African Journal of Biomedical Research, Vol. 7 (2004); 1 – 4
ISSN 1119 – 5096 © Ibadan Biomedical Communications Group

Mini-Review Article

DENTISTRY AND MEDICAL DOMINANCE: NIGERIA PERSPECTIVE

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The relationship between medicine and dentistry in Nigeria from the time of colonial rule to date is highlighted. Records have shown that medical practice is much older than dental practice and this pioneering advantage in health education enhanced the establishment of the first medical school in Ibadan in 1948. Whereas, almost two decades after, the first dental school in Nigeria which incidentally is the oldest dental institution in Black Africa was founded at the University of Lagos in 1966. The ideology prevailing in Nigeria at that time was undoubtedly believed to have been strongly influenced by the colonial link with Britain. Subsequently, three additional dental schools were established in Ile-Ife, Ibadan and Benin to bring to a total of four throughout a nation that can easily boast of twenty-four medical schools. This preponderance of medical schools over the dental institutions is a strong index that may be said to precipitate the dominance of medicine over dentistry.

Keywords: Dentistry, medical dominance, socio-political influence

INTRODUCTION

Medical dominance can be described as the super-ego or overwhelming stance of medicine over healthcare occupations and professions. The term reflects the great deal of autonomy possessed by medical doctors as well as their authority over health related occupations [Adams, 1999; Dunbar, 1990]

It is seen to consist of a number of key factors [Coburn, Torrance and Kaufert, 1983]. First, the medical profession is said to control the contents and conditions of its own work; second, the medical profession is seen to have gained control over other related health care occupations, third, the concept of medical dominance is sometimes used to denote a broader social influence that medicine exerts over the entire health care system and over health issues.

Modern dental practice started in Nigeria about 66 years ago, precisely between 1935 and 1937 with only two expatriate dentists (Pearson and Cunningham) when Nigeria was under the British rule. The total caseload of patients then was about 1,858 of whom 55% were expatriates while the remaining 45% were Nigerians [Hollist, 1985]. At about the same time Christian missionaries in some parts of the country, in providing general medical care, also offered oral health services at the Baptist mission Hospital, Ogbomoso [Aderinokun, 1999]. Records have shown that medical practice is much older than dental practice and this pioneering advantage in health education enhanced the establishment in 1948 of the first medical school, the University College Hospital, Ibadan in Nigeria, whereas the oldest dental school in Nigeria and indeed the first to be established in Black Africa was founded in Lagos in September 1966 under the chairmanship of Professor N.W. Fox Taylor,a British National [Hollist,1985; Aderinokun,1999].

The local needs and demands for essential dental services led to the establishment of 3 additional dental schools in Ile Ife, Ibadan and Benin, all in the South-West of Nigeria. This figure is significantly low compared with the total number of twenty four medical schools in the country now. In 1976, there were 168 dentists listed in the Nigerian medical council register; 99 (58.0%) were in Lagos and Ibadan, 45 (26.8%) in the rest of southern Nigeria and only 24 (14.3%) in all the then 10 northern states [Hollist, 1985]. However, in 1992 the number of registered dentists swelled up to 2995 making a significant but very low increase in 16 years, the figure which then sharply fell to 1728 in 1997 [Aderinokun,1999].

The thrust of this paper is to bring into focus those factors apart from the historical background that are contributory to the dominance of medicine over dentistry in Nigeria. Also,

suggestions on how to improve dental awareness are highlighted.

