

LETTER TO EDITOR

Clinical Sciences

Epidemiology and Social Justice of Dentistry in the Mexican Context

Guillermo Cruz Palma¹ | Eyra Elvyra Rangel Padilla¹

¹Faculty of Dentistry, Autonomous University of Nuevo León, Mexico

Correspondence

Dr. Eduardo Aguirre Pequeño
Postal Code: 64460
Monterrey, Nuevo León, Mexico.
Phone: +52-8180107760
Email: guillermo.cruzplm@uanl.edu.mx

Oral diseases are a widespread public health problem in most parts of the world, as they influence quality of life by affecting various aspects of daily life, such as pain, discomfort, sleepless nights, limited ability to eat leading to poor nutrition, and time away from school or work as a result of dental problems, all of which are considerable and costly[1]. The priorities of Mexico's Oral Health (OH) policy are to reduce dental caries, periodontal disease, and oral cancer. To this various policy components have been designed, such as preventive education in schools, healthcare education, and salt fluoridation. One of the main tasks of health decision-makers is to find strategies to prevent or control these problems[2]. In Mexico, dental consultations are generally carried out in private, public, and/or social security clinics. Public health services offer what is considered basic care; rehabilitation and cosmetic treatments are not covered by these services, and people are forced to use private services to complete their treatment plans. Prevention and appropriate treatment of common oral diseases are part of the basic component of primary health care, and low-income populations are particularly at risk due to a variety of factors, including lack of access to dental care, the high cost of dental services, and a general lack of information about the vital role that OH plays in people's well-being[3]. The Sustainable Human Development (SHD) approach considers the expansion of freedoms and the overcoming of deprivations that limit the real possibilities of achieving development for both present and future generations. In this sense, among the main deprivations of these freedoms are the negative effects on health that are related to inequality in health services, as well as the social determinants of health. In Mexico, well-being must be evaluated and assessed from the perspective of a person's ability to perform or achieve acts that they value. Therefore, the SHD approach is crucial for the implementation of fair and equitable public policies that take into account social, economic, environmental, cultural, and political aspects that support the development

of the most vulnerable and unprotected. It also addresses justice as equity from a non-egalitarian view of human beings[4]. The SHD in Mexico constitutes the construction of environments in which the freedom to deploy the capacities or opportunities and the most cherished aspirations of human beings is manifested; thus, freedom is the key point and trigger that will allow for greater social justice[5]. Currently, the sustainable development goals indicate that these objectives can only be achieved when there is no high prevalence of communicable and noncommunicable diseases and populations can achieve a state of well-being. They also point out that measures addressing the social determinants of health for the entire population are important for creating inclusive, equitable, economically productive, and healthy societies[4].

The SHD applied in access to Oral Health Services (OHS) allows for the generation of consensus and legitimacy in the face of state reforms that deepen social inequalities and the free market, since the patient is transformed into a consumer, client, user, or sick person who has rights. Thus, OH needs increase with the increase in poverty and are exacerbated by population growth and the state's inability to meet society's present and future OH needs. Thus, the increase in the adult population with systemic problems requires more specialized, costly, and complex oral care. However, insurance companies implement dental clinics and focus their offerings on the population with the ability to pay[5].

With the SHD approach, those in charge of OHS must train human resources so that they can implement more specific care models aimed at at-risk groups such as the elderly or patients with systemic problems. In addition, unions must fight to improve institutional job opportunities for dentists in order to maintain a labor market for dentists and increase the capacity of health institutions to resolve OH problems. They should also design attractive care models with high social impact that can be financed by insurance companies[3]. Dental professionals should go beyond the clinical approach to OH and focus not only on the individual but also on society as a whole, educating the population on aspects of oral health. In Mexico, one of the main obstacles to the design and formulation of health policy is the lack of specific information describing the real needs of the population in terms of their health conditions. Therefore, it is necessary to identify the health-disease process in society and analyze health conditions, which will provide sufficient elements for strategic planning and policy formulation. The lack of information on indicators of relevant aspects of the health status of Mexicans has led medical technology companies to promote a health care model that is more curative than preventive. Therefore, the health care model must be changed to one that considers prevention, education, and the use of community intervention techniques[5].

In this context, the decision to generate policies aimed at dental health care requires

reflection on which groups are vulnerable, in addition to knowing the epidemiological indicators and which interventions are most cost-effective. It is important that the issue of OH be included in the national political agenda. It is also important to encourage public health policymakers, members of the dental profession, and dental educators to base their decisions more explicitly on considerations of social justice and recognition of the real needs to be addressed in the area of OH[2].

It can be concluded that the SHD in the area of OH faces the challenge of reducing social gaps and epidemiological backwardness and improving access to and quality of OHS. People's is OH not only at risk when they are threatened by disease, but multiple aspects of their daily lives also pose dangers to the development of their freedom. Therefore, in order to achieve SHD, it is extremely important to guarantee the right to health in all areas. Within the framework of OH, the SHD must occupy a prominent place, as it establishes a new moral and ethical framework for the professional training of more supportive and humane health personnel. By being more respectful of people and their rights and seeking the good of the majority, the dentist-patient relationship and the social commitment of health professionals would be transformed.

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