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# ESSENTIALS OF SOCIAL MEDICINE AND MEDICAL ETHICS

**Sofia, 2017**

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# THE INTEGRATING ROLE OF SOCIAL MEDICINE FOR THE PROFESSIONALIZATION OF DENTISTS

The freedom of movement and settlement of professionals and entrepreneurs is a fundamental value of the European Union. However, the dental profession, as an autonomous social group, is aware of the risk of loose of control on its members in regards of the standard of dental care delivered to the citizens of the EU. These preconditions raised the necessity to elaborate and agree upon acceptable criteria for preparedness of all dentists, in particular, for those who plan to practice in a state of the EU, different from their country of previous citizenship and/or professional education.

In 1999 the Governments of the European economic area member states, agreed upon the basic criteria for comparability of academic education, including: admission, equivalence of awarded degrees, curricula structure and length of training, credit systems and mobility of students and faculties (Appendix 1). As a result of this basic framework, European universities started the process of revising and harmonizing their education following the scheme 3-5-8 (3 years of education before obtaining a Bachelor degree, 5 years of education for a Master degree and 8 years of education for a PhD degree).

Dental education, in general, is part of the higher education system. In addition, it has some particularities relevant to the "regulated professions" features. Therefore, the Association for Dental Education in Europe (ADEE) started a three stages thematic network project[2], with the purpose to organize a peer evaluation of dental curricula through mutual visiting process, using standardized self- assessment and peer assessment protocols. The most important findings from the network project include: better knowledge of strengths and weaknesses of curricula in different countries, scholastic and technical environment qualities in different dental schools. Further benefits from the visiting process for the dental schools are extended (but not limited) to: exchange of good practices, harmonization of dental curricula, consensus on the basic requirements and recommendations for the organization and the process of teaching dentistry at an acceptable comparative quality standard level (Appendix 2). The key elements of the recommended curriculum are based on competences rather than a set of disciplines. The seventeen major competences, the graduating dentist of EU is expected to acquire during his/her studies, are grouped in seven main domains:

1. Professionalism
2. Interpersonal communication and social skills
3. Knowledge base, information gathering
4. Clinical information and information literacy
5. Diagnosis and treatment planning
6. Therapy: establishing and maintaining oral health
7. Prevention and health promotion

**The teaching** of the topics included in the courses "Social Medicine and Medical Ethics," and "Public Dental Health", is expected to develop all relevant competences, so that graduating dentists in Bulgaria (and not only), be able to start a successful independent dental practice in any European country.

*The purpose of this textbook* is to provide the students with knowledge and skills to help build the following basic competences:

-**understanding of social and public health phenomena** and processes, which take place at individual, group and community levels;

-**analyzing health status determinants and health indicators** relevant to public health;

-**taking decisions** based on a critical evaluation of the facts and circumstances;

-**solving problems** of technological, medical, legal and ethical concerns upraising in the course of professional activities.

**The course** of "Social Medicine and Medical Ethics" was developed in accordance with the general educational goals of the program agreed by the department of Public dental health of the Faculty of dental medicine of the Medical university of Sofia, Bulgaria. The chapters are organized to strengthen the links with the rest of the academic curriculum and to establish a sound basis for the subsequent teaching of the course of "Public dental health". The interdisciplinary approach, applied in this work, promotes further individual professional development after graduation.

**This work includes** facts, trends, and relationships' issues from different areas of the professionalization of dental practitioners while keeping optimal volume and structure. The content and the structure of this work correspond to the general educational purpose of the harmonized with EU competences undergraduate dental curriculum.

**Its main educational objective** is to provide the Doctor of Dental Medicine with appropriate knowledge, skills and attitude important for the formation of his/her socio-professional role as a liberal practitioner, while integrated in a public health system. With this work, we hope to help students from second year in their efforts to prepare for the term final examination in the discipline «Social medicine and Medical ethics», as well as postgraduate residents and dental practitioners in their search for professional excellence.

*Good luck and success!*
*The Author*

# INTRODUCTION TO SOCIAL MEDICINE

1. Definition of terms
2. A brief history of the discipline
3. Subject and purposes of social medicine
4. Globalization and its effects on the public health and the professionalization of health professionals in "societies in transition"

The emergence of social medicine as a science is associated with the age of capitalism, the development of cities and the modern state organization of social governance. Social medicine studies the processes of health and disease at individual, community group, and population level and the interaction of biological and social factors shaping these processes. Social medicine today is taught to physicians, dentists and pharmacists all over the world. This chapter presents the definitions of used terms, basic historical facts and the major contributions of scientists for the establishment of social medicine as a field of scientific research, an academic discipline, and a tool for solving social problems, in particular, medico-social problems.

## 1. Definition of terms

*"Social medicine"*, as defined by J. Guérin, includes human factors and the factors generated from the social structure that affect individual human health and the life of social groups, as well as all organized, targeted efforts to improve the health of individuals and groups. According to J. Guérin socio-medical research must be oriented to medical control, environmental hygiene, and forensic medicine issues.

*Community is a* group of individuals living together in some form of social organization with cohesion in planning and operation and/or manifesting some unifying trait or common interest and values. Community in healthcare organizations refers to the local level of the health system. The form of services provided to a locality will vary accordingly to each country's political, economic, social, cultural, and epidemiological patterns. *Community diagnosis* is the assessment of the health status of a community in general or limited to specific health conditions, determinants, or subgroups.

*Community medicine* (Social Medicine) is the specialty that deals with the health and disease of a population or a specified community. The goal is to identify health problems and needs, to identify the means by which these problems and needs may be met, and to evaluate the extent to which health services manage to do so. Community medicine is concerned with populations rather than individuals.

**Health**: In accordance with the Constitution of the World Health Organization (1948), health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Health is defined here as a positive concept, emphasizing social and personal resources as well as physical capabilities.

**Public health** is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, public and private organizations, communities and individuals" (1920, C.E.A. Winslow).

**Public Health is also defined as**: "Organized efforts of society to protect, promote, and restore people's health. It is the combination of science, skills, and beliefs directed to the maintenance and improvement of the health of all the people through collective or social actions. The programs, services, and involved institutions emphasize the prevention of disease and the health needs of the population as a whole. Public health activities change with variations in technology and social values but the goals remain the same: to reduce the amount of disease, premature deaths, and disease-produced discomfort and disability in the population. Public health is thus a social institution, a discipline, and a practice.

**Dental public health is a form of dental practice that treats the community rather than the individual patient.**

# 2. A brief history of the discipline

### 2.1. Origin and name of the scientific discipline

Social medicine has a relatively short history (about 150 years). Accordingly to its interdisciplinary nature, the foundation of social medicine stemmed from the process of structuring of knowledge from established sciences and the *differentiation* of its particular domain of research, research methodologies, and field of application. On one hand, social medicine is a separate field of human medicine on the other hand it integrates methods and scientific achievements of different bio-medical sciences (hygiene, epidemiology), life sciences (sociology, anthropology, social psychology), political science, economics, demographics, statistics and more in an integrated manner.

**Table 1: Names of the discipline**

| Social medicine | JULES GUERIN |
|---|---|
| Social hygiene | PETER FRANCK |
| Organization of public health | SEMASHKO |
| Medical sociology | MACKINTOWER |
| SOCIAL MEDICINE | NOW |

*The change in the name of this discipline over time reflects its development. The names, in turn, were implemented in accordance with the societal development and emerging concept and research methods, formulated and applied by leading philosophers and scholars from various periods they studied these social processes.*