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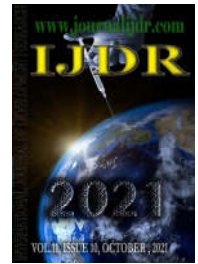
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SHORT COMMUNICATION

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## COVID-19 AND THE POSSIBLE EFFECTS ON ORAL HEALTH CARE: CONSIDERATIONS ON THE DENTISTRY FIELD

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### ABSTRACT

This essay aimed to discuss the “dentistry field”/space and the possible effects of the pandemic of COVID-19 on oral health, in Brazil. To understand the effects of the COVID-19 pandemic on the right to oral health and public, and private dental care in Brazil, this essay was based on Pierre Bourdieu's theory of fields. The global pandemic represents major economic, political, and health challenges and crises in countries. Will the questions introduced in the “dentistry field”/space by the pandemic bring about changes in dental practice?

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## SHORT COMMUNICATION

To understand the effects of the COVID-19 pandemic on the right to oral health and public and private dental care in Brazil, as a starting point it is important to emphasize that different approaches would be possible in the social sciences, where we recognize three major disciplines: political science, anthropology, and sociology. From this perspective, our viewpoint will be based on a sociological choice according to Pierre Bourdieu's theory of fields (BOURDIEU, 2011; BOURDIEU, 2012). Pierre Bourdieu suggests there are many social microcosms and many fields in society. The “dentistry field” or dentistry space, where agents are placed in unequal positions from their different capitals, dispute the legitimate discourse of the issues at stake in the field. There is a set of interests and investments by agents and institutions. Social space and field are often used as synonyms by Pierre Bourdieu (BOURDIEU, 2001); however, it theoretically delimitates the concept of a field as relatively autonomous social microcosms, structured spaces of positions occupied by agents with specific laws, objects of dispute, specific *habitus* and *illusio* (BOURDIEU, 1983). The government obviously occupies a central place in the disputes over the main issues in these social spaces (BOURDIEU, 2012). There is no market separate from the government.

There is a field, which is the economic field, and another one, the bureaucratic field, the latter one more linked to the public agent, the one interested in the universal. This is an essay about the “dentistry field” or space in Brazil aimed to discuss the possible effects of the pandemic. The “dentistry field”, therefore, can be understood as a social space with relative autonomy in relation to the scientific, bureaucratic, and economic fields inserted in the space of the National Health System. Within the “dentistry field”, there are dominants and dominated in the market poles and the universal pole. Here we will use the provisional term “dentistry field” because it recognizes the existence of a dentistry capital that differs from the capital of the medical field in Brazil, as well as relative autonomy for internal rules. We highlight the importance of future studies with a genetic sociology approach to investigate the “dentistry field” or space in Brazil. Only a sociological research with a genetic approach can elucidate the existence of the dentistry field in Brazil and its characteristics. Because of this, this essay relativizes and names as a field or “dentistry space”. The global pandemic poses great challenges to the economies of all countries going through a recession and especially regarding dental care, since this practice is exposed to the risks related to contact with saliva, blood and aerosols during the work process (MENG ET AL., 2020; IZIETTI ET AL., 2020). The dental practice underwent major changes in the 1980s with the AIDS epidemic and now, once again, it must reinvent itself regarding the

necessary measures for the practice and reopening of dental services after the recommendations for closing dental offices and restricting elective procedures in several countries (CODER, 2020). At the beginning of the pandemic, with the suspension of elective dental care practice the possibility of acting on different fronts in the pandemic as health professionals were placed on dentists in different cities, mainly in the Primary Health Care, testing, actions of surveillance and in the management of the health system. With the suspension of elective care, new questions are raised in the “dentistry field”. What are the possibilities of a dentist's role in addition to performing dental procedures? It is highlighted here the importance of the reference of collective oral health, which points out that oral health does not result only from the biological and technician dental practice, it involves social constructions that include dentists. Collective oral health defends dental work, based on people's needs and not just following the logic of the market (NARVAI, 2006). The principal measures regarding dental practice return involved adequacy related to the preparation for patient care and approach, management of the dental office with personal, patient, and surface hygiene protocols, as well as controlling the flow of people that come in and go out of the office and air quality. That is, it is likely that this practice becomes more expensive and causes a change in access to dental services. These moments are paradigmatic for the “dentistry field”.

