

## The social role of Otorhinolaryngology in the 21<sup>st</sup> century

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Dr. Alejandro del Río (1867-1939) is recognized as the founder of the specialty of Otorhinolaryngology in Chile. He established the Otorhinolaryngology Service at the *San Vicente de Paul* Hospital (currently the Clinical Hospital of the University of Chile)<sup>1</sup>. His influence, however, surpassed the specialty. Upon graduating from medical school in 1889, he joined the Department of Pathology before traveling to Europe to specialize in public hygiene in Germany. Following his return to Chile, he created the Bacteriology chair<sup>2</sup>, and over the subsequent decades, he collaborated in the creation of fundamental public health institutions for Chile, such as the Institute of Hygiene and the Public Assistance service. Furthermore, Dr. del Río is considered the father of Social Work in Chile<sup>3</sup>. In this regard, the Social Work profession has just celebrated its 100th anniversary (1925), having been founded under his leadership. Thus, the origin of the otolaryngology specialty in Chile is deeply linked to a commitment to the health of most vulnerable populations.

Currently, there is a growing demand for specialist care among Chile's most vulnerable citizens. This need is even more critical in our specialty, where it is well known that a large proportion of diseases affecting the ear, nose, larynx, and head and neck structures are more prevalent in lower socioeconomic levels. This is due to multidimensional factors such as low education or lack of healthcare access. Examples include cholesteatomatous chronic otitis media and laryngeal cancer, conditions that are more frequent in populations with higher poverty indices. However, otorhinolaryngologists with the surgical capacity to manage ear pathologies or head and neck oncology are relatively few compared to the country's needs.

According to a 2013 study by Cardemil et al., the distribution of otolaryngologists

between public and private centers in Chile is unequal<sup>4</sup>, with only 37.5% of specialists working in the public sector. This figure is even more critical when considering the geographical distribution across the country's regions, as the majority work in Santiago. The lack of available specialists in public services and regional areas is a significant factor to consider, for instance, regarding the management of Otorhinolaryngology waiting lists. This is of utmost relevance, given that our specialty consistently has one of the three longest waiting lists in nearly all of Chile's Health Services.

The Ministry of Health has attempted –through various strategies– to address this issue. These include specialist training programs with regional placement mandates, public-private partnerships to reduce waiting lists, and the creation of an Otorhinolaryngology unit within the Digital Hospital, which has helped address waiting lists for patients with hearing loss. Nonetheless, the otorhinolaryngological care needs in our country remain immense; therefore, it is necessary to approach this problem with greater resolve and innovative initiatives that effectively support the most vulnerable populations.

As a final reflection, it is important to highlight the role of national universities in training new otolaryngologists and how to align the requirements of the most vulnerable populations with training curricula. In this sense, the academics and specialists who train residents play a fundamental role, not only through their contribution as educators but also as role models for future specialists. It is essential that new generations of otolaryngologists remember Dr. Alejandro del Río, the founder of our specialty in Chile and the father of public hygiene and social work. It is time to think about the social role of Otorhinolaryngology in the 21st century.

## References

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