

tobacco and alcohol, which are consumed in several of forms. Dentists are in a strong position to motivate their clients on tobacco cessation and alcohol moderation(10). Cancer fatalism often plays a pivotal role in people either not accepting professional advice on avenues for prevention or arriving too late for therapy. Cancer fatalism needs prompt identification and there is a duty of healthcare providers to offer information on how early therapy saves lives. Education of the public, most importantly youth population, may help to bring out change in the common attitude that cancer affliction is a matter of chance. There is now sufficient scientific evidence to conclude that cancer of the mouth and pharynx is largely related to lifestyle. The earlier detection of oral cancer by opportunistic screening should afford patients with greater survival rate and more certainly less radical treatment.(11)The role of mass media, particularly television, newspaper and radio should be stressed as it was found to play a key role in imparting health education and belief changes. Younger generation could be approached through social networking sites.

CONCLUSION:

This study has highlighted that the dental patients still had a general lack of awareness regarding the risk habits, early signs and symptoms and the benefits of detecting this disease at an early stage. Patients should also be made aware of the oral cancer and its complications and the role of habits in the development of oral cancer. The study also revealed several aspects of public uncertainty and ignorance with regard to the causation of oral cancer which need to be emphasised in future public education programmes, particularly using mass media.

REFERENCE:

- 1) Nandakumar A. National Cancer Registry Programme, Indian Council of Medical Research, Consolidated report of the population based cancer registries, New Delhi, India: 1990-96.
- 2) Boring, C. C., Squires, T. S., Tong, T., & Montgomery, S. Cancer statistics, 1994. CA: a cancer journal for clinicians. 1994;44(1):7-26. 3. 4. 5. 6. 7. 8. 9. 10. 11.
- 3) National Cancer Institute. Cancer statistics review, 1973-1990. Washington, D.C.: Government Printing Office. Department of Health and Human Services, PHS, NIH, 1993;DHHS publication no. (NIH)93-2789.
- 4) Barry P, Katz PR. On cancer screening in the elderly. J Am Geriatr Soc. 1989;37:913-4.
- 5) Chestnut I G, Binnie V I. Smoking cessation counselling: a role for the dental profession?. Br Dent J. 1995;179: 411-415.
- 6) Cowan C G, Gregg T A and Kee F. Prevention and detection of oral cancer: the views of primary care dentists in Northern Ireland. Br Dent J. 1995;179:338-342.
- 7) John J H, Yudkin P, Murphy M, Ziebland S, Fowler G H. Smoking cessation interventions for dental practices — attitudes and reported practices of dentists in the Oxford region. Br Dent J. 1997; 183: 359-364.
- 8) Warnakulasuriya, K. A. A. S., Johnson, N. W. Dentists and oral cancer prevention in the UK: opinions, attitudes and practices to screening for mucosal lesions and to counselling patients on tobacco and alcohol use: baseline data from 1991. Oral diseases. 1999;5(1):10-14.
- 9) Powe B D. Perceptions of cancer fatalism among African Americans: the influence of education, income and cancer knowledge. J Natl Black Nurses Assoc. 1994;7:41-48. 10) Suarez L, Roche R A, Nichols D and Simpson D M. Knowledge, behaviour and fears concerning breast and cervical cancer among low income Mexican- American women. Am J Prev Med. 1997;13: 137-142.
- 11) Vokes EE, Weichselbaum RR, Lippman SM, Hong WK. Head and neck cancer. N Engl J Med. 1993;328(3):184-94.