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<p>シリーズ 66 「健康教育をささえる」～学校歯科医の現場から～</p> <p>新米学校歯科医の苦悩と成長 一般社団法人日本学校歯科医会 副会長 柘植 紳平</p> <p>1. はじめに 今回の原稿を依頼された時、私の頭に浮かんだのは私の良く知る学校歯科医のことであった。彼の体験を原稿にすることで、学校歯科医の悩みや苦しみ、そして成長が少しでも理解されれば幸いであると考えた。</p> <p>彼が学校歯科医を委嘱され、初めて地元の小、中学校の健康診断に携わったのは昭和の終わり頃の春だった。彼の地元は「〇〇市〇〇町」とは名ばかりの、市の中心部から 15km 以上離れた、四方を山で囲まれた山村である。この健康診断で彼は最初の衝撃を受けることになる。診る子、診る子、どの子もむし歯だらけなのだ... (図 1)。昭和 40 年代から 50 年代前半にかけて、「むし歯洪水の時代」と呼ばれていたことは知っていたが、それからほぼ 10 年も過ぎているのに、田舎の無歯科医村で彼はそれを目の当たりにして衝撃を受けたのである。</p>  <p>図 1</p>	<p>Series 66 “Supporting health education”—From the sites of practice of school dentists The anguishes and growth of a newly-fledged school dentist Shinpei Tsuge, Vice Chairman, The Japan Association of School Dentists</p> <p>1. Introduction When I was requested to supply the current text, what first came to my mind was a particular school dentist with whom I am closely acquainted. It occurred to me that I would be delighted if, by putting his experiences into words, this would allow some modicum of understanding of the anxieties, suffering and growth of a school dentist.</p> <p>It was springtime of around the end of 1980s. He was appointed as a school dentist, and first took part in health checkups in his hometown’s elementary and junior high schools. His hometown of X town in Y city was a village over 15 kilometers away from the center of the city, and surrounded by the mountains. His first shock would come at this checkup. Child after child after child—each had mouths riddled with cavities (Figure 1). While he was aware that the period from the late 1960s through to the late 1970s was known as the “cavity flooded era,” seeing this with his own eyes, despite almost ten years having passed, the conditions in a countryside village with no dentists was the source of his shock.</p>  <p>Figure 1</p>

2. 第2の衝撃

「さて、どうしよう...」ここから彼の学校歯科保健活動の苦悩と戦いが始まった。まずは子どもたちのむし歯を何とかしなければならない。そこで学校と相談し、夏休みに「子どもの治療の日」を作って一生懸命治療をした。それでも追いつかず、子どもたちの治療が一段落したのは冬休みになる前だった。そして次の年の春、健康診断に行き驚いた。

「またむし歯が増えている...あんなに治したのに...」そこでまた学校と相談し、冬休み前にも健康診断をやるようにした。当時、地元の保育園の園医もしていたので、彼は保育園の園長先生にも健康診断を年2回にしましょうと話した。当然快諾してもらえるものと思っていた彼は第2の衝撃を受けることになる。「そんな歯医者さんの営業のお手伝いはできません！」この言葉に奈落の底に突き落とされたのだった。

「なぜあの園長は理解してくれないんだろう？」答えが見つからず、心の中に悶々とした気持ちを抱えたまま、月日が流れた。3年が過ぎて健康診断結果の分析を行ったところ、中学生の一人平均 DMF 歯数が 10 本近くになっているのに気づいた。早期発見、早期治療はまちがいだっただろうか？悩んでいた頃、日学歯から CO (シーオー) の考え方が提唱されたことを知った。「CO とは、白濁や着色といった初期う蝕の兆候があり、注意深く観察、指導することにより、むし歯に進行させないようにすることが可能な歯」である。そのことを知り、なってしまったむし歯を追っかけて治療する（管理する）より、なる前に予防する（教育する）ことの重要性によりやがて彼は気づいたのである。

2. The second shock

“Ok, so what am I going to do...” was the beginning of his anguishes and battles in his activities for school dental health. Above all he knew he had to do something about the children’s cavities. With this in mind he consulted with the school and created a Children’s Dental Hygiene Day in the summer holidays, pouring all his resources into performing dental work. Despite this he was unable to keep up, and by the time the children’s treatment had reached a certain point, the winter holidays were about to start. At the following spring’s health checkup, he was again astonished. “They have more cavities again...despite all the dental work I did...” He again consulted with the school and decided to do another checkup before the winter holidays. At the time he was also a kindergarten doctor in his hometown, and as such he also suggested to the director of the kindergarten that checkups be conducted twice a year. He thought that he would get permission for this as a matter of course, and this is where he was in for his second shock. “We can’t help with the business of a dentist’s practice in that way!” With these words he was cast into the abyss.

