

Alan Roger Santos-Silva^{1*,†} 
 Felipe Paiva Fonseca^{2*,†} 

The Boundaries of Medical and Dental Recognition in Oral Medicine and Oral & Maxillofacial Pathology

Despite over a century of global development, the specialties of Oral Medicine and Oral & Maxillofacial Pathology continue to face significant challenges in gaining recognition from the broader medical community¹⁻⁶. These specialties have long contributed to advancements in education, research, health policies and clinical practice, operating across public, private, and independent settings as well as within university and hospital systems. Furthermore, experts in these fields have become integral members of multidisciplinary healthcare teams at some of the world's leading institutions and clinical practice guidelines⁷⁻¹¹. Yet, professional acknowledgment from the international medical community remains elusive^{12,13}.

Even as Oral Medicine and Oral & Maxillofacial Pathology continue to demonstrate their value through research, teaching, and direct patient care, they encounter systemic barriers that prevent full integration into high-demand health services¹⁴⁻¹⁹. This lack of recognition is not a reflection of the competencies or contributions of these dental specialties, rather, it seems to be a symptom of entrenched attitudes within contemporary healthcare management.

One contributing factor may be the nature of present-day medicine itself. Modern healthcare systems are increasingly focused on disease-specific interventions, technological solutions, and market-driven behaviors. This focus, while advancing many aspects of medical science, has led to a fragmentation of care that may inadvertently devalue the holistic, patient-centered approaches championed by these dental specialties^{17,20}. By focusing on oral health as an integral component of overall health, Oral Medicine and Oral & Maxillofacial Pathology align with the broader goals of integrated care — a model that seeks to treat patients as whole persons rather than isolated sets of symptoms²¹.

Indeed, some studies suggest that modern medicine is at risk of losing its humanistic essence, as technological advancements and market forces overshadow the primacy of patient care. However, there is also evidence that medicine can regain its humanism through changes in medical education and a renewed focus on patient-centered practices. The inclusion of dental specialties such as Oral Medicine and Oral & Maxillofacial Pathology in these efforts could enrich the healthcare system's capacity to address complex, multifaceted health conditions¹⁸.

This brings us to a central question: Is contemporary medicine prepared to recognize the value and impact of these specialties? While certain areas of the world have seen success in the collaboration between medical and dental professionals, many regions still lag in adopting a fully integrated approach. In countries where healthcare inequities are prominent, these specialties remain marginalized despite their clear contributions to science, patient care and public health²².

Looking forward, it is crucial to address the barriers to recognition that Oral Medicine and Oral & Maxillofacial Pathology continue to face. Enhancing medical education to include a broader understanding of oral health's impact on systemic health, fostering interdisciplinary collaboration, and implementing more inclusive healthcare policies are all necessary steps toward ensuring that these specialties receive the acknowledgment they deserve^{3,17}.

Although this editorial seeks to examine the ongoing challenges confronting Oral Medicine and Oral & Maxillofacial Pathology by offering a critical reflection on the readiness of contemporary health care systems to recognize and integrate their essential contributions, it is paramount to admit that dentistry itself is facing a critical moment²¹, influenced by the same

¹University of Campinas, Oral Diagnosis Department, Piracicaba Dental School – Piracicaba (SP), Brazil.

²Universidade Federal de Minas Gerais, Department of Oral Surgery and Pathology – Belo Horizonte (MG), Brazil.

*Editors-in-Chief, Journal of Oral Diagnosis.

†Correspondence to: alan@unicamp.br; felipefonseca@hotmail.com

Received on December 16, 2024. Accepted on December 18, 2024.

<https://doi.org/10.5327/2525-5711.296>



medical landscape that challenges the recognition of its subspecialties²³. Many dental professionals, like their medical counterparts, seem unprepared to fully embrace patient-centered care. Instead, a significant portion of the profession has shifted its focus toward the “artistic” aspects of practice and the pressures of a business-driven model. While these aspects have their place, they risk overshadowing the broader role dentistry can play in multidisciplinary healthcare. Just as medicine is being called upon to reassess its priorities, dentistry must also realign its goals to meet the holistic needs of patients in an increasingly complex healthcare environment²⁴.

Ultimately, the recognition of Oral Medicine and Oral & Maxillofacial Pathology is not merely about professional validation; it is about enhancing patient care through comprehensive, integrated approaches that reflect the interconnectedness of oral and overall health (Figure 1). By embracing these specialties, contemporary medicine has the opportunity to restore its focus on the whole patient — an approach that will benefit the healthcare system as a whole.

