

Episode: **Author Interview: “Why Should Primary Care Clinicians Learn to Routinely Examine the Mouth?”**

Guest: Hugh Silk, MD, MPH

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TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Hugh Silk, a Professor of Family Medicine and Community Health at the University of Massachusetts Medical School in Worcester, Massachusetts. He's here to discuss his article coauthored with Dr Jesse Feierabend-Peters, "[Why Should Primary Care Clinicians Learn to Routinely Examine the Mouth?](#)," in the January 2022 issue of *The Journal, Inequity Along the Medical/Dental Divide*. Dr Silk, thank you so much for being here. [music fades out]

DR HUGH SILK: Yeah, thanks for having me.

HOFF: To start off with, what's the main ethics point of the article that you've contributed?

SILK: The main point is actually the ethical challenge is not so much of the individual, but it's of our system—our academic and clinical system—that schools and residencies, especially in primary care, are not teaching enough oral health. And so, in our article, we present a scenario where a physician doesn't recognize a benign lesion, refers someone out, and gets a call from the oral surgeon saying, "You know, you didn't need to refer this out." And so, the emphasis should really be on why aren't we teaching oral health? We teach every other part of the body, but we're doing a very poor job. And I've done sort of surveys of medical schools, osteopath schools, residencies, and this continues to be an issue. And that's going to leave providers in awkward situations and maybe dangerous situations going forward.

HOFF: Hmm. It sounds like this article is particularly relevant to health professions students and trainees. So, what do you see as the most important takeaway for those readers?

SILK: Well, I think that again, we have to start doing more of this training. And there are very robust training curricula out there, whether it's Smiles for Life, a national oral health curriculum, or whether the American Academy of Pediatrics has a packed curriculum, a Tiny Teeth curriculum. Every state has curricula. But so, the reason this is so important is because if a provider graduates, imagine a provider graduating and not being able to listen to the heart properly. We just wouldn't allow that to happen. So, if a provider can't look in the mouth and figure out if a lesion is somewhat benign or somewhat malignant, not know where to refer, not know when to refer, they're going to either over-refer, send everybody, or they're going to miss things. And that's going to get them and the patient into health issues. And so, again, I think I want people to take away that we really need to increase and improve our training in oral health across the medical spectrum of medical school, physician assistant school, nurse practitioner school, residencies, etc.

HOFF: And finally, if you could add a point to your article that you don't feel like you got the chance to fully explore, what would that be?

SILK: Well, I think we tried to emphasize that oral health affects systemic health. So, if you have poor oral health, it may affect your diabetes, your heart disease. I don't know if we got across as much that this affects just someone's ability to smile or eat, or in some cases, get a job. I mean, someone might not hire you to be a secretary if your mouth isn't at an ability that you could sit at the front desk, or if you're having so many problems that you're missing work.

HOFF: Mmhmm.

SILK: So, I think that's incredibly important for people to understand the why behind the why.

And then I think the other thing that we probably haven't made as clear is we need more grants and funding to increase this training, whether it's at medical school level or residency level or whether it's at sort of continuing education level. But we need to get some funds in there, we need to get some champions, and we need to make progress, or patients will continue to suffer.

HOFF: Can you talk a bit about the kinds of organizations working to obtain that funding to integrate dental care curricula into the wider health professions?

SILK: Yeah. So, I'm part of a group called the Center for Integration of Primary Care and Oral Health, and it's a collaborative that started with HRSA funding and is with Harvard Medical School, Dental School, and UMass Medical School. And we have a campaign called the 100 Million Mouths Campaign, where we are trying to create a champion in each state that would be somewhat funded to engage primary care schools and residencies in their state to increase oral health curricula. And so, I think this is the kind of strategy that we need if we're going to systematically engage every health school in this country. And if that happens, our goal is that again, 100 million mouths, a third of the country, could be engaged by primary care doctors at the very least to have healthier mouths. There are numerous organizations from the American Academy of Pediatrics, Society of Teachers of Family Medicine, Primary Care Collaborative that are reaching out right now to try to engage providers. We just need to have those champions that will carry that work out.
[theme music returns]

HOFF: Well, Dr Silk, thank you so much for the work that you do on this topic and for your contribution to *The Journal* and podcast this month.

SILK: Yeah, thanks for having me.

HOFF: To read the full article and the rest of the January 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). For all of our latest news and updates, follow us on [Twitter](https://twitter.com/journalofethics) and [Facebook @JournalofEthics](https://www.facebook.com/journalofethics). We'll be back soon with more *Ethics Talk* from *the American Medical Association Journal of Ethics*.