“Why doesn’t that kindergarten director understand?” His days and months passed with a feeling of deep mental despondency at being unable to find an answer to this question. After three years had passed, he realized that each junior high school student had an average of almost 10 DMF (Decayed, Missing or Filled) teeth each after analyzing checkup results. Was there a problem with early detection and early treatment? As he was pondering this question he learned of a perspective being advocated from the Japan Association of School Dentists known as CO (Caries Observation). “CO is an indicator of dental condition such being as opaque or discolored, a sign of early stages of dental caries, which can be prevented from becoming cavities with careful observation and instruction.” After learning of this, rather than trying to keep up with and treat teeth

3. 第3の衝撃

当時は市内の学校数に比較して歯科医数が少なかったため、彼も最も多いときには保育園の園医を含めると保小中高合わせて6校の学校歯科医を委嘱されていた。その一つの高等学校での健康診断の時であった。ある2年生の男子生徒を診たところ、むし歯は多数あるし、歯肉は腫れ、歯石も多量に沈着していた(図2)。彼は検診時には手鏡を用意してブラッシングに癖がある等の生徒にはワンポイント指導をしていた。そこで、その生徒にも手鏡を持って口の中を見るように言った。するとその生徒が「いや、いいです!」と鏡を持つのを拒否するのである。

「えっ!でも、君の口の中はむし歯もあるし歯茎も腫れてるし問題がいっぱいあるんだけど...」「いや、ボクは別に気にならないから良いです!」とその場を立ち去ったのである。彼もこれには訳が分からず呆然とするのみであった。気を取り直して検診を終えたが、それからしばらくの間は「なぜ、あの生徒は自分の口の中を見るのを拒否したのだろう?」という疑問の答えを探して自問自答する日々であった。私も相談を受けたが、答えは分からなかった。



図2

which have already developed cavities (control), he eventually realized the importance of prevention in advance of their developed (education).

3. The third shock

At the time he was assigned as the school dentist for at one time as many as six schools including kindergartens, elementary, junior high and high schools, as there were few school dentists relative to the number of schools in the city. It was during a health checkup in one of those senior high schools. Examining a particular male second year student he found multiple cavities, swollen gums and tartar clinging in great volume to the teeth (Figure 2). During screenings he would prepare a hand mirror and give pointed guidance dealing with particular issues to students such as tips for brushing one's teeth. At this juncture, he also requested the student to take hold of the hand mirror and look inside his mouth. But, this student refused to hold the mirror exclaiming: "No way! I'm fine!" "Huh! But you have many problems in your mouth with cavities and swollen gums..." "I don't care they don't bother me" said the student, and made his escape. He had no plausible explanation for this reaction and found himself simply dumbfounded. He gathered his wits and finished the remaining checkups, but for some time after this he spent his days



Figure 2

seeking solutions to this mystery, searching for answers to the question: "Why on earth would that student refuse to look inside his own mouth?" He also consulted with me, but I too was at a loss for an answer.

4. 健康に対する価値観の重要性

この答えは数ヶ月後に偶然見つけたようだ。それはテレビを見ていた時のことである。旦那さんの怪獣のフィギア収集の趣味に対して奥さんが放った一言だった。「あんなおもちゃのどこが良いんですかねえ？ 私には価値がちっとも分かりません。」「そうか！ 価値観か！ あの子は健康な歯や口が大切だという価値観を持っていないんだ！ だから拒否したのか！」同時に第2の衝撃の答えも同じであることに気づいた。あの保育園の園長も子どもたちの歯や口の健康を園の運営の中でそれほど重要だと思っていない。だから2回目の検診を提案したのが営利目的と誤解されたのだと理解した。

5. 指導の変化

当時の彼は「甘いものを食べるな！ 飲むな！ 歯をみがけ！」という指導をしていたが、子どもたちの反応は良くなかった。その後いろいろと学んだことで、彼がやっていた指導は子どもたちへの押しつけで教育と呼べるものではないことに気づいた。そこで、必要な基本的情報は学校の先生から子どもたちに伝えてもらい、「選んで食べよう！ 気をつけて飲もう！ 工夫して歯みがきしよう！」と子どもたちが自分で課題を解決する形にして子どもたちのむし歯はどんどん減っていった（図3）。学校行事や保健委員会の活動、学年毎の授業指導案も子どもたちの知的好奇心をくすぐる内容にしたり、遊びの要素を取り入れるように工夫して指導の効果が高まるようにした（図4、図5）。

4. The importance of values as they relate to health

It seems that some months later he chanced upon the solution to his conundrum. This happened as he watched television. It was a throwaway remark by a wife about her husband's collection of monster figures: "What is it that you love so much about toys? I do not get what value you see in them." "That's it! Values! That child lacks the value of sensing the importance of dental and oral health! So that's why he refused!" With this he realized that he had also found the solution to dispel his second shock. The director of that kindergarten also did not think that the dental and oral health of the children was particularly important to the running of his school. He realized this is why his proposal to have a second checkup was misinterpreted as being intended to support his own profits.

