

Dental Teaching in Brazil and the Need for Change

Carlos Alberto CONRADO
Guilherme Simões GOMES

*Faculdade de Odontologia, Universidade Estadual de Maringá
Maringá, PR, Brasil*

The authors briefly comment about the momentum of dental teaching in Brazil related to a generalized unique and paradoxical situation and some of the possible solutions to try to assure a more comprehensive, up-to-date and rational development of the whole process.

Key Words: teaching.

Historically, the need for a more rational policy for the opening of new dental schools in Brazil was felt since 1960 when the Brazilian Association of Dental Teaching (ABENO) recommended that the Federal Government put an end to the opening of new schools. At that time, there were 32 dental schools. The improvement of teaching patterns and the necessity of a better distribution of schools throughout the country would be the basic conditions for the opening of new schools.

These recommendations, as usual, were not respected and during the following two decades a duplication of the number of schools occurred, private ones increasing four times. Today, there are approximately ninety dental schools, with the opening of more private schools in the 70's and 80's and news of more to come. This could be an apparently ideal picture - mainly for those unwarned - in which our country is number one in the world (Mexico is in second place with more than fifty dental schools) and, consequently, also of the proportional number of dentists, 11%, approximately 120,000 (in absolute figures, Brazil is third after the U.S. and the U.S.S.R.).

On the other hand, delineating and projecting an extremely disturbing paradoxical situation, statistics show that Brazil presents today one of the most negative epidemiological profiles of oral health in the world. Apart from this, it has not yet efficiently reversed the professional pyramid (the numerical comparison between dentists and auxiliary personnel is totally unbalanced) or solved the problems of the number of illegal "dentists", the unequal demographic distribution and the disturbing situation of the work market.

Today one feels a tendency towards perpetuating indiscriminate "political" openings of dental schools in Brazil, mainly private ones; while, in other countries (developed or developing), schools are closing or there is a significant decrease in enrollment, due to the result of two or even more decades of intense promotive, educational

and preventive campaigns and measures with a subsequently more than satisfactory resolution of oral problems of epidemiological order.

A developing country must not insist on the preservation of models of teaching and learning, professional practices and governmental policies that place emphasis only on the curative in detriment of the promotive, educational and preventive, that duplicate educational, technological and physical means and that are motivated towards the private practice of the profession (only).

It can be clearly seen that public universities and their dental schools must foresee the importance of their role in stimulating and participating in health programs that can count on adequate and competent professionals in relation to a reality more committed to the interests of the whole population rather than those of a very few.

With this goal in mind, the present focus - with very few exceptions - in the formation and activity of human resources must be changed to one that considers essentially the social-economical-political-cultural context, the epidemiological situation, the reality of public health services and professional practice (either private or public). This process will only reach its full potential when the university community of the health areas is able to get a solid formation of critical consciousness and a capacity to respond to health conditions of the society as a whole.

Change which is a cultural issue and which paths have not yet been clearly identified is imperative. The participation of the university as well as the training of all involved in extramural activities and the effective cooperation of community leaders are strategies that will forcibly activate the whole process. The integration between schools and public health is one of these strategies of remarkable excellence for the rationality of resources and the resolution of objectives, more efficient if multiprofessional.

Correspondence: Dr. Carlos Alberto Conrado, Faculdade de Odontologia, Universidade Estadual de Maringá, PR, Brasil.

Accepted September 16, 1991