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***Artículos científicos***

# El diálogo en la relación médica odontólogo-paciente desde la mirada de Gadamer: caso mucositis oral

## *The dialogue in the doctor (dentist)-patient relationship from Gadamer´s view: case of oral mucositis*

## *O diálogo na relação médico-dentista na perspectiva de Gadamer: caso de mucosite oral*

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## Resumen

**Objetivo:** Indagar sobre el diálogo en la relación médica odontólogo-paciente, particularmente en las mujeres con tratamiento de quimioterapia por cáncer de mama: caso mucositis oral en una institución especializada. **Materiales y métodos:** Se realizó un estudio prospectivo, descriptivo y transversal, para lo cual se diseñó un cuestionario basado en la cédula PRO-CTCAE™ (siglas en inglés) atendiendo principalmente al cuidado bucal, así como a la asistencia y la atención por el odontólogo, lo que contribuyó a conocer la relación médica odontólogo-paciente con base en el diálogo para favorecer la calidad de vida de las pacientes. Se contó con 50 participantes cuyas edades oscilaron entre los 31 y

75 años. **Resultados:** Los resultados más significativos revelan que 68 % no asiste a consulta odontológica antes de iniciar la quimioterapia y 34 % presentan úlceras en la mucositis oral, lo que limita funciones básicas como comer, beber y comunicarse. **Conclusiones:** Los hallazgos muestran la necesidad de impulsar el acompañamiento de un equipo multidisciplinario durante la quimioterapia, donde la participación del odontólogo debe ser esencial para la atención bucodental. Lo anterior desde la hermenéutica filosófica propuesta por Gadamer, cuyo acercamiento permite fortalecer, desde una visión holística, la calidad de vida bucal del paciente por efectos secundarios (mucositis oral) de la quimioterapia.

**Palabras clave:** *cáncer de mama, diálogo, hermenéutica filosófica, mucositis oral, quimioterapia.*

## Abstract

**Objective:** To investigate the dialogue in the doctor (dentist)-patient relationship, particularly in women with chemotherapy for breast cancer; case oral mucositis in a specialized institution. **Material and methods:** A prospective, descriptive, cross-sectional study was carried out, for which a questionnaire based on the PRO-CTCAE ™ card (acronym in English) was designed, mainly attending to oral care, as well as assistance and attention by the dentist, which contributed to knowing the doctor (dentist)-patient relationship based on dialogue to promote the quality of life of patients. There were 50 participants whose ages ranged from 31 to 75 years. **Results:** The most significant results show that 68% do not attend a dental consultation before starting chemotherapy and 34% of patients present ulcers in oral mucositis, limiting basic functions such as eating and drinking, which affects isolation. **Conclusions:** The findings show the need to promote the accompaniment of a multidisciplinary team during chemotherapy, the participation of the dentist being irrefutable in oral care from the philosophical hermeneutics proposed by Gadamer, with a holistic vision whose approach allows to strengthen the Oral Quality of Life of the patient by side effects of chemotherapy, case, oral mucositis.

**Keywords:** breast cancer, dialogue, philosophical hermeneutics, oral mucositis, chemotherapy.

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**Resumo**

Objetivo: Investigar o diálogo na relação médico-dentista, principalmente em mulheres em tratamento quimioterápico para câncer de mama: caso de mucosite oral em instituição especializada. Materiais e métodos: Foi realizado um estudo prospectivo, descritivo e transversal, para o qual foi elaborado um questionário baseado na ficha PRO-CTCAE ™ (sigla em inglês), principalmente no atendimento à higiene bucal, bem como assistência e cuidados aos o paciente .dentista, o que contribuiu para o conhecimento da relação médico-dentista baseada no diálogo para a promoção da qualidade de vida dos pacientes. Havia 50 participantes com idades variando entre 31 e 75 anos. Resultados: Os resultados mais significativos revelam que 68% não vão à consulta odontológica antes de iniciar a quimioterapia e 34% apresentam úlceras na mucosite oral, o que limita funções básicas como comer, beber e se comunicar. Conclusões: Os achados apontam para a necessidade de se promover o apoio de uma equipe multiprofissional durante o tratamento quimioterápico, onde a participação do cirurgião-dentista deve ser imprescindível para os cuidados bucais. O exposto desde a hermenêutica filosófica proposta por Gadamer, cuja abordagem permite fortalecer, numa perspectiva holística, a qualidade de vida oral do paciente devido aos efeitos colaterais (mucosite oral) da quimioterapia.