5. Changes in dental guidance

While at the time he offered guidance such as "Don't eat sweet things! Don't drink sweet things! Brush your teeth!" the children did not respond well to this. With all that he learned after, he realized that scolding the children in the manner in which he had did not dignify the title of education. With this, he took different approaches. First he had the teachers convey the basic necessary information to the children so as to have the children say "I will choose what I eat! I will watch out what I drink! How can I brush my teeth better?" By means of this, he put the challenge in the hands of the children themselves, and subsequently the number of the children's cavities rapidly decreased (Figure 3). By making content which was designed to stimulate children's intellectual curiosity at school events and the activities of the school health committee as well as classroom teaching plans by school year, and incorporating elements of play he endeavored to increase the effectiveness of guidance (Figure 4, Figure 5).

After this, he came to regard the role of a school dentist as

その後、彼は「子どもたちが健康な歯を大切に思う気持ちを育てる」ことが学校歯科医の役割だと考えて、さらに熱心に学校歯科保健の仕事に従事した。彼が学校歯科医をしている小学校が「全日本良い歯の学校表彰」で文部大臣賞を受賞したのは約10年後のことだった。

“nurturing the children’s feeling that dental health is precious,” and engaged with the work of school dental health more actively. It was around 10 years later that the elementary school in which he was a school dentist was awarded the Minister of Education, Science and Culture’s All Japan Award for School with Excellent Teeth.

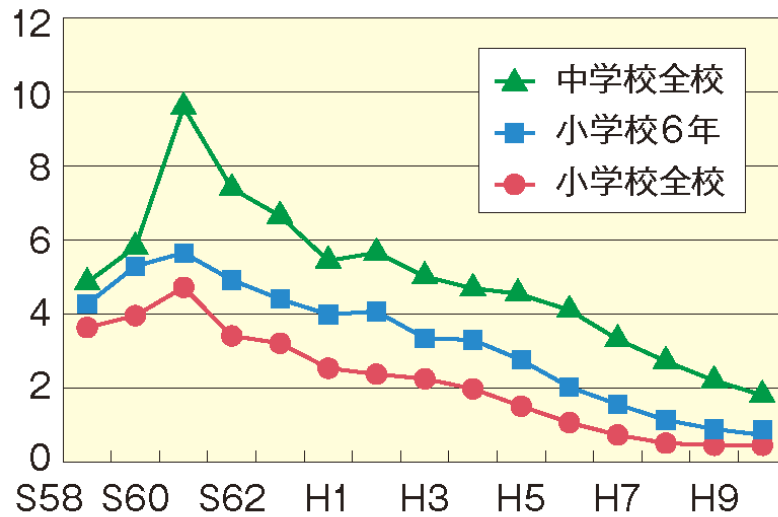


図3 DMF-Tの推移

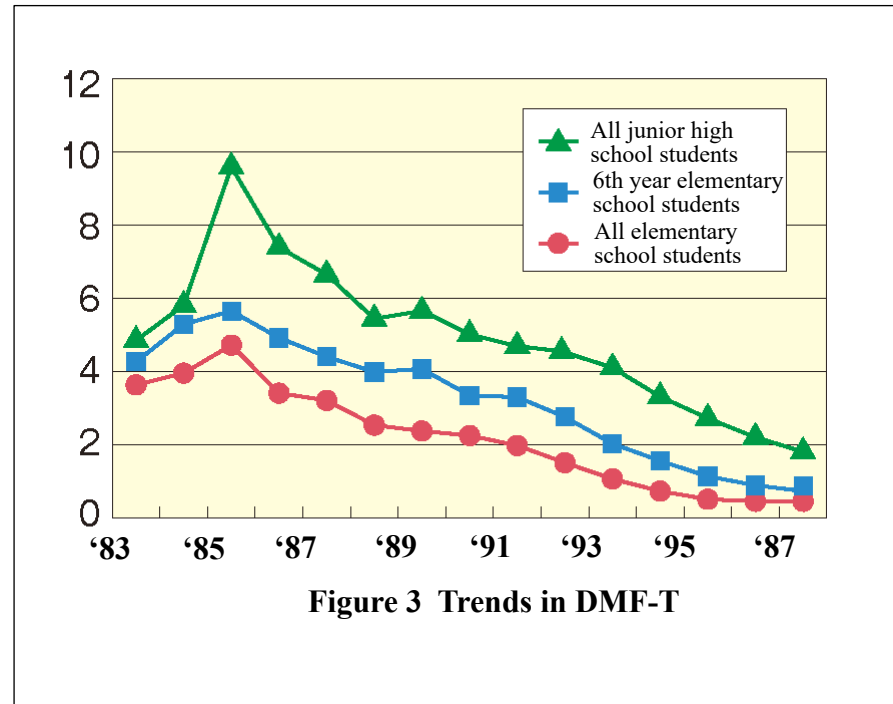


Figure 3 Trends in DMF-T



図 4



Figure 4



図 5



Figure 5

[End]