**Dentistry in Brazil and other countries:** In addition to reflecting on the perspective of the clinic where there is already great production related to it, it is necessary to take a look at the field in its entirety. It is acknowledged that dental care worldwide is strongly influenced by the liberal model based on the free market with less government interference, even in public health systems such as that in Italy, Canada, and the United Kingdom (COHEN; HOREV, 2017). That is, systems that understand health as a right, but oral health is not linked to, not integrated with this system. There have been attempts at the social construction of oral problems as government problems in the search, for instance, for a mandatory insurance model for dental care in Italy, Switzerland (DI BELLA *et al.*, 2017), and Israel for pediatric dental care (COHEN; HOREV, 2017). However, there is a very low global political priority for the implementation of public oral health actions and services, with a lack of adherence in the “dentistry field” (BENZIAN *et al.*, 2011). In the case of Brazil, we strongly observe a movement of collective oral health that has built, over the last 30 years, a set of presuppositions of oral health as a right and socially determined that somehow disputed politics and public offer and is still disputing this place in national politics (SOARES *et al.*, 2018).

reaches 335,000 professionals, which is contradictory to the high percentage (11.7%) of the population that never had an appointment with a dental surgeon (SBRASIL, 2010). Also noteworthy is the increase in the number of private dental plans in the last period, reaching 12.5% of the population. Thus, we propose a preliminary essay on the structure and architecture of a “dentistry field” that helps to understand possible changes due to COVID-19. The “dentistry field” herein is understood as a space of power relations between agents and institutions with specific *habitus* and relative autonomy around the objects under dispute. The main dispute in the “dentistry field” has been the best or legitimate way to produce people's oral health. There are different points of view on how oral health is produced. There are many interests, dispositions, and agents' investments in this social space. The main positions undertaken in the “dentistry field” are related to the market pole and the universal pole. This “dentistry field” in Brazil, in the national social space and within the scope of the Health System, is related to four fields, in particular: the scientific field – space for the production of the legitimacy of the production of knowledge about the population's oral health. In this scientific field are located the public and private Dentistry Faculties, in addition to the various strictosensu and latoensu postgraduate courses and the various associations related to them. In addition to this, the bureaucratic field, which is that of agents of the high civil service who define and disseminate the State's discourse on professional practice, where the Ministries of Health and Education, the National Health Council, the National Council of Education, as well as the various councils of state and municipal health secretaries. We also highlight the intersection with the political field with the participation of agents with positions taken both related to the universal pole and the market pole. And finally, the economic space contains the subspace of the economic field, which is that of the industry of equipment, inputs, and peripherals, commonly called the industrial medical complex in health. There are also the distributors, health insurance operators, dental care clinics, auxiliary workers, and dental surgeon workers, as well as dentists who own individual or collective care clinics (Figure 1). On the other hand, there is the government represented by its arm in the profession, which is the Federal Council of Dentistry, and the National Supplementary Health Agency. Additionally, there are the Class Associations and Trade Union Federations, which have different accumulations of political capital. Also, there are other associations and numerous Dental Schools, and many strictosensu and latoensu postgraduate courses. The distribution of these agents and institutions is not done at random in the field and varies from the universal pole to the market pole.