**Palavras-chave:** câncer de mama, diálogo, hermenêutica filosófica, mucosite oral, quimioterapia.

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# Introduction

For Gadamer (2005), dialogue is that form of language in which we connect by creating woven words carried by the hermeneutical thing or situation to reach the fusion of horizons where it is possible that the dialogues are interested in the opinion of the other as an act of reason (Viveros, 2019). In other words, understanding implies agreeing on something, which only happens when you have the ability to dialogue.

In dialogue, there is an exchange of messages generated by a question and answer process; In this sense, Gadamer (2005) compares the meaning of the question with the idea of “opening”, that is, being willing to open in order to understand a situation or thing.

Gadamer (1993) describes the hermeneutical circle as a structured process where the rule anticipates that the whole must be understood from the individual, and vice versa.

Modern hermeneutics, with antecedents of ancient rhetoric, refers to the art of speaking and understanding based on a circular relationship with three pillars whose starting point is dialogue; these are interpretation, understanding and application. Interpretation is characterized because the interpreter takes the subject in its context and thus has a better textual truth, although it is often an approximation (Beuchot, 2016). Understanding is characteristic of the person in their coexistence with others and acts especially through language and dialogue. Finally, the application allows the opening to new knowledge and research under a deeper understanding, derived from the questions formulated to achieve the fusion of horizons.

Now, the hermeneutical circle has moved to different disciplines, including the field of medicine. An example is the work of Austgard (2012), who relied on hermeneutics to develop a research plan in nursing science to assess the written language of texts based on their understanding, interpretation and application.

Likewise, Posadas (2009) considers that the diagnosis is a hermeneutical act, since its starting point is based on a dialogue that allows collecting elements for a clinical history, as well as a complete physical examination and the rational use of complementary tests (p eg, laboratory and cabinet tests).

In this sense, the dentist-patient medical relationship constitutes the core of medicine. In fact, it is based on a communicative and participatory relationship in order to improve the ethical aspect (Ávila, 2017) to go beyond establishing the diagnosis and treatment. For this, it is necessary to understand and respect the patient as a human being with their own peculiarities, beliefs, attitudes and knowledge different from those of the doctor. In this position, the doctor can achieve that the patient is recognized and, therefore, improve his quality of life and regain his health.

Within the framework of hermeneutics, the dynamics of the medical dentist-patient relationship starts from a dialogue that begins by listening to the latter. In this regard, Ceriani (2017) quotes William Osler with a very important phrase: “Listen to your patients, they will be telling you their diagnosis” (p. 107). For this reason, one of the central objectives of medicine is to attend to the needs of patients during the monitoring of the disease. Understanding, in the dentist-patient medical relationship, constitutes a pillar in the reestablishment of the health condition and the improvement in the quality of life. Therefore, the doctor must ensure that patients, from their understanding possibilities, understand what is happening to them, as well as the purpose of their treatment.

In this context that is established, the disposition of the dialogue participants considers the opinion of the other as an act of reason, which is reflected in the questions and answers that emerge. Thus, the patient enters into a dialogue with the doctor and assumes that there is a loose interest in the symptomatology to understand her situation.

Returning to the vision of Gadamer (2001), in the humanization of medicine it is about broadening the horizons of understanding through dialogue, which is why a holistic appreciation of patients is necessary to reach an understanding of the state of health. Although in the medical field the physical dimension is considered a starting point to know the disease, it is necessary to emphasize that patients are social beings and that organic damage affects the different spheres of a person's life: the physical, the social , the psychological and the environmental (Fleury y Lana da Costa, 2004).

The physical dimension refers to the ability of a person to perform daily activities, such as movement, dexterity, personal care and ambulation. Social is linked to the way in which people interact with the environment, be it school, work or family. For its part, the psychological is related to emotions, feelings, mood, among others, while the environmental is associated with the perception of the environment in which one lives.

