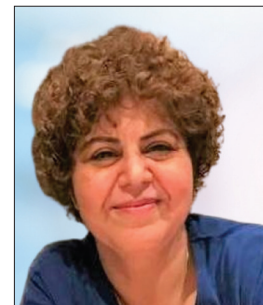


Oral pathology and the problem of plenty that isn't!



Talk to an oral pathologist these days, and the topic of conversation inevitably goes to the problem caused by there being too many oral pathologists and too few jobs. Even recent guest editorials by respected colleagues Dr. Yashwant B Rawal and Dr. T V Narayan sounded the bells of alarm, while as is befitting and right our association president Dr. Susmita Saxena brought in the voice of hope.

While I am grateful for the conversation and the opportunities it provides in examining what ails oral pathology, for definitely, something does. I believe the problem of plenty or too many oral pathologists' warrants some examination. Please bear with me while I apply some general facts in relatively unsophisticated back of envelope calculations to examine the premise.

For the lack of actual numbers, let us assume we are 5000 oral pathologists in India. There are approximately 2,70,000^[1] dentists at a ratio of 1/5000 people. That means one oral pathologist for every 54 dentists translating to one oral pathologist for every 2,70,000 people.

On the medical side, 1.8 million registered medical practitioners were serving the population in 2017, a doctor-to-population ratio of 1.34:1000.^[2] These doctors are supported by approximately 100,000 private pathology laboratories in the country (not including those run by the government). Ideally, at least one pathologist needs to be attached to each laboratory that means there is a potential need for 100,000 pathologists in the country, translating to one pathologist for every 18,000 people. Although the counts are much lower due to a current shortage.

Hence currently, there is one oral pathologist for every 20 pathologists, and each oral pathologist provides care to 15 times more people than each pathologist does. I think

it is acceptable to be bold enough and say we are not too many, even taking into account that more laboratories and therefore pathologists are essential since the range of services they provide are much more.

Still, as we have learnt in pathology excesses can be either true or relative, so perhaps, our number problem is a relative one. Maybe the problem is with oral diseases themselves. Maybe they are just fewer or less significant than the systemic conditions, thereby requiring fewer oral pathologists to diagnose them. Let's examine that premise.

The Global Burden of Disease Study 2017 estimated that oral diseases affect close to 3.5 billion people worldwide.^[3] Considering that roughly 1/6th of the total world population of 7.8 Billion^[4] lives in India, another back of envelope calculation shows that about half a billion of the individuals with these oral diseases may live in India. The top four oral health conditions according to 2020 WHO fact sheet are caries, periodontal diseases, oral cancers and oral manifestations of HIV, all of the particular relevance in India.^[5]

Globally, it is estimated that 2.3 billion people suffer from caries of permanent teeth, making it the most common condition, whereas severe periodontal disease affects almost 10% of the global population.^[5] Both dental caries and periodontal disease are followed by sequela that includes a range of pathologies. Both conditions also often lead to the loss of teeth, an outcome that has been powering a considerable rise in the use of implants and the associated implant-related pathologies, and a corresponding surge in metal^[6] and nonmetal allergies^[7] against materials used. All this is not even considering that oral cancer now ranks second among cancers in India.^[8] The WHO report sums it all up well "oral diseases pose a major health burden for many countries

and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death.^[9] And if all that is still not enough, there is the estimated oral manifestation of 80% of all diseases during their natural course.

Hence, oral pathologists are not too many; oral pathologies are not too few, then why are there no jobs? This question begs an answer.

The answer, I believe, requires a long and hard look inward. We as a profession have failed miserably in educating the public, the government, and for that matter dentists and doctors about our contributions and how essential we are to the effective running of the health-care system. The sudden and somewhat unplanned rise in our numbers was not the disaster, us not seeing the possibilities it provided and the challenges it would bring was.

Albert Einstein said, “We cannot solve our problems with the same thinking we used when we created them.” Where and how we can begin that change should be the focus of our discussions and actions. However whatever the change, it is undoubtedly a collective responsibility, not just the seniors, the juniors or any particular group.

It is never too late; we can make changes that will solve various problems (recognition, compensation and resources that enable us to function as oral pathologists) faced by our profession in the long run. As for the immediate issues faced by our young colleagues, many options ranging from setting oral pathology consultancy and surgical pathology laboratories, joining research, editorial services and even hospital management services. All have been tried with success and will provide gainful employment. There is no need to despair; in reality, the challenges oral pathologists face are no more daunting than those faced by youngsters in other professions.

I would like to end with a little story about two executives of a shoe company who were sent to Africa to assess the market opportunities. On reaching they saw no one wore shoes, one executive sent a telegram that said-Situation hopeless, they do not wear shoes, the other sent a telegram saying fantastic opportunity no one has any shoes as yet.

The future is unwritten, and how we write it, is limited by our perceptions and visions alone. Let's write a version in which no oral pathologist questions his/her choice of a profession.

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