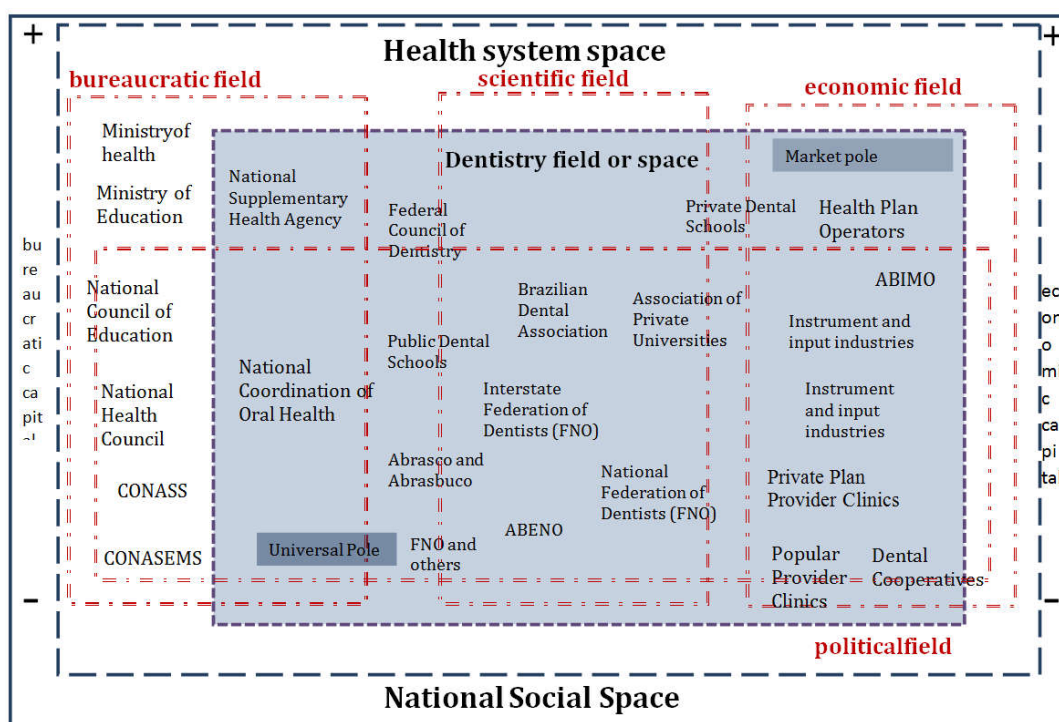


Figure 1. “dentistry field” in Brazil focuses on the space of the dental equipment industries. Adapted from Prada and Chaves (2018)

In fact, in this “dentistry field” there are the dominant and the dominated ones. Recognizing domination and the domination mechanisms in this field is essential for the interruption of this process, for the production of the lucidity of the dominated ones (LAGRAVE, 2003). From the perspective of the dominants, high competition can be observed in the dentistry market (NARVAL, 2006). And inside this dentistry market, there is also dentistry of desires and vanities (EMERICH, 2017), from which the entire sub-space of facial harmonization emerges. Among the dominants, it is worth noting that there are different fractions in the economic field (industry, distributors, private colleges, operators, and owners of different business models). The business model comprises franchises to the popular clinic models. On the other hand, there has been an expansion of the public center of Brazilian dentistry, this universal pole of the struggle for the right to the oral health of all Brazilians, but still dominated. Therefore, if we recognize the temporary existence of these practices that reinforce the market pole in the “dentistry field” before the pandemic, it can be intensified in the post-pandemic period.

It is also worth remembering that the epidemiological picture has also changed profoundly in the last 30 years, with a lower prevalence of dental caries in Brazil and a more pronounced reduction among the higher social strata. This reduction was due to the performance of many sanitary dentists in the defense and maintenance of fluoridated water and the control of quality and access to fluoridated toothpaste and fluoridated tooth brushing programs, as well as access to the use of fluoride gel in the Unified Health System – (Sistema Único de Saúde – SUS). Moreover, the increase in the number of dentists due to the exponential increase in private dental schools led to the search for accreditation for dental plan operators as a survival strategy for dentists who own their own practices. Studies show that dentists who “sell” their workforce” are usually paid per procedure, per “fixed salary” per shift or per procedure packages (without social protection) and, therefore, have marginal wages. There is segmentation among providers with a “business mimicry” in this competitive economic field, which needs to be further developed by empirical studies. These operating clinics would be dominated among the dominant ones, considering the force that the operators use when imposing the “rules of the game” to the dentists. In the public sphere of the dominated center, the issue of chronic underfunding of SUS, which finances public actions for oral health care. In this sense, understanding our position is essential to reveal what the post-pandemic scenario will be. In the Dentistry Market, dentists and auxiliary staff who sell their workforce have no work and, thus, are devoid of their livelihood. A very important indicator is the coverage of the first dental appointment, which can reveal the extent to which public dental services are accessible to people. Studies have indicated that in the public sector, despite the expansion between 2003 and 2010 and stabilization until 2015, the coverage of the first dental appointment in the public health system in Brazil was 14.6% in 2015, but since then, the reduction is shocking, reaching 10.5% in 2016; only 4.9% in 2018 and, in 2019, it reached its lowest value, 4.1% (DATASUS, 2020). In addition to that result, another very important and valuable indicator is that of collective actions of supervised tooth brushing, which implementation is capable of promoting health and reducing the burden of caries and periodontal disease. This indicator has shown a severe decrease since 2016, when it was 2.1%, reaching 0.5% in 2019. In other words, the federal purchase of supplies for oral hygiene and their distribution to municipalities was an excellent strategy to increase this procedure in the Unified Health System. During the same period, there was a remarkable expansion of private dental plans (ROSSI ET AL., 2019) which had a coverage of 2.1% in 2003 and reached 12.5% in 2019 (ANS, 2020). We hypothesize that as they are cheaper plans, they do not involve risk and it seems to be advantageous for the clinics that provide the service, as it attracts new clients, but it is necessary to better investigate that. Still, on the performance in the universal pole related to professional practice in the Unified Health System, Technical Norm n. 09/2020 of the Ministry of Health recommended the maintenance of urgent care, with the suspension of electives procedures in oral health services in Brazil. As a result, the aforementioned Norm directs the performance