When considering these dimensions, in the life of a person diagnosed with breast cancer, it is possible to recognize a notable deterioration in their quality of life. At the beginning, physical disorders become important due to organic damage and with the passage of time the repercussions invade the rest of the spheres, which becomes a determining factor in the recovery process. According to Taichman, Poznack and Inglehart (2018), patients may drop out of treatments due to the side effects of chemotherapy, or due to lack of financial resources or limitations in work activity. In this regard, Walsh (2010) points out that the economy represents a transcendental concern for treating cancer and all its complications.

The wide range of dimensions influences who suffers from the disease, which is why a position that faces dialogue is necessary; In response to this, philosophical hermeneutics - from the gaze of Gadamer (2001) - constitutes one of the tools to optimize communication with patients suffering from chemotherapy side effects. From this point of view, Gadamer advocates the linkage of modern, empirical science based on mathematizable evidence with the sciences of the spirit, which deal with the ways in which we feel, experience and become aware of human phenomena. This can be complemented

through a hermeneutical mentality capable of establishing a dialogue between the physical (derived from empirical science), social and psychological dimensions (Viveros, 2019).

The value of hermeneutics as a resource for understanding the doctor-dentist-patient dialogue is traced under two goals: the first related to the diagnosis of a patient's condition or disease (dialectic of clinical-patient knowledge); the other, to guide the patient during chemotherapy and offer the necessary support for when damage occurs due to side effects, among which those related to oral health stand out, such as oral mucositis, alterations in taste and decreased saliva (xerostomia) (Barroso-Sousa *et al*., 2013; Jensen *et al*., 2008).

## Mucositis

Oral mucositis is one of the side effects in patients with radiotherapy and chemotherapy procedures. It is characterized by the presence of painful ulcers that can affect all the soft structures of the mouth, hence, patients increase the consumption of narcotic analgesics and increase the number and time of hospitalizations. In this condition, the nutritional contribution is invasive, which impacts all areas of life (Senkus et al., 2013).

Taichman et al. (2015) state that complications transcend the cancer chemotherapy phase, since they also affect quality of life in a late manner as periodontal health is altered due to the reduction of salivary flow (hyposalivation); in this case, an increase in gingivitis and dental caries is possible, as well as oral dysesthesia and dysgeusia (alteration in the sense of taste).

Likewise, the affectation in the physical dimension triggers repercussions in the rest of the dimensions, since ulcers, hyposalivation and alteration in taste deteriorate basic functions, which becomes more critical in those cases with previous oral problems.

Therefore, in the referred chemotherapy treatment, patients should be warned of secondary oral effects and reported to the dentist for a dental evaluation (Taichman et al., 2018; Walsh, 2010). Another example is the patients treated with antiestrogenic therapy, which can present high levels of depression, as well as musculoskeletal symptoms and fatigue, which can diminish the ability and disposition to maintain optimal oral health with actions as simple as tooth brushing. (Taichman et al., 2018). It should be emphasized that the indicated drugs should not be discontinued; on the contrary, patients must adhere to the protocols to avoid interference in the rest of the dimensions, thereby seeking to improve their quality of life.

In the above examples, prevention with oral care before or after chemotherapy will reduce complications. For this reason, the accompaniment of the patients and the open dialogue will allow to constantly monitor the evolution, hence the emphasis is placed on the application of a multidisciplinary method of patient care (Seiler, Kosse, Loibl & Jackisch, 2014).

Now, focusing on the issue of oral mucositis due to breast chemotherapy, it should be noted that to date this line of research is under development. For this reason, the present work attempts to identify the parameters for analyzing the knowledge that patients have about the side effects of chemotherapy around oral mucositis. For this, the patient has been considered from a holistic conception (which includes the physical, social and psychological) within the framework of the hermeneutical dialogue.

That said, this research proposes an approach to dialogue to improve the medical dentist-patient relationship during the follow-up of chemotherapy. Therefore, the preamble of said goal starts from the diagnosis that begins with the opening to the knowledge of the other, which offers a broader panorama about the understanding that patients have about chemotherapy to treat breast cancer and about the oral effects of said intervention in order to contribute to improving their quality of oral life.

