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## Correspondence

# Collaborative care for children's oral and holistic health among physicians and dentists in Taiwan

## KEYWORDS

Collaborative care for children;  
Physicians;  
Dentists;  
Pediatricians;  
Pediatric dentists

It relies on clinical collaboration among physicians and dentists (particularly pediatricians and pediatric dentists) to strengthen the integrated children's care and promote children's oral, physical, and mental health.<sup>1,2</sup> The Taiwanese dental community has already promoted this concept, focusing on strengthening the integrated children's health care. By establishing a platform for joint discussion among physicians and dentists, the physicians can understand the appropriate timing for a child's first dental visit and remind the parents to schedule oral examinations for their children during pediatric appointments, while the dentists can also learn about the clinical characteristics, the latest diagnostic and treatment concepts, and the precautions in dental treatment of children with specific medical conditions, thereby helping them to safely and confidently care for the special need children. The Taiwan Dental Association (TWDA), the Taiwan Academy of Pediatric Dentistry (TAPD), and the Taiwan Pediatric Association (TPA) jointly held the first "Pediatric Medical and Dental Collaboration Seminar" in September 2025. This event aimed to serve as a catalyst for the innovative children care model and promote better communication and referral mechanisms among physicians and dentists. This article reported on the core concepts of this innovative model.

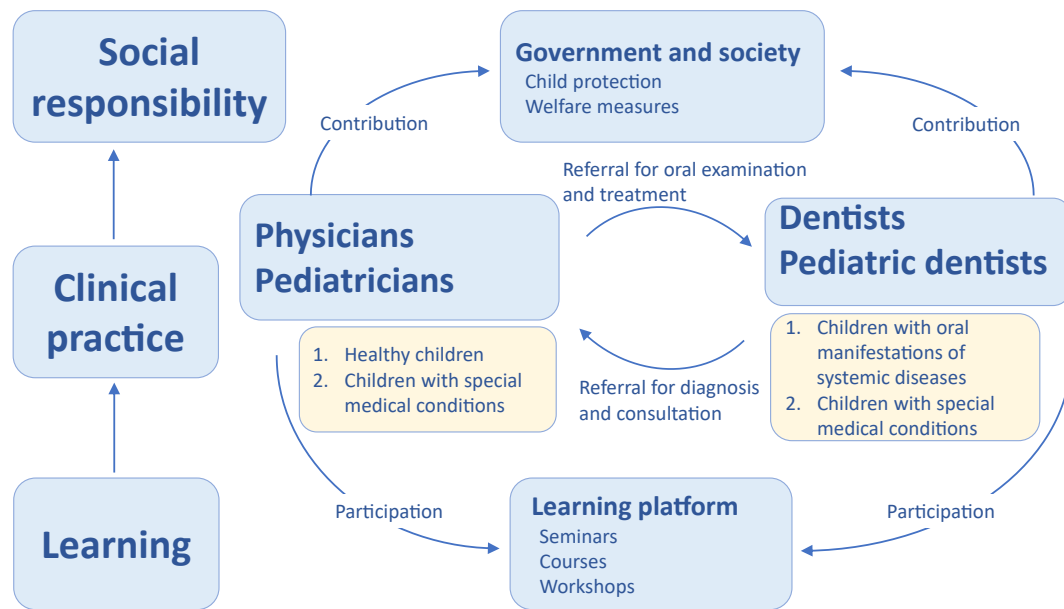
This seminar primarily aimed to promote the concept of collaborative care for children's oral and holistic health

among physicians and dentists. Conducted in a classroom setting and simultaneously online, three dentists and one pediatric cardiologist presented the key concepts and considerations of collaborative care for children in the clinical practice. This seminar consisted of a 3-h presentation, followed by a 20-min discussion with the participants. This study integrated the presentation, discussion, and conclusion to develop a framework of collaborative care for children in the clinical practice, as shown in Fig. 1.

This framework encompassed three levels: learning, clinical practice, and social responsibility. The participants were physicians and dentists, with pediatricians and pediatric dentists serving as the backbone. At the learning level, a collaborative learning platform could be established by the medical and dental schools and the professional groups to provide opportunities for the medical and dental students and the physicians and dentists to learn collaboratively for children's oral and holistic health. The learning methods included diverse approaches, such as seminars, courses, and workshops. The teaching models could include the lectures, discussion, and hands-on practice. Through the mechanism of joint learning, the physicians and dentists could foster mutual understanding of their professional connotations and language, thereby establishing their concept of collaborative care for children's oral and holistic health, and further implementing it

<https://doi.org/10.1016/j.jds.2025.10.001>

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**Figure 1** The framework of the concept of collaborative care for children's oral and holistic health among physicians and dentists.

