions and rest 262 are private dental colleges. About 100 more dental colleges are in queue to be started. In a small state of Chhattisgarh 6 dental colleges with total capacity of 600 students per year are already running and about 5-6 are in queue to be opened. In comparison this state has only 3-4 medical colleges with total capacity of 400 students per year. The condition is more or less same in other states of India too. We know the admission and completing course of BDS/MDS are very expensive especially from private dental colleges and these ultimately result into expensive dental treatment to the people. It is obvious that running a private dental college has become an impressive source of income and status for the management rather than providing a service to the general public. So the purpose of separation of dental wing from the Medical-Education/Profession can be understood.

It was a mistake to start separation of dental wing from the medical college or hospital. Afterwards due to carelessness and unawareness of the people and some faulty decisions this error could not be corrected. I am sure that some people especially from the medical field shall have realized and opposed this error at its early stage but they couldn’t have succeeded. We know there are many wrong trends/traditions in our country developed by some similar mistakes due to illiteracy, carelessness, unawareness and religiousness of the people; and once started these could not be stopped due to insufficient steps at the initial stage. For example a burning mistake in our country was not to care about population control and now it has resulted into population explosion in India due to reasons already mentioned. Population control could be on the topmost priority for the welfare of India but we have simply made a National Population Control Program (NPCP) in the list of other programs like National Polio Control Program, National Malaria Control Program etc. We know that if population comes under control then most of the other national problems can be solved easily and automatically. If such mistakes are not corrected at their initial stage then they become harmful and dangerous for the society and country and afterwards their correction becomes impossible.

So in my opinion, it is an obvious truth that the dental is a part of Medical-Education/Profession and by its separation we have started an unnecessary race, competition and gap between dental and medical. It is just like that a part of body is unnecessarily cut and given a separate name and identity; and we are ignoring to lose the beauty of body and that cut part both. If Medical-Education/Profession is a hand then dentistry is its one finger and hand needs all fingers to form the fist for strength.

**Conclusion**

There are gaping holes and discrepancies in the public healthcare and so significant achievements have not been obtained because we are not deleting or amending the wrong trends and health policies seriously. The independent entity for the dentistry only is a discrepancy and mysterious; and violating the ethics, equity and justice of Medical Education. It is an obvious truth that the dentistry is a part of Medical-Education/Profession and by its separation we have started an unnecessary race, competition and gap between Dental and Medical to some extent. It is undue and obstructing the proper welfare of our society and country. I appeal to the Government of India, Bioethicists, Medical Educationists and MCI; to consider and realize the integrity of Medical-Education/Profession with its various departments including dental; and take a prompt decision and action to merge Dental colleges into Medical Colleges and DCI into MCI. In medical colleges the dental departments are already running and only thing required is their up gradation. A reformation of dental education is necessary if optimum oral health care is to be provided for the patients in future. It is thus advocated that dentistry should become one specialty of Medical Education known as oral medicine, and the education of dentists should be modified to produce oral physicians under Medical Education.

Changes in the last century in the biomedical sciences and disease profiles require recognition that oral and general health care are inseparable, and dental students must learn
the same biomedical sciences and the core of clinical medicine required for students studying to enter other fields of medical practice. It is time for medical and dental educators to develop strategies to integrate Dental education with Medical education. The mutual understanding and close collaborations of medical and dental professionals and educators will be of critical importance to the successful establishment of such an integrated program for human health. It will definitely be a correct step to strengthen the Medical Education in India to achieve its objectives and goals conveniently towards welfare of country.

MBBS

BDS

For the Whole Body
Medical Education/Profession
Medical Colleges: 381
Medical Council Of India (MCI)

For the teeth only
Dental Education/Profession
Dental Colleges: 302
Dental Council Of India (DCI)

Integrity of Medical Profession
References

1. www.tamilnadudentalcollege.com/history.php
2. www.dciindia.org, about DCI