From this position, the intention of this work was to establish the analysis parameters to support and elucidate the fragile elements in the patients, as well as to place the anchor point to establish dialogue and, consequently, provide support and guidance during chemotherapy.

## Materials and methods

This is a prospective, descriptive and cross-sectional study, since the records were consulted from the card to collect the results reported by the patient according to the common terminology criteria for adverse events —in English it is known as Patient - reported outcomes - Common Terminology Criteria for Adverse Events (PRO-CTCAE ™) -.

The sample consisted of 50 patients who attended the outpatient clinic of a specialized breast cancer care center, in the morning shift, during the period from September to October 2019. The data collection card was applied to the patients at the exit your query. The demographic variables of the participants were considered, which were women with an age range of 31 to 75 years, who agreed to participate voluntarily.

The dependent variables were the following: patients who received information on side effects; health personnel who reported side effects; special treatment in oral care; assistance and care by the dentist. These variables contribute to understanding the doctor-patient relationship, which will allow to promote dialogue to promote the quality of life of patients with chemotherapy for breast cancer by reducing and treating oral mucositis as one of the main side effects.

## The measuring instrument

The self-applied data collection sheet PRO-CTCAE ™ was used, which was limited to questions related to oral mucositis. For its application, the folio number, filling instructions and general data (age, education and occupation) were added.

It should be noted that said instrument consisted of questions related to the physical, psychological and social dimensions (Bash et al., 2014). The questionnaire allows to know if the patients received information from the health personnel about the oral side effects of chemotherapy, as well as the existence or absence of follow-up in this process.

The ID was made up of 21 items (without considering the general data). For the analysis of the information, the questions were grouped into the following categories: a) general data of the patients (age, education, occupation); b) knowledge of chemotherapy drugs, dental consultation and dental care (5 items), and c) oral manifestations (oral mucositis) due to side effects of chemotherapy (16 items), with alterations in the physical and social dimensions.

In this way, the three groups and their representative items were analyzed. Likewise, all data from groups A and B were considered in order to know the work activity, schooling and age as possible variables related to access to information about their medical condition and side effects in the oral cavity. as well as the interaction with the dentist and his intervention in the support of the patients. From group C the following was observed: the severity of mouth ulcers after starting chemotherapy, mouth ulcers and interference with speech, communication and food or drink intake, as well as the suspension of chemotherapy (items 5 , 18, 19 and 20) linked to the physical and social dimensions.

### Data collection procedure

The collection of data through the PRO-CTCAE ™ card favors anonymity and the freedom to express the answers, with the possibility that the interviewer, willing to dialogue, can clarify doubts and provide feedback on the patient's concerns. In this context, the participants were explained the objective of the study and the confidentiality of the information, as well as the anonymity of the identity card, in addition to reiterating the support or clarification of doubts.

The identity card was answered individually, and once the information was collected, the responses were emptied into a Microsoft Excel spreadsheet; In the data analysis, the SPSS statistical package (version 22) was used for the analysis of the variables from the perspective of philosophical hermeneutics.

Taking into account the above, the ethical considerations of this research were based on three aspects: first, the name of the participant was not requested in the certificates applied and it was reiterated that the information collected would be used for the purposes of this study on a confidential and anonymous basis. ; second, the design of an informed consent letter, with a copy for the patients, with an explanation of the details of the study, the duration and benefits of the activities; and third, the study was carried out in Mexico City, from September to October 2019, under the approval of the Ethics Committee of the CICS-UST (Registro número: CONBIOÉTICA-09-CEI-019-20170731).

## Results

50 patients were interviewed, with an age range of 31 to 75 years (average of 51.8 years). Regarding schooling, of the total of interviewees, 30% had secondary studies, 28% primary, 18% bachelor's degrees, 8% did not specify, 6% high school studies and none indicated a master's or doctorate studies. Regarding occupation, 76% are in charge of housework, while 24% of other occupations and 6% are retired.

Regarding having received information on the side effects of chemotherapy, 66% answered affirmatively, while 34% were not informed. Respondents reported that those responsible for reporting on side effects were the oncologist (48%), the general practitioner (10%) and nurses (8%). As can be seen, no patient reported having had a dialogue with the dentist.

