Twenty-Nine Years of Home Gerodontological Assistance *

Veintinueve años de asistencia gerodontológica domiciliaria

Vinte e nove anos de atendimento gerodontológico domiciliar

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ABSTRACT

Purpose: This article describes the author's professional experience of 29 years in a home geriatric dentistry service. **Methods**: The manuscript uses autobiography as a methodology to report this experience with an elderly community in conditions of disability in the city of Medellín, Colombia. **Findings**: The history of the service dates back to the early 1990s when the author was a university professor. It describes how the service and training developed in scientific areas that are not often part of the academic curriculum of dental schools. Likewise, it relates how the service was formalized and how the professional dentist-patient/family member/caregiver relationship consolidated until the service's closure in 2019 just before the COVID 19 pandemic.
Keywords: community dentistry; dentistry; dentistry for disabled; dentistry for handicapped; dentistry history; domiciliary care; geriatric dentistry; geriatric health care

RESUMEN

Objetivo: Este artículo describe la experiencia profesional del autor durante 29 años en un servicio de odontología geriátrica domiciliaria. **Métodos**: El trabajo emplea la autobiografía como metodología para relatar dicha experiencia con la comunidad adulta mayor en estado de discapacidad en la ciudad de Medellín, Colombia. **Resultados**: La historia del servicio data de principios de 1990 cuando el autor era profesor universitario. Describe cómo se fue desarrollando el servicio y la capacitación en áreas científicas que normalmente no forman parte del currículo académico de las facultades de odontología. Igualmente, se relate cómo se formalizó el servicio y cómo se consolidó la relación profesional odontólogo-paciente/familiar/cuidador hasta el cierre de este en 2019, justo antes de la pandemia por COVID 19.
Palabras clave: atención domiciliaria; odontología; odontología comunitaria; odontología para discapacitados; odontología para minusválidos; historia de la odontología; odontología geriátrica; cuidado de la salud geriátrico

RESUMO

Objetivo: Este artigo descreve a experiência profissional da autora durante 29 anos em um serviço domiciliar de odontogeriatria. **Métodos**: O trabalho usa a autobiografia como metodologia para relatar esta experiência com a comunidade idosa em estado de deficiência na cidade de Medellín, Colômbia. **Resultados**: A história do serviço remonta ao início da década de 1990, quando o autor era professor universitário. Descreve como o atendimento e o treinamento se desenvolveram em áreas científicas que normalmente não fazem parte do currículo acadêmico das faculdades de odontologia. Da mesma forma, relata como o atendimento foi formalizado e como se consolidou a relação profissional dentista-paciente/familiar/cuidador até seu encerramento em 2019, pouco antes da pandemia de COVID 19.
Palavras-chave: atendimento domiciliar; odontologia; odontologia comunitária; odontologia para deficientes; odontologia para deficientes; história da odontologia; odontologia geriátrica; cuidados de saúde geriátrica

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INTRODUCTION

This article has been written in the form of autobiography (1-3), a qualitative research technique that is rare in the scientific jargon of the dental profession. Scientific activities and technical publications in dental science, not to mention all areas of health, are emotionally cold, in which only the brain is involved. I believe that qualitative research and within this spectrum autobiography is a way of implanting the heart of science so that it beats with emotion. I believe that this method of counting professional life experiences is very important and of course they can destabilize the status quo that quantitative science wants to maintain, but the qualitative look, the humanistic look should be given especially in the areas of health, since it is the root of the professional-patient relationship. For this article, I have established as the main objective to make a basic historical account of my professional experience during the 29 years that I provided the Geriatric Home Dentistry service in the city of Medellín, Colombia.

I defined the service in the self-assessment processes according to the renewal of the qualification for the year 2013 (4) in the following terms: Since 1990 it has provided the health service external consultation in General Dentistry in the Extramural Home modality of Low Complexity to Adults Elderly (Geriatric) who, due to their physical or mental illness, social conditions, family conditions, etc., have difficulty moving and mobilizing them involves a high risk to their general state of health, therefore the service is provided at the place of Temporary or permanent address of each user, such as Geriatric Institutions, Hospital Institutions and Housing Units. It is common to find users residing in the Housing Unit with home assistance in other health fields such as Medicine, Nursing, Clinical Laboratory, Physiotherapy, Respiratory Therapy, among others, where the physical space has been previously modified and adapted by the family for adequate health care of the affected loved one.