in their clinical practice. At the clinical practice level, the physicians (or pediatricians) actively encouraged the parents to bring their children for regular oral examinations, ideally establishing this habit before children are one year old. Furthermore, when the physicians discovered oral problems in their pediatric patients (especially those with special medical conditions), they proactively alerted the parents and referred them to the dentists (or pediatric dentists) for treatment. On the other hand, the dentists also developed the ability to recognize oral manifestations of systemic diseases from their patients and observe the physical and mental state of those with special medical conditions. When treating the pediatric patients, the dentists promptly informed the parents of any concerns and referred them to the physicians for further diagnosis and consultation. By promoting the concept of collaborative care for children, it could effectively improve children's oral and holistic health. At the social responsibility level, the physicians and dentists actively cooperated with the government child protection policies and the child welfare measures promoted by the social agencies, such as fulfilling their responsibility to report child abuse and participating in the child welfare services. Through the social participation, the physicians and dentists contributed to a stronger social safety net for the children (Fig. 1).

The separation of medicine and dentistry was initiated as a historical root and was substantiated by legislation, education, and insurance.<sup>3</sup> However, the medical education should not be the body only without the mouth, while the dental education should not be the mouth only without the connection to the body.<sup>4,5</sup> If the medical education and dental education remain two separate and parallel lines, the professional gap between medicine and dentistry will continue to widen. This is detrimental to the promotion of the patient-centered holistic care philosophy of the contemporary medicine. However, overcoming the gap created by the separation of medical and dental education

within the undergraduate programs is difficult. Establishing a collaborative medical and dental learning platform outside of the undergraduate education is a viable approach. This collaborative learning platform will promote the concept of collaborative care for children's oral and holistic health among physicians and dentists, helping to bridge the gap between medicine and dentistry. In reality, promoting this concept requires the lifelong learning for the physicians and dentists. This will ultimately lead to collaborative care for their patients at the clinical practice and social responsibility levels.

## Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

## Acknowledgments

This study was supported by the grant (NSTC 114-2314-B-002-094-MY3) from the National Science and Technology Council, Taiwan.

## References

1. Cheng FC, Huang GF, Wang YL, et al. The implication of integrating pediatric education into a pediatric dentistry course for undergraduate dental students. *J Dent Sci* 2023;18:1794–803.
2. Cheng FC, Wang LH, Wang YL, Chiang CP. Course content analysis of the last dental course for the medical students of National Taiwan University in 2011. *J Dent Sci* 2024;19:1883–5.
3. Simon L. Overcoming historical separation between oral and general health care: interprofessional collaboration for promoting health equity. *AMA J Ethics* 2016;18:941–9.
4. Lin HP, Wang LH, Lin TC, Cheng FC, Chiang CP. Oral medicine education for medical students - a retrospective evaluation of

the course in MacKay Medical College from 2016 to 2021. *J Dent Sci* 2022;17:1292–9.

5. Cheng FC, Wang LH, Wang YL, Chiang CP. The importance of the dental education for the medical students: the viewpoints from a senior attending dentist who participates in the teaching of the dental course. *J Dent Sci* 2024;19:2468–71.

Feng-Chou Cheng<sup>††</sup>

*Chia-Te Dental Clinic, New Taipei City, Taiwan  
School of Life Science, College of Science, National Taiwan Normal University, Taipei, Taiwan  
Science Education Center, National Taiwan Normal University, Taipei, Taiwan*

Ling-Hsia Wang<sup>††</sup>

*Center for the Literature and Art, Hsin Sheng Junior College of Medical Care and Management, Taoyuan, Taiwan*

Yin-Lin Wang<sup>\*\*</sup>

*Department of Dentistry, National Taiwan University Hospital, College of Medicine, National Taiwan University, Taipei, Taiwan  
Graduate Institute of Clinical Dentistry, School of Dentistry, National Taiwan University, Taipei, Taiwan*

Chun-Pin Chiang<sup>\*</sup>

*Department of Dentistry, National Taiwan University Hospital, College of Medicine, National Taiwan University, Taipei, Taiwan  
Graduate Institute of Oral Biology, School of Dentistry, National Taiwan University, Taipei, Taiwan  
Department of Dentistry, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Hualien, Taiwan  
Institute of Oral Medicine and Materials, College of Medicine, Tzu Chi University, Hualien, Taiwan*

<sup>\*\*</sup> Corresponding author. Department of Dentistry, National Taiwan University Hospital, College of Medicine, National Taiwan University, No. 1, Chang-Te Street, Taipei, 10048, Taiwan.

E-mail address: [wil1019@ntu.edu.tw](mailto:wil1019@ntu.edu.tw) (Y.-L. Wang)

<sup>\*</sup> Corresponding author. Department of Dentistry, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Institute of Oral Medicine and Materials, College of Medicine, Tzu Chi University, No. 707, Section 3, Chung-Yang Road, Hualien 970, Taiwan.

E-mail address: [cpchiang@ntu.edu.tw](mailto:cpchiang@ntu.edu.tw) (C.-P. Chiang)

Received 28 September 2025  
Available online 22 October 2025

<sup>†</sup> These two authors contributed equally to this work.