In relation to the questions corresponding to the knowledge of chemotherapy drugs, dental consultation and dental care, the results are presented in Table 1.

**Tabla 1.** El conocimiento de los medicamentos de la quimioterapia, la consulta odontológica y la atención dental

| Respuesta | Pacientes que recuerdan el nombre de los medicamentos de la quimioterapia n (%) | Antes de iniciar la quimioterapia acudieron a consulta odontológica n (%) | Durante la quimioterapia recibieron tratamiento dental n (%) | Durante la quimioterapia recibieron trato especial en el cuidado bucal n (%) | Especifique el cuidado especial n (%) |
|---|---|---|---|---|---|
| Sí | 6 (12 %) | 16 (32 %) | 9 (18 %) | 22 (44 %) | Cepillado dental: 11 (22 %) Enjuague: 10 (20 %) Uso de pasta dental:1 (2 %) Cuidado dental: 1 (2 %) |
| No | 43 (86 %) | 34 (68 %) | 41 (82 %) | 28 (56 %) | NA |
| No contestó | 1 (2 %) | 0 | 0 | 0 | NA |
| Total | 50 (100 %) | 50 (100 %) | 50 (100 %) | 50 (100 %) | NA |

Fuente: Elaboración propia

Regarding the first topic, a marked lack of knowledge on the part of the patients about chemotherapy drugs was observed: 86% reported not knowing, 12% recalled the name of the drugs and one person did not answer. As can be seen, despite the fact that more than half of the patients received information about side effects, they are unaware of their chemotherapy drugs.

On the other hand, 68% reported no attendance at the dental consultation before starting chemotherapy and, therefore, the absence of dental treatment. The patients who reported attending a dental consultation during chemotherapy (32%) received general information on dental hygiene, which consisted mainly of tooth brushing and the use of conventional mouthwashes because there is no multidisciplinary care protocol that allows

monitoring to patients not only to attend to emerging oral problems, but also to prevent them and constantly monitor oral hygiene measures.

Regarding the type of oral care that the patients received during chemotherapy, tooth brushing was limited to 11 cases (22%), mouthwash to 10 cases (20%) and the use of toothpaste to one case. It should be mentioned that this type of care refers to the dental, and not to the side effects of chemotherapy, such as oral mucositis.

Table 2 compares the severity of mouth ulcers after starting chemotherapy: 54% of the patients reported that they did not have mouth ulcers, while 46% had mild or very severe ulcers. It is important to mention the possibility of developing ulcers if they continue with chemotherapy, since their presence depends on several factors, such as the time of treatment and the combination of drugs, among others not considered for this study.

**Tabla 2**. Severidad de las úlceras bucales después de iniciar la quimioterapia

| Ninguna<br>n (%) | Leve<br>n (%) | Moderada<br>n (%) | Severa<br>n (%) | Muy severa<br>n (%) | Total<br>n (%) |
|---|---|---|---|---|---|
| 27<br>(54 %) | 11<br>(22 %) | 7<br>(14 %) | 2<br>(4 %) | 3<br>(6 %) | 50<br>(100 %) |

Fuente: Elaboración propia

On the other hand, 88% of the patients stated that they did not suspend chemotherapy, while the remaining 12% did not answer. In 34% of the patients, they prevented basic functions such as eating and drinking, as well as speaking or communication (Table 3). Adherence to treatment is one of the most important aspects, as it conditions recovery of health; Furthermore, the accompaniment and assistance to patients can avoid a reduction in the quality of life, although this also implies an increase in the cost of treatment, which is an issue that must be addressed as part of the process of humanizing medicine.

**Tabla 3.** Las úlceras bucales y la interferencia con el habla, la comunicación y la ingesta de alimentos o bebidas, así como la suspensión de la quimioterapia

| Respuesta n (%) | Las úlceras bucales impidieron el habla o la comunicación con otras personas n (%) | Las úlceras bucales impidieron comer algún tipo de alimento o bebida n (%) | Ha tenido que suspender la quimioterapia por las úlceras bucales n (%) |
|---|---|---|---|
| Si | 7 (14 %) | 10 (20 %) | 0 |
| No | 43 (86 %) | 40 (80 %) | 44 (88 %) |
| No contestó | 0 | 0 | 6 (12 %) |
| Total | 50 (100 %) | 50 (100 %) | 50 (100 %) |

Fuente: Elaboración propia

Table 4 shows the medical instance for care in case of presenting mouth ulcers, as well as the different reasons for attending. It is worth mentioning that 50% of the patients chose the specialized breast cancer center as the most trusted instance due to the service it provides and the cost-effectiveness of its treatments.

