



THE ETHICS OF ORAL NEGLECT IN GERIATRIC CARE: ARE WE RUNNING AWAY FROM THE TRUTH?



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What explains such neglect in providing oral health care in elderly populations? Have healthcare providers been conditioned to believe that suffering and premature death from chronic diseases is just an inevitability of the aging process? Or, perhaps we have become paralyzed by the overwhelming task of meeting the oral health needs of elderly persons. Whatever the reason, someplace along the way, it seems the healthcare delivery system gave up on elderly people. In truth, timely delivery of adequate oral care to the elderly population never really existed. Indeed, the vulnerability of elderly persons to oral conditions that are undiagnosed and/or untreated and the impact of those oral conditions on co-existing, multifactorial chronic diseases present an ethical quandary that can no longer be considered a subtle dilemma.

The impact of tooth loss on an elderly person's overall physical and emotional health has been reported extensively throughout geriatric literature. What has not been well discussed is the elderly population's increased susceptibility to infection of oral origin. Discussion of the influence of gram-negative periodontal pathogens and the resultant systemic inflammation in exacerbating an existing chronic disease such as diabetes or increasing risk for aspiration pneumonia in an elderly person has not been a priority, at least until now.

This issue of *Grand Rounds* brings to the forefront the consequences and grim nature of the lack of oral care for elderly persons. However, raising awareness is only the beginning of change. In proposing a possible solution to this ethical quandary, a geriatric specialist nurse practitioner (Coleman) joins two dental hygienists (Gurenlian and Hein) in exposing the barriers to oral health in nursing homes and exploring a transdisciplinary model of care that relies on collaboration between nurses and dental hygienists. To bolster this proposal, Iacopino's cut-to-the-chase article draws into question the ability and willingness of dental professionals to participate in geriatric care. His presentation of several case studies provides excellent examples of the importance of maintaining oral health in the aging population and progressive care plans that inevitably have a positive effect on quality of life. Most exciting is the contribution of Stein, Scheff, and Dawson. This original manuscript unravels the suspected link between periodontal disease and Alzheimer's disease by suggesting several biologically plausible mechanisms to explain a potential association. We are tremendously honored by these coauthors' willingness to debut this developing body of knowledge in *Grand Rounds*. And finally, we feel very privileged that Edmund Duthie, M.D. accepted our invitation to author the guest editorial for this issue. Duthie is perhaps one of the most highly respected geriatric physicians in the world, and his editorial discussing the importance of dental professionals' participation in the care of the elderly population provides a very compelling call to action.

Delivering adequate oral health care for elderly persons is already a challenge, let alone facing the demographics of the future. By 2030, almost 1 out of 5 Americans — approximately 72 million people — will be 65 years of age or older. This urgently demands a change in delivery systems. Instead of running away from the truth about the void in oral health care for elderly people, the time has arrived to intercede by developing novel, effective, and efficient models of care. And, most importantly, the first step in creating sustainable solutions is the recognition that this reality and its inherent responsibilities belong to us all.

Sincerely yours,

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