It is my wish that the reading is to your liking and I hope that this basic information that I have included in this article is very useful for the dental profession and serves as an appetizer for the related fields of our profession and even for those who in the future decide to move professionally on these roads.

The Origin of the Home Geriatric Dentistry Service (First Step, University Teaching)

Without prior intention, like certain things that happen unexpectedly in life, I gradually became a Geriatric Dentist; motivated; guided; molded; and definitely convinced in acquiring the necessary training and experience in the task. When the days of the year 1987 passed, in the city of Medellín, Colombia, after having received the title that certified my suitability as a Dentist in the year 1984, I fulfilled the tasks of the recent labor contract with my alma mater as a university professor; The fear produced by being a neophyte in this profession was constantly maintained in me, remembering and trying to emulate the best actions of my true teachers; with doubts about the appropriation of skin-deep dental knowledge and the obligation to transmit it to new generations of colleagues; without internet, without cell phones, and without clouds of those that today serve to file documents; with a lot of time invested in the library of the CES University, at that time called the Institute of Health Sciences. Books and magazines printed on paper were awakened from the shelves of the university library from momentary rest when they had not yet been requested or borrowed by members of the teaching or student community. There I found an agonizing knowledge search afternoon the only book on Geriatric Dentistry, as I remember it was from the mid-twentieth century. In one of the final chapters, he described the geriatric home dentistry service... I observed several photographs and the size of the "portable equipment" of the time, which due to its large size and weight only honored its name and therefore needed spacious trunks, fortunately the vehicles of the time in which they transported them had these

spaces. During the writing of this article I returned to the currently known as Fundadores Library of the CES University and that book is no longer in the catalogue, but there are other more recent ones that also describe the home service for older adults (5,6).

One morning that same year I met with Dr. Alpidio Jiménez Gómez (R.I.P.), dean of the Faculty of Dentistry, and I told him that as a professor of the chair of total prosthetics and specifically in clinical teaching, I was responsible for a large number of elderly patients and that he did not have enough knowledge on this subject, that he had many doubts. He, in his visionary mind, generated some questions and immediately questioned me: why don't you study Geriatric Dentistry? My response, product of fear and uncertainty, was a multiplicity of excuses, perhaps all absurd and contrary to my concern. He interrupted my rambling and leaving his brown reading glasses on the desk, as was his custom -in a split second I thought maybe the frame was tortoiseshell-, and with just two words he brandished the green flag for me to act on. this area of Dentistry: then dare!

During the years following the closing of the decade of the nineteen eighties and as a university professor I had special dedication in my academic training, incubation of ideas and generation of proposals in Geriatric Dentistry. The following decade was the time of the materialization of those dreams put on paper such as education, promotion and prevention, and clinical assistance programs. Today I can say that it was not easy, but it was very satisfying. Let me list some of those episodes.

In 1992 at an academic meeting at the faculty, whose name I cannot remember, as Don Quixote de la Mancha started, the idea had matured and I launched the proposal to carry out oral promotion and prevention programs for the elderly population of the city. .. some members present at the meeting literally burst out laughing, as if I had told a great joke... but for those who know the path on which they are walking and the direction in which they want to travel, these attitudes are motivating, very motivators! At the end of the meeting, Dr. Augusto Arango Calderón, vice dean of the Faculty of Dentistry, expressed his interest and gave me his support. That is how, after a few days, I formally delivered the proposal to the governing body of the faculty and it was subsequently approved by Mr. Dean and materialized with the determined collaboration of Mr. Vice-Dean. In this way, the first oral promotion and prevention program in Geriatric Dentistry for low-income elderly people was completed, which was carried out at the Bernarda Uribe Restrepo Shelter in the municipality of Envigado, Colombia. It had the participation of last year students from the Faculty of Dentistry, in which the caregivers of the gerontological institution and 79 elderly people from the charity pavilion benefited.