**Tabla 4**. Motivos para acudir a una instancia médica en caso de presentar úlceras bucales

| Instancia médica a la que acudiría en caso de presentar úlceras bucales | Pacientes n (%) | Motivos n (%) |
|---|---|---|
| Centro especializado en cáncer de mama | 25 (50 %) | Confianza: 19 (38 %)<br>Servicio: 13 (26 %)<br>Cercanía: 9 (18 %),<br>Economía: 4 (8 %)<br>Recomendación: 3 (6 %)<br>Rapidez: 1 (2 %)<br>No contestó: 3 (6 %) |
| Dentista | 13 (26 %) | |
| Médico particular | 5 (10 %) | |
| Centro de salud | 4 (8 %) | |
| IMSS | 1 (2 %) | |
| SESA | 1 (2 %) | |
| No contestó | 1 (2 %) | |
| Total | 50 (100 %) | |

Fuente: Elaboración propia

Dialogue with the dentist allows patients to learn about the participation of other professionals, in addition to the oncologist or the nurse, to join efforts aimed at improving their quality of life to the extent that the basic functions of everyone are not diminished, such as eating, talk and communicate.

## Discussion

According to the results obtained, the dentist-patient medical relationship is limited, since the oncologist is in charge of reporting on the condition and chemotherapy treatment (48%). In fact, in case of presenting side effects, such as oral mucositis, it is also the one who communicates and proposes a basic oral care protocol, except in 34% of the patients who did not receive such information. Likewise, in 10% of the cases the general practitioners were in charge of notifying and in 8% they were the nurses. In this regard, the work of Taichman et al. (2018) reported that the oncologist and nurses are the ones who, mainly, question patients about their oral health; In this sense, in this research it was pointed out that 46% of the respondents did not have a visit with the dentist since the

cancer diagnosis because it is not part of the protocol. Therefore, there is no oral-dental follow-up and, consequently, there is no dialogue about his condition.

Likewise, in the findings of this research it was found that, although the patients know that they are receiving chemotherapy, 82% do not know the name of the drugs. It is possible that this is related to the time interval in which chemotherapy has been received since 54% have a period of less than one year with drug therapy. Although the patients did not report oral mucositis at the time of answering the cedulas, it is necessary to take this situation into consideration, since the longer the chemotherapy is prolonged, the greater the possibilities for oral lesions to appear. In this sense, the study carried out by Sonis (2012) reports on certain drugs that cause mucositis in 20% of patients in the first cycle of chemotherapy and for the second cycle with the same drugs, mucositis increases in 70% of cases . Therefore, emphasis should be placed on accompaniment during the disease process, as well as on the creation of a multidisciplinary action plan in the face of the growing demand for care.

In oral mucositis, the type of brush, rinse and toothpaste are not the conventional ones, since a particular implementation is required according to the patient's condition. Furthermore, the brushing technique must be adapted according to the particular oral and dental condition; for example, the brush should be ultra-soft (similar to that used after surgery), as well as rinses free of alcohol or with benzydamine, and preferably anti-plaque toothpaste.

The results presented suggest the need for accompaniment in patients and openness to dialogue about the knowledge of priorities according to oral diagnosis. In this sense, multidisciplinary teamwork is imperative under a framework of dialogue that favors the doctor-patient relationship, since only in this way will the monitoring of the patient in their medical condition be authentic (Joshi, 2010).

Although 54% of the patients reported that they did not have mouth ulcers, 46% suffered from mild or very severe ulcers, which, although they did not cause the interruption of chemotherapy, did impact on the quality of life because they reduced the possibility of eating, drinking and communicate. Therefore, dialogue with these patients is essential to lessen the symptoms of oral mucositis, avoid aggravating symptoms and improve their oral quality of life.

