

# The Challenges of Dentistry in the Time of COVID-19

Adriane Batista Pires Maia<sup>1</sup>

<sup>1</sup>Department of Bucomaxillofacial Trauma and Surgery, Central Hospital of the Police (HCPM), Polícia Militar do Estado do Rio de Janeiro (PMERJ), Rio de Janeiro, RJ, Brazil

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## Dear Editor,

**O**n March 11th, 2020, the SARS-CoV-2<sup>1</sup> pandemic was officially declared by the World Health Organization (WHO). As a consequence of this health emergency, we have been affected by profound changes in the way of production, social behavior and economic conditions on the world stage. Doctor of Dental Surgery (DDS), as well as all other professionals that make up the productive and creative matrix, have rethought their work processes in the light of the reality of the novel COVID-19. Based on these challenges, I would like to highlight some particular weaknesses of our profession in the face of the pandemic.

According to the National Health Survey of the IBGE (Instituto Brasileiro de Geografia e Estatística), Brazil has 260,000 dental surgeons, of which, 229,236 were registered between 1977 and 2020 as active in the Federal Council of Dentistry (FCD).<sup>2,3</sup> It is known that, due to the proximity to the face of the patient and exposure to saliva, blood and other body fluids, dental surgeons are highly exposed to the risk of contagion by COVID-19 and are at the top of the list among the occupations with the highest occupational risk.<sup>4,5</sup> Furthermore, it is known that due to the procedures performed, dental offices represent a high risk for the spread of the novel coronavirus.<sup>4,6</sup> Thereby, dental offices and clinics in times of epidemic outbreak of a highly contagious virus can pose a threat to public health. As a result, Anvisa (Agência Nacional de Vigilância Sanitária) published a guideline for health services and dental care, recommending that dental surgeons should consider postponing elective dental procedures and performing only urgent and emergency dental care.<sup>7</sup> Such recommendation reproduces a consensus in international literature.<sup>8-13</sup> Notwithstanding this, the note also recognizes the autonomy of the DDS in assessing the urgency of a procedure. In this sense, we, dental professionals, are expected to make a responsible and ethical assessment of the performance in those times. Despite our significant presence in the Brazilian health field, I concern about our sparse participation, both in discussions about the pandemic control process and in the economic impacts on this class of workers.

Regarding the pandemic control processes, I recognize that it is essential that the DDS understand the biosafety care for the assistance and, we perceive the efforts of our class in this regard. Nevertheless, little has been discussed about what will be the guiding criteria for the exercise of our profession.

It is expected that throughout 2020 and 2021, especially in cities with a high population density, there might be new epidemic outbreaks of SARS-CoV-2.<sup>14</sup> In these periods, the recommendation is to restrict dental care until the flattening of the curve of infected patients. The WHO advises that, in periods of SARS-CoV-2 epidemiological outbreak (sudden increase in the number of cases of the disease) accompanied by the exhaustion of the capacity of local hospital assistance, measures should be taken to prevent the transmission of the virus, such as social isolation and paralysis of part of the economic activities, which would include the resumption of restriction indications for dental care.<sup>15</sup> Given this reality, it is highly recommended that the dentistry councils are attentive to information about the evolution of the disease through the reports published by the sub-secretariats of health surveillance and keep the professionals updated and guided on the adjustments in the care procedures. It should be noted that, given the regional particularities of Brazil, such information will need to consider locoregional specificities.

Regarding the economic impacts, everyone is concerned about the horizon that imposes a strong recession in the production chains. Hence, it is necessary to highlight and make known to public authorities the legitimate concern about the economic sustainability of thousands of DDS and our fragile situation in this process.

Given the above, we recognize our role as health professionals, responsibly assisting the population in urgent and emergency dental demands during the epidemic; however, there is a gap regarding the discussions on compensatory measures and public policies for economic, technical and protection support for this class of workers, aiming at the adequate balance between health and economic protection policies and actions.

## Conclusion

In the time of SARS-CoV-2 epidemic outbreaks, only urgent and emergency dental care should be performed. There is an urgent need to coordinate information between the regional councils of dentistry, the sub-secretariats of surveillance and local health secretariats for monitoring the

epidemiological curve and hospital capacity during the course of the epidemic. And finally, given the inevitable economic impact on this class of health workers and their evident risk position, public policies for protection and economic support must be developed.

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## Mini Curriculum and Author's Contribution

1. Adriane Batista Pires Maia. DDS; PhD student. Contribution: Bibliographic survey, preparation, writing and review of the manuscript. ORCID: 0000-0001-6081-707X

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### Corresponding author

**Adriane Batista Pires Maia**

E-mail: [adrianepmaia@gmail.com](mailto:adrianepmaia@gmail.com)