In 1993, other extramural assistance programs for the elderly population continued, which were contemplated within the clinical practices of the last year students of the same dental school of the CES University, as were the program of education, prevention and dental treatment of total dentures to 11 elderly residents in the Geriatric Home managed by the Rotary Club located in the township of San Cristóbal and 23 elderly people from the Diego Echavarría Misas Gerontological Home in the township of San Antonio de Prado, in Medellín, Colombia. I remember that one of the students, seeing that in the San Cristóbal corregimiento home the elderly residents slept in two large rooms: in one for women and in the other for men, he asked an old woman: how do you manage to live here? and sleep together? She replied: here I have a roof, bed, food and company. During my adult life I only had a slum that my father left me as an inheritance... now and here I live in a palace.

In 1994, and as a consequence of the clinical activities carried out to a successful conclusion, the proposal to include the chair of Geriatric Dentistry in the curriculum of the ninth semester of the School of Dentistry of the CES University materialized. The chair was designed to be applied in three blocks of knowledge: the first contained the basic concepts of Gerontology, the second block basic geriatric concepts, and the third and last block contained dental concepts, thus the concepts received in the two the first blocks merged with the third, consolidating the concept of Geriatric Dentistry, Odontogeriatrics or Gerodontology.

Between 1994 and 1996, 126 elderly residents in the municipalities of San Vicente Ferrer and Envigado, Colombia, received dental care at the clinic of the dental school of the CES University. This

program left a great significance and change in dental care for the elderly, the treatment of total prosthesis ceased to be the protagonist of gerodontological care and instead comprehensive oral care was established, that is, the solution to all needs. of this population, leaving behind extractions as a mandatory clinical procedure. During these years, research activities with undergraduate students began, successfully completing three investigations with which the students met the degree requirement.

In 1997, with the sponsorship of the faculty, I participated in the V International Seminar on Elderly Care. Havana Cuba. There, for the price of one dollar, I acquired the excellent book *Temas de Gerontología*, in which, in the handwriting of the authors Oswaldo Prieto and Enrique Vega, rests the dedication on the first page (6). In October of that year, the International Course on Geriatric Dentistry was organized and carried out in the auditorium of the CES Health Sciences Institute, thanks to the collaboration of Dr. Guillermo Cárdenas Jaramillo, founding dentist of the CES University, and with the participation of colleagues and professors from the University of the Basque Country in Spain, doctors Gerardo Rodríguez Baciero and Francisco Javier Goiriena de Gandarias. In 1999, the Geriatric Dentistry Course entitled: "Epidemiological approach to edentulism in the elderly" was taught at the School of Dentistry of the University of Costa Rica in San José, Costa Rica. Thus the activities of the decade of the nineties were closed.

In the month of May of the year 2000, the academic event “Oral Health for the Elderly” was organized and carried out. In the same year, the interactive CD entitled: "Geriatric Dentistry: Assessment of the Prognosis in Total Prosthesis" was completed, educational material made in association with the EAFIT University headed by the systems engineer Claudia María Zea Restrepo and the participation of students from this college. With this CD we participated in the XV Festival International du Film Dentaire, World Dental Congress, Association Dentaire Francaise, Federation Dentaire Internationale, ADF/FDI, Paris, France in November 2000 and at the XII National and II Latin American Meeting on Research in Dentistry held at the School of Dentistry of the Universidad del Valle, Cali, Colombia in September 2001.

Finally, the first prize in undergraduate research was obtained from the CES University School of Dentistry with qualitative research: “Social, cultural and historical factors that influenced dental loss in older adults. Aburrá Valley 2000" (7), which included the participation of five students from this faculty... for this work team it was a wonderful and unforgettable experience, not only because of the prize obtained, but also because it was the first qualitative research carried out and because we had to be stubborn to get this investigative technique approved by the investigative committee.

Let's put aside the teaching activities that served as a habitat for the incubation and development of Home Gerodontology care and let's look back at history per se.