INTER-PROFESSIONAL RELATION

Primarily, the concept of dominance has been used in studies examining the medical division of labour and relations between the medical profession and other health care occupations. Studies by Adams [1999] and Dunbar [1990] have documented medicine's efforts to eliminate, subordinate or otherwise control allied healthcare occupations as it is being practised in Canada, USA, Britain and Australia. In order to secure their own professional status, medical doctors attempted to eliminate competition for their health care services. Medicine's rise to a position of social influence and its success in dominating other healthcare occupations have been explained in a number of ways. The social context in which medicine arose, for example, has been described in its success in surbordinating the nursing profession, midwivery, optometry, and pharmacy in a number of countries including Nigeria [Hollist, 1985; Shortt, 1983]. This is perhaps best illustrated by the fact that oral health views were completely omitted in the planning of the National health policy for Nigeria. In a similar manner, pharmacists are prevented from diagnosing diseases or prescribing drugs. Similarly, Wills [1983] has documented the medical profession's success in limiting the powers of optometrists to testing sight and providing visual aids.

There are few jurisdictional disputes between medicine and dentistry. Unlike many other occupations in the health care system, dentistry jurisdiction is and has always been relatively distinct from medicine's. Dentistry purports to treat the mouth and the teeth while medical profession claims jurisdiction over the rest of the human body [Coburn, Torrance and Kaufert, 1983; Shortt, 1983; WHO, 1990; Edozien, 1995].

FACTORS CONTRIBUTING TO MEDICAL DOMINANCE OVER DENTISTRY

(a) Studies of the medical profession in Nigeria have shown how in the late nineteenth and early twentieth centuries, medical doctors fostered and drew upon a new public respect for science in order to give their work and their claims to expertise, greater legitimacy. To this end they justified their claims to professional privileges by arguing that they had systematic, scientific knowledge and education that enabled them to treat patients and understand disease effectively. Some even went beyond their call of duty to treat dental disease (e.g. caries gingivitis/periodontitis, mouth odor and facial fractures.).

(b) Doctors characterized themselves as disinterested scientists who practised medicine not for self gain, but for the benefit of the public's health and well-being. Non governmental organization (NGO) like Rotary International, Lions and The Lords have given financial assistance in support of medical/surgical services to the individuals with chronic ailments like tuberculosis, cancer, sickle cell, spinal cord injury and glaucoma. This emphasis on medical science and public service does a great deal to raise the medical profession's status in the eyes of the public.

Table 1:
Medical and Dental practitioners registered for the year 2000

Profession	Provisional registration	Full registration
Dental	185	868
Medical	3040	12,868

Table 2a:
Medical and Dental Practitioners with Provisional registration 1995 - 1999

Year	Medical	Dental
1995	143	5
1996	110	2
1997	371	11
1998	887	44
1999	1103	89

Table 2b
Medical and Dental Practitioners with Full registration 1995 - 1999

Year	Medical	Dental
1995	1,178	77
1996	484	24
1997	895	76
1998	701	46
1999	89	5

(c) Medical doctors were among the elite citizens of town and cities and they participated in

politics at local, state and federal government levels. The enviable position of the first senate president in the first republic, Dr. Adekoyejo Majekodunmi, a medical practitioner influenced and boosted the status of medical practice in Nigeria as well as the public interest in medicine.

Table 3
Expatriate temporary registration for the period (1996-2000)

Year	**Medical**		**Dental**	
	Provisional	Full	Provisional	Full
1996	8	-	1	-
1997	35	-	2	-
1998	30	-	-	-
1999	35	-	2	-
2000	-	112	-	6

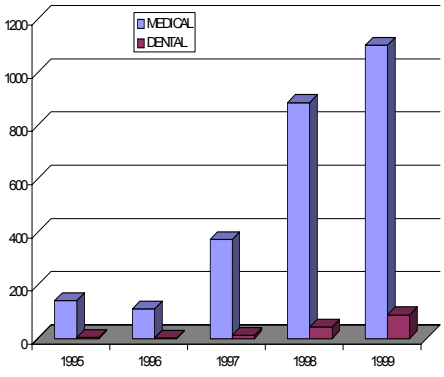
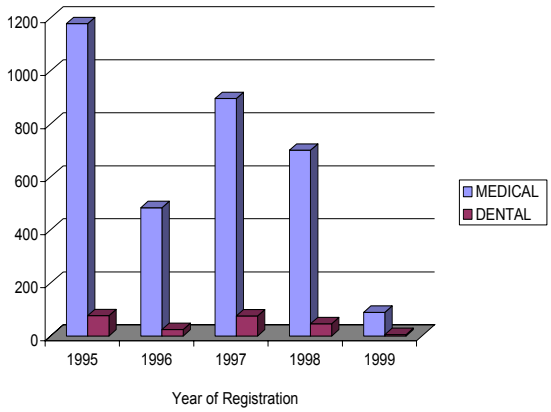