of professionals to the COVID-19 Fast-track. In agreement with PHC Network (2020), we emphasize the reductionist view of the dental surgeon’s work, which could be directed to health surveillance actions or even carry out prevention and education actions in the Brazilian territory. In November 2020, the guidelines for dental care in the context of covid-19 allowed the manager to decide on the return of elective dental care.

**Provisional scenarios for the “dentistry field”/space with COVID-19:** To conclude, in view of the preliminary analysis of this field, an exploratory draft with the need for empirical studies that can deepen its disputes, it is possible to reveal some provisional scenarios with COVID-19. Thus, it is clear that there will be a restructuring of the measures necessary to guarantee biosafety from the pre-service stage, the entrance, the waiting room, the cross-infection control, aerosols, and post-treatment. There will be an increase in costs for safe care. The shrinking of the market due to the economic crisis itself will intensify the dispute between oral health plan providers and clinics and between clinics and dentists who sell their workforce. We believe that there is insufficient government regulation for the private plan operators since a recent study on the association between public health surveillance agents and dentists indicates that the perception of risk in dental practice is different, as there are reactive attitudes, and the lack of a clearer regulatory instrument, with frequent conflicts (SILVA, 2018). In the public sphere, a decline in public services may lead to greater inequality of access by the population and worse working conditions for dentists. Another important aspect is related to the work process of the dentists in the pandemic.

We defend a health provision that requires concern with sanitary conditions and the social construction of a universal discourse of oral health defense. This seems to be the most valuable issue in the dispute so that the universal pole can influence the dispositions of all field agents, always undergoing permanent transformation. To think that the history of which we are part as agents structured by the field but also structuring of that same field, being able to transform it in the course of the history of Dentistry. With the advance of the Covid-19 epidemic around the world and as the number of cases was reduced, there was a pressure for the return of elective care and it is necessary to investigate the incorporation of the new principles of biosafety and the practices in the new framework of the new rules of the game. Also noteworthy is the increase in cases of late diagnosis or higher staging in cases of mouth lesions and cancer (KIONG ET AL., 2020), a drastic reduction in school activities with consequences for collective prevention programs around the world, as well as the need to define essential oral health care to be incorporated by the various health systems in the sense that basic oral health care is the minimum essential oral health services that should be universally available to everyone in a given population, regardless of ability to pay, they prioritize the most frequent diseases and conditions with better health outcomes at the lowest cost and can be provided to all with available resources (BENZIAN ET AL., 2021), as well as disputes over the best mode or model care to meet people's oral health needs, as in the case of England (WITTON; PLESSAS, 2021). In conclusion, each national social space has faced this response in different ways, where the disputes and spaces of the struggle between the dominant and the dominated are revealed with all the force that only a consistent and powerful sociological approach, articulating different theories, can reveal for beyond appearances.

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