The Beginning of Home Gerodontological Assistance

Care In the first quarter of 1990, the month of February if I remember correctly, Dr. Gabriel José Molina Vásquez, a colleague and professor at the CES University, aware of my professional tendency towards Geriatric Dentistry, He commented that he had a family member who couldn't leave the house due to her state of health and asked me to go see her. I packed the instruments, the white clinical gown, and the latex gloves in a small briefcase, similar to those that doctors used in the mid-20th century when they went home to care for all the members of the same family. The person-patient was in bed and there I gave him the assistance for the first time. After obtaining the therapeutic conclusions derived from the oral clinical examination, I told Dr. Molina that his family member had several decayed teeth and that he needed dental treatment, but that he could not do it because he did not have the necessary equipment to do it at home. With a short and forceful phrase, as is customary in the paisa culture, he replied: Well, buy it! And so, I did... I was surprised when I found out that portable dental modules were for sale in the

city and immediately the search and purchase was made... in this way I carried out my first home Gerodontological assistance and began to the provision of this service.

At that time, in 1990, he worked at the CES University as a teacher and practiced the profession in a dental office, assistance in Home Geriatric Dentistry was added to these as a complement.

They spent six years carrying out these professional activities. In 1996 I made the decision to end the traditional care of patients in the dental office and at the beginning of the year 2002 my teaching activity in the Faculty of Dentistry of the CES University unexpectedly ended. in my main work activity.

Admission to the Neuroscience Group of Antioquia (GNA)

In August 2002, at the 5th congress of the Colombian Association of Gerontology and Geriatrics (ACGG), held in Cartagena, Colombia, I met with Dr. Francisco Javier Lopera Restrepo, neurologist, researcher and director of the Neurosciences Group of Antioquia (8) to whom I expressed my interest in training in neurodegenerative diseases that affect the elderly population, given that many of the patients I attended at home had disabilities due to these health conditions and that in dental training they were not subjects of the academic curriculum; He told me to make an appointment when we got to Medellín to talk about it in detail.

The time for the requested meeting arrived; At that time, the GNA functioned on the first level of the so-called “neuroscience house”. A two-story building, the first floor was entered through a brown-colored wooden door of yesteryear, followed by a metal fence of the same color that maintained a large space at the top that allowed a climber to enter, even if it was sealed. with double key and padlock. Then on the right the office of Dr. Lopera. After receiving the "well you can continue" from the secretary, I opened and closed the left wing of the office door, I didn't need more space. I walked a few steps, we shook hands and, sitting in the chair in front of the desk, we began the conversation with the crystal clarity of receiving fees in the form of knowledge, for that reason I was not alarmed when he told me: "there is no money here." He asked me about my interest in research, a question that was answered by commenting on my title of Specialist in Epidemiology; After more words, the conversation ended, giving me the go-ahead with the freedom to enter and leave the GNA if the activities that I would carry out there were not to my liking. Thus, after this pleasant interview, I became a member of the GNA, a title that I still hold.

The Formalization of the Home Geriatric Dentistry Service

At the end of 2002, that is, after twelve years of providing the geriatric home dentistry service, the Colombian Ministry of Health defined the Mandatory System for Quality Assurance of Health Care of the General System of Social Security in Health (4), in which the authorization of health service providers was established. According to Article 15 in 2003, the registration form was implemented in the special registry of independent professional dentist health service providers, beginning the mandatory process of qualification of health professionals in Colombia. In this first form, the requested information had to be completed in handwriting, which consisted of the general data and the conditions for the authorization of health service providers. In my case, and fortunately, this document contained the option of home care in the extramural care item, which I enthusiastically marked and added the word dentistry in parentheses.

For the year 2006, after the validity of the authorization of the service of three years (4), the authorization of all health service providers had to be renewed. On this occasion, health professionals had to fill out the registration form in the special registry of health service providers electronically, print it and deliver it personally to the authorities of the health sectional addresses, in my case in the Antioch's Department. Under the sunlight and with the absurd fear of the rain, I found myself linked to a long and

slow line of health professionals that on the sidewalk went around the block from the entrance door of the house that had been temporarily arranged. by the authorities to carry out this procedure; step by step, patiently, the time came when it was my turn to submit the form. I entered a room where there were several tables and at each one there was an official from the Health Section and a health professional presenting the documents, except in one in which there was only one official and he waved his hand calling me. I handed him the completed form and the pertinent documents and when he verified that I had marked the options in the general dentistry item, the mobile extramural modality, and in the health promotion item, the extramural home modality of low complexity, he exclaimed: ¿What are you doing?