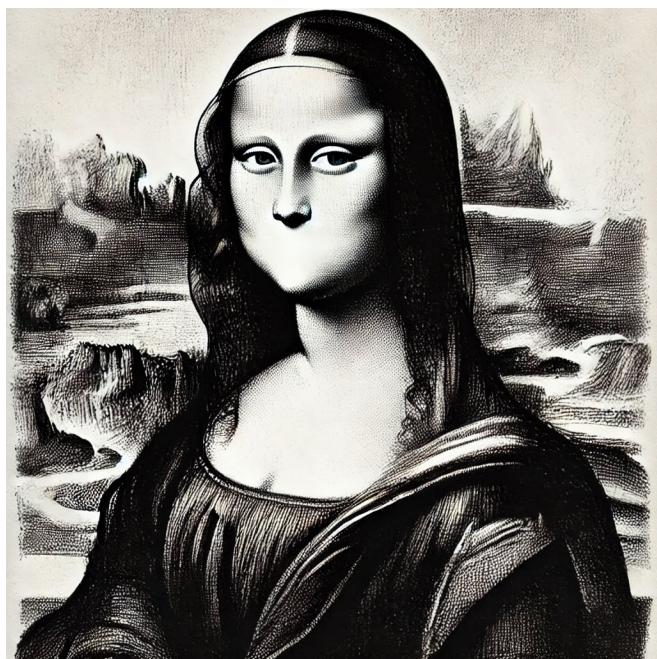


Figure 1. The “Mouthless Mona Lisa”. This illustration, created using ChatGPT-4.0, draws inspiration from the Renaissance ideals of integration mastered by Leonardo da Vinci. It serves as a metaphor for the paradoxical boundaries separating Oral Medicine and Oral & Maxillofacial Pathology from mainstream medicine and dentistry. By depicting the iconic Mona Lisa without her mouth — one of the defining features of her personality — it symbolizes the disconnection between oral health and systemic health perpetuated by contemporary clinicians and scientists. Building on the reflections of Alfonsín²⁰ and Vieira & Caramelli¹⁴, the image challenges us to reclaim a Renaissance vision of interconnected disciplines and calls for comprehensive, interdisciplinary patient care.

AUTHOR’S CONTRIBUTIONS

ARSS: conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing — original draft, writing — review & editing. FPF: writing — original draft, writing — review & editing.

CONFLICT OF INTEREST STATEMENT

Funding: The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

Competing interests: The authors have no relevant financial or non-financial interests to disclose.

Ethics approval: Not applied.

REFERENCES

1. Bernier JL. The birth and growth of oral pathology. *Oral Surg Oral Med Oral Pathol.* 1972;34(2):224-30. [https://doi.org/10.1016/0030-4220\(72\)90412-4](https://doi.org/10.1016/0030-4220(72)90412-4)
2. Vincent SD, Zunt SL, Barker BF, Ellis GL, Melrose RJ, Tomich CE, et al. Status of the specialty of oral and maxillofacial pathology, 1997. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1998;86(3):331-4. [https://doi.org/10.1016/S1079-2104\(98\)90181-0](https://doi.org/10.1016/S1079-2104(98)90181-0)
3. Wright JM, Vincent SD, Muller S, McClatchey KD, Budnick SD, Murrain VA. The future of oral and maxillofacial pathology. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2003;96(2):176-86. [https://doi.org/10.1016/s1079-2104\(03\)00300-7](https://doi.org/10.1016/s1079-2104(03)00300-7)
4. Scully C, Miller CS, Aguirre Urizar JM, Alajbeg I, Almeida OPD, Bagan JV, et al. Oral medicine (stomatology) across the globe: birth, growth, and future. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2016;121(2):149-157.e5. <https://doi.org/10.1016/j.oooo.2015.10.009>
5. Esteves-Pereira TC, Santos ES, Hanemann JAC, Vargas PA, Lopes MA, van Heerden WFP, et al. Mapping oral medicine (stomatology) and oral and maxillofacial pathology international organizations: a scoping review of global data and historical analysis. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2025;139(1):42-63. <https://doi.org/10.1016/j.oooo.2024.07.016>
6. Tyler MT, Miller CS, Lockhart PB, Patton LL. American Academy of Oral Medicine: 75 years of bringing medicine and dentistry back together. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2020;129(2):91-4. <https://doi.org/10.1016/j.oooo.2019.11.002>
7. Shiboski CH, Shiboski SC, Seror R, Criswell LA, Labetoulle M, Lietman TM, et al. 2016 American College of Rheumatology/ European League Against Rheumatism Classification Criteria for Primary Sjögren’s Syndrome: a consensus and data-driven methodology involving three international patient cohorts. *Arthritis Rheumatol.* 2017;69(1):35-45. <https://doi.org/10.1002/art.39859>