Fig.1 Medical and Dental Practitioners with Provisional Registration (1995 - 1999)

(d) Sponsorship programmes on the curative as well as preventive dental diseases in Nigeria have not been the focus/target for financial back-up by the Federal government and the NGOs. This political underplay has reduced further the public awareness and the socio-political dividends of dental practice in the country.

(e) The comparative analysis of the registered medical and dental practitioners (Tables 1, 2, 3) and (Fig. 1 and 2) shows that medical doctors outnumber the dentists. This wide margin has a socio-political undertone (in terms of patient/doctor ratio and formulation of health policies) at the local, states and federal levels). The current Nigerian medical and dental council register, 2000 edition (Table 1) shows the total number of registered medical and dental practitioners licensed to practice in Nigeria. However, a quinquennium analysis (1995 – 1999) of the registered medical and dental practitioners shown (Tables 2a and 2b) illustrates the comparative figures of medical doctors and dentists who registered for the period under review. The expatriate quota for temporary registration for the quinquennium period (1996-2000 is shown below (Table 3)

Fig. 2 Medical and Dental Practitioners with Full Registration (1995 - 1999)



CONCLUSION

This paper has explored those factors that may be contributory to the dominance of medicine over dentistry in Nigeria in the contexts of early medical education, socio-political move, the felt needs of the country for essential health services during colonial rule, the preponderance of medical schools over the only four accredited dental institutions in Nigeria and the overwhelming number of medical over dental practitioners.

It is therefore the opportuned time for Non-Governmental Organizations (NGO) and Nigerian government to put dentistry in its rightful perspective. This focus will attract financial support for National campaign on dental diseases like cancrum oris (which is associated with nutritional deficiency in childhood), rampant caries and tooth discoloration (e.g. tetracycline

stains) in children.

The campaign should also focus on other preventive measures against dental fluorosis (mottled teeth) and HIV/AIDS. The immediate and remote dividends of mobile dental services in our communities cannot be over emphasized.

There is no doubt that programmes like these would bring dental awareness to the doorsteps of our people especially the rural dwellers.

Lastly, there is need to increase the number of dental schools in the country to span across our geo-political zones such as one each in the east, north-west, north-east, north-central, middle- east and south-south. The proposal is hoped to take care of a nation of over 100 million people. It is therefore pertinent on the part of the government (Federal, State and Local) and the entire populace to evolve a change of attitude and the disposition towards dental healthcare delivery/practitioners and the growing pressure to revolutionize dental education in Nigeria along material and human resources be intensified [Jeboda,1997]. This will in the long run bring enlightenment to the doorsteps of the people, disabuse and remove illusions even from the minds of the medical colleagues and attract more people to take interest in dentistry/dental sciences (Akande, 2000; Otuyemi, 2001).

Acknowledgement:
I wish to acknowledge the assistance of Dr. G.A. Aderinokun, Dr. O.D. Otuyemi and D.G. Okunade for their information support. I am grateful to Dr. A.O. Aiku and Dr. Tunde Obajinmi for submission and checking of the statistics request at the Medical & Dental Council of Nigeria (MDCN) Federal Secretariat, Ikoyi, Lagos and Dr. M.T.I. Lawal Deputy Registrar, (MDCN) for providing the statistics of registered medical and dental practitioners.

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Received: May, 2003

Corrected version accepted: July 2003