That cannot be done! I was perplexed... a few seconds later, back in reality, I explained to him that I did home dental care for disabled elderly people. That can't be done! The official replied and withdrew, telling me to wait a moment. The health professionals who were on duty heard the exclamations and looked askance at what was happening, the other officials perhaps, too.

After a few minutes he returned with another official, who resumed the questioning and maintained the position of denying that dentistry could be done at home. I maintained my position, calmly and very nervously, I tried to explain in a better way, once again, my home service and remind them of the initial authorization document filled out three years ago... When there were already five officials around me, each time of higher rank, who were called and arriving one by one at my waiting place and receiving from each one of them their insistence on the impossibility of such a service, the moment arrived in which the needle of my patience tank marked the zero level and I exclaimed: All people have the right to access health services. What do you do with disabled older adults who cannot leave home and have dental pain? There was a silence between the five public servants and around me I think a wave of emotional compression was formed, I thought I had reached the end of my home professional exercise, while with my face flushed I perceived the same glances from the colleagues who were nearby still presenting your documents. Moments later, the silence was broken and the highest-ranking official who was called last agreed and I received the go-ahead to continue providing the geriatric home dentistry service, this occurred on November 17, 2006, it was a difficult time. with a great achievement and happy ending. I got up from the chair with pride in the clouds, smiling and jumping for joy inside me. The authorization of the service was renewed from then on without problems and within the terms determined by the regulatory health entity.

Evolution of the Home Geriatric Dentistry Service

When starting the home geriatric dentistry service in 1990, for obvious reasons, doubts arose among the relatives and on many occasions it was not accepted. I believe that the confidence in the possibility of providing care in the elderly person's own residence was not easy to achieve. accept But little by little, day by day, I was receiving the acceptance of the relatives and people-patients... as Dr. Jairo Moreno (R.I.P.) told me in my years of university training: "it is very important to cultivate your own clientele". I find here a great word, with a deep meaning: "cultivate", yes, cultivate the clientele, it means that the goal, the final objective must be defined. What is then the goal that should be defined when dedicating yourself to the assistance of Home Geriatric Dentistry? The final objective of this service should be to improve the health condition of the patient and the collateral social damage that the oral disease causes. Paraphrasing one of the definitions that the Spanish Royal Academy (RAE) has given to this word (9), the professional must provide the necessary means to maintain the professional-patient/family/caregiver relationship and strengthen the treatment towards them, this interest coupled with the application of knowledge during the treatment phase will allow all this effort to bear fruit in the fulfillment of that final objective outlined from the beginning of the professional relationship and thus, in this effort to cultivate the clientele, the number of people-patients was increased as well as my experience and professional diligence.

The Home Geriatric Dentistry service brings the dentist closer to the essence of what it is to be a health professional, which is to serve others, those who suffer and those who trust in the professionalism of the geriatric dentist. To achieve this, it is necessary to understand the person-patient mainly, it does not matter if he is demented by Alzheimer's disease and cannot communicate; if you have physical pain from cancer that deeply affects your being; or you simply cannot leave home because your oral aesthetics is seriously affected... We must reinvent ourselves in each consultation, in the way to achieve effective communication with the person-patient, family member or caregiver and hit on the best treatment option.

In the home environment, unlike assistance in a dental office, the geriatric dentist is a visitor and the person-patient is the owner of the space, this allows the dialogue to define the reason for the consultation to be facilitated, establishing without place Doubt the main reason why the service was requested and the solution that the sick person has in mind. This information is combined with that obtained from the clinical evaluation to define the best therapeutic option. When information is received from the family member or caregiver, we must verify it with the information provided by the person-patient. If the wishes of the informant (family member or caregiver) do not coincide with those of the person-patient, we must end the assistance, because if we continue we will fail to carry out a treatment that will not be adequate, it will be done on someone who does not want it, nor will they give their consent for such purposes.

Today there are multiple diagnostic aids, increasingly sophisticated, but which are not always accessible in a home health service. When it is possible to access these, they should be used to corroborate the diagnosis, but we cannot ignore the fact that they are aids, diagnostic aids. The clinical examination and the interview will continue to be the most important means to be able to adequately carry out the diagnostic, prognostic and therapeutic process, in other words, we return to the roots of the health professions, where without the advancement of technology the professional focused on the detailed questioning and meticulous clinical analysis to be able to conclude his opinion.

