

**Notes on the production of scientific knowledge in collective (oral) health.
Contemporary trends.**

The opportunity to present this thematic edition of *Interface* is a suitable occasion to add some brief comments on current scientific production in oral health, of which this Dossier can be taken as an example. Its publication in a Collective Health periodical, like this one, with its focus on the Human Sciences, only serves to indicate the intellectual vigor of an area that is increasingly managing to express itself more and more.

The first observation takes the article of Amorim, Alves, Germano and Costa as a point of reference, in which the authors discuss the problem of scientific production in Dentistry, based on three major periodicals that circulate throughout Brazil. The article helps us understand how the topics and objects of interest to clinical practice - not necessarily those of interest to practitioners, but rather those that are of interest to researchers - are chosen. The attempt to organize and classify the production by subject matter is worthwhile in itself, given the fact that we have very few studies that point to the direction in which the area is moving. It is not by chance that Narvai (1997), also mentioned in the article, is practically the only point of reference in studies of this type. The authors end by stating that clinical and laboratory themes predominate. But, we must argue, the periodicals analyzed are taken from the clinical area, and therefore, what is admirable is that, even so, we find in them contributions that come from "social dentistry". And how would this production appear if the focus were directed at publications on Collective Health? As the authors themselves say: *"this research tried to contribute to an understanding of the characteristics of the process of the production of dental knowledge; however, we see that it is necessary to carry out an in-depth qualitative study with the idea of extending the feasibility of these analyses"*.

In the second article, Cláudia Freitas focuses on the dilemmas faced by dentists in practice, whether they are salaried employees or those working for medical plans, *vis-à-vis* their professional autonomy. It deals with the slow, albeit irrepressible change that has been taking place in dentistry over the last twenty years. Even though working as a "self-employed professional" – the great ideological motto, exhaustively repeated as a mantra during undergraduate school (*"At the time I graduated ... there was still this idea of the self-employed professional. This was the philosophy of the University professors, to become qualified and work in a private consultancy practice"*) –, the fact is that changes have become notable (and this is the case in question) and either offer unsuitable working conditions, or even lead to an undervaluing of the professional in the name of profitability. As the author says in her conclusion: *"professionals working in daily practice face various restrictions that until then they had not experienced... there is too much badly paid work and a lack of conditions for satisfying the ideals of good practice"*.

Finally, Saliba, Moimaz, Marques and Prado analyze oral health care in the elderly, taking as their reference their practical knowledge of the individuals, either the elderly themselves, or their careers. If the maxim is true that to take care of someone you need to know how to take care of yourself the results presented here show, in no small way, that both have sufficient information for basic daily care. In this they coincide with other studies that have provided evidence that, in Brazil, the level of information people have, above all about transmittable diseases, is high. It is one thing to know, or be informed about something, and quite another, if the means of avoiding it are being exercised. Such is the case with HIV/Aids, where research shows that the information is present and correct, in significant percentages, which does not mean that people manage to practice safe sex on a regular basis. It is the same when talking about self-care of the mouth, but the fact is that the elderly population referred to in this study that is dependent on care can have their quality of life improved, because *"we have to say that carers, when well-trained, can reduce the discomfort felt by the third age individual in the various cases mentioned and even avoid serious disease processes, thus providing a better quality of life."*

In finalizing I should like to say that the task that the editors have asked me to perform has been a great pleasure for me and I would like to emphasize how important it is to get closer to the Social Science method, which is the future path of research in collective oral health.

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