

Prevention is the Daughter of Intelligence: Proactive Steps in Dentistry for COVID-19

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Short Communication

We live in a world that is becoming increasingly globalized and transnational. Humans can fly further than ever before thanks to technological advancements in transportation. While this has considerable advantages in terms of cultural and social advancements, it also poses a significant risk in terms of epidemiology because modern outbreaks know no boundaries and affect people of all races, ethnicities, and socioeconomic status. The coronavirus pandemic (COVID-19) has taken us into uncharted territory. Since the average sick person infects two or three others, the disease's distribution has been exponential. Ear, nose, and throat doctors and ophthalmologists were among the many health care staff that died in China during the early stages of the disease. This may have been caused by the high viral production from the nasal cavity. After conducting endoscopic pituitary surgery on a single COVID-19 patient in Wuhan, 14 people were infected. SARS-CoV-2 has been shown to remain aerosolized for 3 hours after contamination and for up to 72 hours on plastics and stainless steel. As a result, the dental community is considered a high-risk group. Pandemics have detrimental impacts on communities and have long-term implications in the economy and health-care system.

In 1981, the "gay-related immunodeficiency syndrome" was coined to describe Acute Immunodeficiency Syndrome (AIDS). Young gay men began to fall ill and die as a result of opportunistic infection, and fear of the "gay epidemic," as well as social stigma, spread quickly. The Centers for Disease Control and Prevention (CDC) discovered heterosexual transmission of AIDS two years later. What was once referred to as a "gay virus" had evolved into one of modern medicine's most severe pandemics and scientific challenges. The AIDS pandemic led to widespread adoption of "universal precautions," which revolutionized medical practice. Dentists did not usually wear masks or eye protection until the human immunodeficiency virus (HIV) and AIDS. As a result of the AIDS pandemic, "universal precautions" were widely adopted, revolutionizing medical practice. Until the human immunodeficiency virus (HIV) and AIDS, dentists did not typically wear masks or eye protection. At every turn, dentistry fought the transition. Dentists believed that the masks would make children afraid. The American Dental Association fought OSHA's universal precautions law, stating that no dentists had been exposed to these pathogens.

Dr. Avrum Goldstein, a periodontics from New Haven, CT, voiced his opposition in an op-ed article published in the New York Times on November 12, 1989, saying, "...these laws will bring about

improvements in the dentist-patient relationship and make it more difficult to practice dentistry." Dentistry is an intimate discipline by definition. The dentist probes delicate, often tender areas of the patient's body within an inch of his or her head. The mouth represents our capacity to smile, kiss, speak, and eat, all of which are highly emotional. To conquer fears and get required dentistry, patients need a warm and trustworthy relationship with their dentist. When the dentist is gowned, veiled, and masked, it will be more difficult to develop this relationship. [These barriers] would have a major impact on the dentist-patient relationship." The ADA challenged the law in the US Court of Appeals for the Seventh Circuit in 1991, but was unsuccessful.

The ADA's opposition to masks and eye protection in 2020 seems ridiculous, particularly given the current state of knowledge about blood borne pathogens. We, as a species, are averse to change. This is demonstrated not only by dentistry's aversion to universal precautions, but also by tradition. While the current strain of coronavirus is new, we have seen the same societal response to outbreaks many times before. Fear and panic are followed by guilt and bigotry. The coronavirus was called the "Chinese virus" by US President Donald Trump on March 19, 2020. Global threats necessitate concerted actions, which is why words like "Chinese virus" are so harmful. Are dental offices ready to deal with these contaminated patients? If a patient is suspected of having COVID-19 and needs emergency dental treatment, it is recommended that the operation be done in a negative pressure room or an airborne infection isolation room. [Number four] What would the consequences of this pandemic be? Masks, gowns, and eye protection were developed in response to the AIDS pandemic. In 2004, after the height of the SARS epidemic, Samaranayake and Peiris⁵ published a retrospective study. The SARS epidemic had a significant impact on providers, with some countries estimating that 25 to 33 percent of those infected were health-care staff. Dentists will view us as ludicrous in 40 years if we work without them, just as we judge those who worked without gloves before us. The only questions are when and how this pandemic will impact healthcare delivery.

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