

## Chapter 6

# Modern Dentistry: Between Legislation and Innovation – A Prospective Analysis Between Past, Present, and Future

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### ABSTRACT

*In recent years, dental activity has undergone an important scientific and technological progress that has allowed the development of increasingly complex and reliable treatments, guaranteeing an increasingly effective protection of the patient's right to health. This evolutionary process, while involving a general increase in the qualitative standard of dental services, has led to an increase in patients' expectations, making it more difficult to justify therapeutic failure. In this context, the law n.124 of 2017, the Gelli-Bianco law, respectively intervened on the safety of care and on the responsibility of the healthcare worker; Law no. 219 of the same year on informed consent and anticipated treatment disposition; and numerous others that will be set out and exemplified below.*

### INTRODUCTION

Currently, modern dentistry plays an important role both in terms of the health value of the treatments it offers, and in the economic value that these services generate on the population.

Initially, the dental profession occupied a marginal role in the Italian health, academic and social reality. At the beginning, this profession was accessible to anyone who intended to practice it and only in 1912 was the requirement of having a degree in Medicine and Surgery established for its legitimate exercise, mitigating the phenomenon of unauthorized use, still rampant today.

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Thus, anyone who, having graduated in Medicine and Surgery, intended to practice the dental profession simply had to become part of the Order of Surgeons and Dentists in charge of managing separate registers, or rather the Register of Dentists and Surgeons. Later, there was a further change, becoming Dentistry a specialized branch of Medicine so that, whoever had intended to practice the profession, needed access to the Specialization Course in Odontostomatology, which was then definitively suspended in 1993.

Starting in 1980, the dental profession was reserved for those who had faced an oriented and highly specialized study path that ended/completed with a degree in Dentistry and Dental Prosthetics. Only 5 years later, in 1985 with a specific law, the health profession of the dentist was established and the provisions relating to the right of establishment and the free circulation of services by citizens of member states of the European Union were approved.

Therefore, we can say that the dental field, since its inception/ launch, has undergone countless changes and updates both in the academic and professional fields. This is confirmed, not only by past events, but also by very recent circumstances close to us, such as the current period we are experiencing, characterized by an epochal event such as the COVID-19 pandemic, “during which the Laurea medical and dental Degree”; moreover, still in the same period, dentists were involved in the front line in the war against the virus, also becoming active subjects in the administration of vaccines, which today represent the main (if not the only) effective weapon that man possesses in order to attack and fight this virus.

At the legislative level, there are numerous laws and decrees that have contributed to transform the original regulatory framework of this Profession, having the task of regulating and protecting it. After having established the clear separation between the paths of Medicine and Dentistry, for many the distinction between the two fields of application was not yet clear, in fact there was still a circle of doctors who claimed to be able to implement some interventions even if they were not enrolled in the ‘Register/ Bar of Dentists’.

A concrete example is given by the Legal Ruling of 9 November 2017, n. 2691 which confirmed the violation of article 348 of the Italian Criminal Code (Abusive exercise of a profession). In the latter case, the surgeon in possession of two masters in odontostomatology claimed to be able to perform implant-prosthetic rehabilitation, but this was judged as an abusive exercise of the dental profession by the Court of Cassation, establishing that only the one who had been regularly enrolled in the Register/ Bar of Dentists could be considered a qualified subject for the related services.

In this context, the dentist can make use, to better protect the patient, of a medical figure specialized in maxillofacial surgery, who, however, can perform this kind of intervention only on the indication and consequent design of the entire treatment plan to be part of the dentist.

Over time, the separation between the profession of surgeon (specifically, maxillofacial surgeon and otolaryngologist) and that of dentist has become increasingly evident.

In the context of the professional health activities currently offered by medical practice, certainly a fundamental role belongs to Odontostomatology not only from a strictly surgical point of view, but also for the contribution that the rapid development of new materials available has determined in the social and economic field in support of growing demand put forward by aesthetic medicine.

Therefore, even on the basis of these simple and schematic considerations, any illustration of the role currently covered or played by the dental practice both from an academic and professional point of view, cannot be separated from an accurate and profound analysis of the administrative, economic and social effects that such a rapidly spreading medical practice has produced in the evolution of some fundamental characteristics of our social behaviors. We can therefore affirm that the stomatological practice in its numerous and delicate professional profiles, has been transformed in recent decades, from a craft carried

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