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According to Gadamer (2001), dialogue is part of the treatment, which is inseparable from understanding the patient to lead to recovery. Therefore, it is vital to understand the feelings and thoughts of patients.

Consistent with this idea, Taichman et al. (2018) point out the special interest in communication between the patient and health providers (oncologist, nurse, dentist, dental hygienist and primary care physicians), since patients with breast cancer should receive professional preventive care and care oral.

In this context, there are medical support measures to improve the symptoms of ulcers, with which it is possible to achieve that the basic needs of every human being are carried out in the best conditions, and do not affect other dimensions. Note that the interaction of the dimensions is close, and when one of them is affected the rest are also damaged.

On the other hand, it is worth mentioning that half of the patients estimate the trust and service offered by an institution dedicated and specialized in the management of breast cancer, hence they consider it as the first medical instance of assistance in case of presenting ulcers mouths due to side effect of chemotherapy. This means that few people (26%) go to the dentist to treat this problem, even though he is the specialist in the oral cavity and its structures.

On the other hand, when considering a random sample, it can be indicated that 54% of the patients reported that they had less than a year with drug therapy, hence they are not familiar with the name of the drugs. Likewise, they did not indicate the presence of oral mucositis at the time of responding to the cédulas, although it should be remembered that this disease is more latent when chemotherapy treatment is prolonged.

## Conclusions

The results obtained in this research allow us to draw the following conclusions: there is almost no dialogue between the dentist and the patients receiving chemotherapy for breast cancer, which is due to the absence of said professional in the multidisciplinary team that treats this disease . In fact, it can be assured that in most cases the secondary oral manifestations of chemotherapy are attended by the oncologist and nurses, hence the attention is limited to general oral hygiene measures.

On the other hand, it should be noted that the importance of incorporating philosophical hermeneutics into medical praxis, from a Gadamerian perspective, lies in the

approach of focusing the dialogue during treatment to listen to the patient, thereby opening up understanding of the other and, therefore, to the knowledge of the disease and to the achievement of a minimum balance in health.

Likewise, the reports allow evaluating the participation of the oncologist, dentist and health personnel from the perspective of the patient. Thus, the card is presented as an indispensable instrument for reflecting on medical practice and approaching the feeling and thinking of the patient about her illness. Communication between the oncology and dental teams is essential for patient safety, as well as dialogue between the patient and the dentist, since the hyposalivation generated by chemotherapy can increase gingivitis and dental caries, as well as alterations in the sense of taste. Oral evaluation, then, is necessary before starting chemotherapy to identify needs that may increase the risk or severity of oral diseases during breast cancer treatment.

In addition to this, it should be anticipated that patients with antiestrogenic therapy may present high levels of depression, musculoskeletal symptoms and fatigue, in such a way that they impact their ability to maintain optimal oral health. Therefore, to the extent that there is a dialogue between health personnel and patients, the latter will be able to learn about the side effects of medications to create an action plan to reduce the symptoms of oral mucositis and other conditions. .

In summary, the dentist, being an oral health professional, must attend to various aspects of the patient, such as knowledge of the clinical picture. For this reason, the authors of this work propose to establish disciplinary and transdisciplinary work networks with active dentists and in training to establish indicators that allow detecting relevant aspects in the patient during their follow-up and accompaniment in order to promote their oral quality of life.

## Future lines of research

In this work, the dynamics in the dentist-patient medical relationship was made visible with respect to the ignorance of the latter about oral mucositis generated by chemotherapy. In this sense, it is worth noting that although more efficient groups of drugs for the management of breast cancer emerge every day, some also have more toxicity that causes greater damage to the oral mucosa. For this reason, studies that focus on listening to the voices of patients about the understanding of their health condition (patient-reported

result, PROM) are essential, which may be different from that of the doctor and even more distant if it did not exist. dialogue, but only the unilateral exchange of information.

Another relevant methodological aspect that can be considered in future research is the selection of a sample for convenience, since more than half of the patients interviewed had less than a year with drug therapy, which is why they did not report mucositis oral at the time of answering the cédulas. In this regard, keep in mind that this disease is more common when the treatment is longer.

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