During the diagnostic phase of Geriatric Home Dentistry care, it is necessary to determine the general health conditions of the sick older adult (systemic diseases and associated medication) due to the unstable state of health, which means that it can vary at any time and the dentist must be prepared to attend accordingly. In this order of ideas, we must avoid therapeutic conditions that can trigger it, especially those that can alter the emotional state or drug interactions. In the first case, constant communication with the person-patient during each gerodontological appointment becomes the best preventive therapy, in this way they will not only receive information prior to carrying out each clinical activity, but also create spaces to solve doubts and not in a few cases it serves to alleviate existential anxieties... thus the professional-patient relationship is consolidated.

For the second case, which is to avoid drug interactions, we must opt for non-surgical home gerodontological treatments, thus avoiding the use of drugs such as local anesthetics, analgesics, antibiotics, anti-inflammatories, etc., that may react with the drugs required for treatment. the control of general health conditions and may unexpectedly alter the state of health and even the life of the person-patient.

To comply with the above aspects, the professional relationship with the geriatrician who has cared for the person-patient is important and necessary, we must make medical interconsultation in cases in which it is mandatory to perform surgical treatments and / or formulate medications, mainly. The interconsultation must be documented in the medical history file and follow the instructions given by the medical professional to the letter. Communication with the geriatrician ends at the same time that home gerodontological care ends.

The years went by and with them the home gerodontological care was consolidated, as well as the care conditions, it is the case of the informed consent in which the therapeutic process of each person-patient is recorded and therefore it must be a unique document, because no two clinical cases are the same. This document is the manifesto of compliance with the bioethical principle of Autonomy, which legitimizes the will of the person-patient in accepting the realization of the treatment plan defined by the dentist. The document must rest in the medical history file and give a copy to the person-patient. In

Home Geriatric Dentistry, the people-patients are in a state of disability due to different causes, be they physical, mental or social. For these and especially in cases of disability of mental origin, the informed consent must be withdrawn from a person with the capacity to give assent to the treatment, the family member or the caregiver when applicable (10-12).

Once the gerodontological treatment has been completed, it is necessary to continue monitoring the oral health status obtained in accordance with the treatment carried out and the epidemiological conditions of risk of disease that have been defined. This period of maintenance of oral health was, in my experience, the most difficult phase to implement because the relatives or care takers in charge considered that once the planned treatment was finished, it was not necessary to carry out more procedures. Little by little, just as the service began, after educating each caregiver in the correct performance of oral hygiene, changing customary hygiene methods, making hygiene controls at each appointment made, in short, this is how this therapeutic phase. In 2017, an educational video of free access made for the GNA was completed with the editing of the script and production by Verónica Luna Zapata (13). After 29 years of having started the Geriatric Home Dentistry service, I can express from the professional point of view in the first place that this type of assistance is a true service, since the relief that is provided to the elderly human being who suffers due to his oral and/or general health condition is so high that it is difficult to quantify, but it is perceived when he can once again consume and enjoy his favorite foods, when he can communicate with his loved ones again, when he can smile again with total confidence and when relatives alleviate their hopelessness when they see that their loved one has returned to their usual self after oral health has been restored, even if it were their last days of life. Secondly, it is a service that requires a vocation to assist the suffering elderly and requires the understanding of that human being who has more life experience. Finally, by facing each therapeutic relationship with heart and brain, the best results are achieved, which provide the professional reward that is equally difficult to quantify.

CONCLUSIONS

The Home Geriatric Dentistry service ended in 2019, a few months before the news of the first effects that the COVID-19 pandemic would produce, it was unexpectedly, perhaps following the same steps as it began in 1990. After 29 years of service and without having had any physical affectation as a result of this professional exercise, severe lumbar discomfort occurred repetitively that gave the alert of the appointed moment to terminate this wonderful professional experience. I can say -scream- out loud the great fortune I had by the grace of fate for some or Divine Providence for others, of being the bearer of these extraordinary professional experiences.

If you allow me, I would like to invite you to read the book entitled *Lumbre para el Vergel* (14), which is in the process of being published and describes in detail the oral epidemiological casuistry of the elderly population in a state of disability that was assisted in the Home Geriatric Dentistry service.

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* Original autobiographical research.

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