-
8. Fakhry C, Lacchetti C, Rooper LM, Jordan RC, Rischin D, Sturgis EM, et al. Human Papillomavirus Testing in Head and Neck Carcinomas: ASCO Clinical Practice Guideline Endorsement of the College of American Pathologists Guideline. *J Clin Oncol.* 2018;36(31):3152-61. <https://doi.org/10.1200/JCO.18.00684>
 9. Mercadante V, Jensen SB, Smith DK, Bohlke K, Bauman J, Brennan MT, et al. Salivary gland hypofunction and/or xerostomia induced by nonsurgical cancer therapies: ISOO/MASCC/ASCO Guideline. *J Clin Oncol.* 2021;39(25):2825-43. <https://doi.org/10.1200/JCO.21.01208>
 10. Bouvard V, Nethan ST, Singh D, Warnakulasuriya S, Mehrotra R, Chaturvedi AK, et al. IARC perspective on oral cancer prevention. *N Engl J Med.* 2022;387(21):1999-2005. <https://doi.org/10.1056/NEJMSr2210097>
 11. World Health Organization. WHO Classification of tumours. Head and neck tumours. Lyon: WHO; 2024.
 12. Alrashdan MS, Darwazeh AMG, Hassona Y, Bader DH, Khader YS. Awareness of oral medicine among medical practitioners, evidence of the unbridged interdisciplinary gap. *J Eval Clin Pract.* 2019;25(1):142-7. <https://doi.org/10.1111/jep.13029>
 13. Aljishi M, Yom SS, Shiboski CH, Villa A. Assessing the knowledge and awareness of US oncologists regarding the specialty of oral medicine. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2024;138(1):38-45. <https://doi.org/10.1016/j.oooo.2024.03.012>
 14. Vieira CL, Caramelli B. The history of dentistry and medicine relationship: could the mouth finally return to the body? *Oral Dis.* 2009;15(8):538-46. <https://doi.org/10.1111/j.1601-0825.2009.01589.x>
 15. Sollecito TP, Rogers H, Prescott-Clements L, Felix DH, Kerr AR, Wray D, et al. Oral medicine: defining an emerging specialty in the United States. *J Dent Educ.* 2013;77(4):392-4. PMID: 23576584.
 16. Spielman AI. The future of oral medicine. *Oral Dis.* 2018;24(1-2):285-8. <https://doi.org/10.1111/odi.12739>
 17. Bindakhil M, Charmelo-Silva S, Bin Dakhil AA, AlOmair IA. The value of the oral medicine specialty in the modern healthcare systems. *Saudi J Health Syst Res.* 2021;1(2):33-40. <https://doi.org/10.1159/000515358>
 18. Hugo FN, Kassebaum NJ, Marcenes W, Bernabé E. Role of dentistry in global health: challenges and research priorities. *J Dent Res.* 2021;100(7):681-5. <https://doi.org/10.1177/0022034521992011>
 19. Pentenero M, Sutera S, Lodi G, Bagan JV, Farah CS. Oral medicine practice in Europe and Australia: identifying practitioner characteristics and their clinical activity. *Oral Dis.* 2022;28(7):2043-51. <https://doi.org/10.1111/odi.13881>
 20. Alfonsín A. La boca también existe: odontología básica para médicos, enfermeros y personal del equipo de salud. 1a ed. Buenos Aires: delhospital ediciones; 2013.
 21. Prades J, Remue E, van Hoof E, Borrás JM. Is it worth reorganising cancer services on the basis of multidisciplinary teams (MDTs)? A systematic review of the objectives and organisation of MDTs and their impact on patient outcomes. *Health Policy.* 2015;119(4):464-74. <https://doi.org/10.1016/j.healthpol.2014.09.006>
 22. Santos-Silva AR, Lopes MA, Pedroso CM, Ribeiro ACP, Fonseca FP, Brandão TB, et al. Oral medicine (stomatology) in Brazil: the first 50 years and counting. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2022;134(1):57-64. <https://doi.org/10.1016/j.oooo.2022.01.018>
 23. Cohen LC, Dahlen G, Escobar A, Fejerskov O, Johnson NW, Manji F. Dentistry in crisis: time to change. La Cascada Declaration. *Aust Dent J.* 2017;62(3):258-60. <https://doi.org/10.1111/adj.12546>
 24. Apelian N, Vergnes JN, Bedos C. Is the dental profession ready for person-centred care? *Br Dent J.* 2020;229(2):133-7. <https://doi.org/10.1038/s41415-020-1650-3>