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LETTER TO THE EDITOR
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Otherness and safety in dental practice

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Dear Editor:

Safety in dental practice, understood as a forward-looking concept, represents a scientific, technical, social, and ethical framework aimed at preventing unnecessary harm and associated structural and functional alterations in care processes. This holistic concept recognizes oral health as a fundamental right inherent in human dignity (1). However, unsafe practices have been identified that affect care processes, systems, individuals, and even ecosystems, all of which constitute the essence of dental practice.

One of these unsafe practices—often overlooked or rendered invisible—that emerges as a key category is otherness. It is defined as the process by which individuals and groups identify and label others as "the other," perceiving them as different from themselves and creating hierarchies that reinforce domination and subordination within social structures (2, 3). This phenomenon becomes particularly relevant in problematic interactions during healthcare processes, as it fosters discrimination, stigmatization, and exclusion, thereby compromising patient safety (4)—a field that, paradoxically, aims to reduce the risks associated with care. Philosophers such as Hegel and Lévinas have contributed to the understanding of otherness by framing it as a universal phenomenon that shapes interpersonal relationships and self-identity (2).

In this scenario, otherness in dentistry can be observed through discrimination, rejection, and stigmatization, manifested as inequalities and attitudes that perpetuate exclusion or "poor treatment" toward certain patient groups. Although there is limited literature directly linking otherness to dentistry, there is ample evidence demonstrating, for instance, discrimination against low-income patients, who are often regarded as a "burden" on the healthcare system; patients with infectious diseases who are rejected or treated with fear and prejudice by dental personnel (5); and indigenous or ethnic minority communities who face barriers to dental care due to a lack of cultural sensitivity or the imposition of practices that disregard their traditions (6).

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Within this framework, it is evident that dentistry, operating under a demand-driven and efficiency-oriented model[1], has exacerbated the exclusion of many individuals. While the discipline of patient safety has made significant global progress, otherness and these models of care contribute to poor quality oral healthcare for marginalized groups (8), conditions that in turn lead to the occurrence of adverse events during the health care process (9).

What can be done to minimize the impact of otherness on safety in dental practice? To begin with, it is crucial to make it visible within scientific and policy contexts through perception studies involving different stakeholders, focusing on stigmatization in oral healthcare. Similarly, it is necessary to develop and evaluate clinical protocols that promote equitable and discrimination-free care, and to incorporate them into academic curricula in courses on human rights, ethics, and diversity, among others. Additionally, collaboration among dental and other health professionals should be promoted to address otherness from an interdisciplinary perspective.

In conclusion, within dental practice, otherness must be recognized as a key contributing factor that compromises the safety of care processes by fostering discrimination, exclusion, and stigmatization, increasing risks, and undermining human dignity. This, in turn, has a direct impact on patient safety and on oral health as a fundamental human right (10).

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1 Efficiency-oriented models propose that organizations should operate in a way that minimizes resources and costs while maximizing outcomes and productivity (7).