

## Oral health in prison: experiences of a resident dental surgeon

*Saúde bucal no cárcere: vivências de uma residente cirurgiã-dentista*

*Salud bucodental en prisión: experiencias de una residente cirujana dentista*

 Ronize Peruzzi Damião<sup>1</sup>,  Andressa Karine Schons<sup>2</sup>,  Claudelí Mistura Corrêa<sup>3</sup>  
 Antônio Augusto Iponema Costa<sup>4</sup>

Received: 11/04/2025 Accepted: 26/10/2025 Published: 29/12/2025

### Abstract:

**Objective:** to describe the experience of a dental surgeon, linked to a Multiprofessional Residency Program in Family Health, regarding actions on the oral health of incarcerated individuals. **Methods:** experience report, which, in addition to learning about health actions, also offered oral health actions in a state prison in the northwest region of the state of Rio Grande do Sul, Brazil. **Results:** the actions were carried out from March to August 2024, for a total of 120 hours. The dental surgeon worked 20 hours a week in the prison unit and organized the actions based on the demands and/or complaints received through notes from users. The notes were delivered by prison officers to the prison health team. The dental care provided to this population consisted of prophylaxis, scaling, extractions, restorations, referrals for endodontics, radiographs for diagnostic confirmation, and consultations with a maxillofacial specialist. Dental extractions and restorations were the predominant procedures, as many users only accessed the service when they presented with established oral problems and painful symptoms. **Conclusion:** the experience made it possible to understand and reflect on the manner and quality of healthcare provided to incarcerated individuals, especially in oral health, understanding the activities and routine of professionals working in the prison unit.

**Keywords:** Oral health; Prisoners; Prisons; Primary health care.

### Resumo:

**Objetivo:** descrever a experiência de uma cirurgiã-dentista, vinculada a um Programa de Residência Multiprofissional em Saúde da Família, acerca das ações sobre a saúde bucal das Pessoas Privadas de Liberdade. **Método:** relato de experiência, que, além de conhecer as ações de saúde, também ofereceu ações de saúde bucal em um presídio estadual da região noroeste do Estado do Rio Grande do Sul. **Resultados:** as ações foram realizadas no período de março a agosto de 2024, totalizando 120 horas. O profissional cirurgião-dentista atuava 20 horas semanais na unidade prisional e organizava as ações com base nas demandas e/ou queixas recebidas por meio de bilhetes dos usuários. Os bilhetes eram entregues pelos agentes penitenciários à equipe de saúde prisional. O atendimento odontológico voltado a esse público consistia em profilaxias, raspagens, exodontias, restaurações, encaminhamentos para endodontia, radiografias para fechamento de diagnóstico e consultas com especialista bucomaxilofacial. Extrações e restaurações dentárias eram os procedimentos predominantes, visto que muitos usuários acessavam o serviço somente quando apresentavam problemas bucais instalados e sintomatologia dolorosa. **Conclusão:** a vivência possibilitou conhecer e refletir sobre o modo e a qualidade da atenção à saúde das pessoas privadas de liberdade, especialmente em saúde bucal, compreendendo as atividades e a rotina dos profissionais que atuam na unidade prisional.

**Palavras-chave:** Saúde bucal; Prisioneiros; Prisões; Atenção primária à saúde.

### Resumen:

**Objetivo:** describir la experiencia de una cirujana dentista, vinculada a un Programa de Residencia Multiprofesional en Salud Familiar, sobre las acciones relacionadas con la salud bucodental de las personas privadas de libertad. **Método:** informe de experiencia, que, además de conocer las acciones de salud, también ofreció acciones de salud bucodental en una prisión estatal de la región noroeste del estado de Rio Grande do Sul. **Resultados:** las acciones se llevaron a cabo entre marzo y agosto de 2024, con un total de 120 horas. La cirujana dentista trabajaba 20 horas semanales en la unidad penitenciaria y organizaba las acciones en función de las demandas y/o quejas recibidas a través de notas de los usuarios. Las notas eran entregadas por los agentes penitenciarios al equipo de salud de la prisión. La atención odontológica dirigida a este público consistía en profilaxis, raspados, extracciones, restauraciones, derivaciones a endodoncia, radiografías para cerrar el diagnóstico y consultas con especialistas en cirugía oral y maxilofacial. Las extracciones y restauraciones dentales eran los procedimientos predominantes, ya que muchos usuarios accedían al servicio solo cuando presentaban problemas bucales instalados y sintomatología dolorosa. **Conclusión:** la experiencia permitió conocer y reflexionar sobre la forma y la calidad de la atención sanitaria de las personas privadas de libertad, especialmente en materia de salud bucodental, comprendiendo las actividades y la rutina de los profesionales que trabajan en la unidad penitenciaria.

**Palabras-clave:** Salud bucal; Prisioneros; Prisiones; Atención primaria de salud.

**Autor Correspondente:** Ronize Peruzzi Damião – dentistaronedamiao@gmail.com

1. Dental surgeon. Ijuí/RS, Brazil

2. Municipal Health Department. Alecrim/RS, Brazil

3. Universidade Regional do Noroeste do Estado do Rio Grande do Sul. Ijuí/RS, Brazil

4. Universidade Regional Integrada do Alto Uruguai e das Missões. Erechim/RS, Brazil

## INTRODUCTION

**T**he Unified Health System (*Sistema Único de Saúde - SUS*), implemented in Brazil and run by Laws No. 8,080 of September 19, 1990, and No. 8,142 of December 28, 1990, establishes principles and guidelines for the promotion, protection, and recovery of health; and its principles are universality, equity, and comprehensiveness<sup>1</sup>. Universality means that health is understood as a right of all, and it is the State's responsibility to ensure and guarantee access to health services<sup>2</sup>.

Equity aims to reduce inequalities. All people have the right to services; however, needs differ, as people are not the same, with greater investment in vulnerable contexts. Comprehensiveness considers people as a whole, seeking to listen to and meet all their needs through the integration of actions, promoting health, preventing diseases, treating, and rehabilitating. Furthermore, comprehensiveness aims at intersectoral action, between different areas that impact people's health and quality of life<sup>2</sup>

In this sense, Article 2 of Law No. 8.080/90 points out that "health is a fundamental right of human beings, and the State must provide the indispensable conditions for its full exercise"<sup>1</sup>, which generates a challenge for the SUS to be able to serve the least visible and most excluded populations in Brazilian society. Among these are incarcerated individuals, whose number increases annually<sup>3</sup>.

Brazil's incarcerated population is the third largest in the world<sup>4</sup>, and has made progress in visibility and attention to health in the prison context, despite persistent challenges. A significant milestone in this process is the National Policy for Comprehensive Healthcare for Persons Deprived of Liberty in the Penitentiary System (*Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Penitenciário - PNAISP*), which represents a significant advance in guaranteeing human and social rights within prisons, promoting actions aimed at promoting, protecting, and restoring the health of these individuals<sup>5</sup>.

The PNAISP was created based on an evaluation of the application of the National Health Plan in the Penitentiary System (*Plano Nacional de Saúde no Sistema Penitenciário - PNNSP*), which showed that this model was limited and its actions did not encompass all penitentiaries. In this sense, oral health is among the guidelines for the state/municipal action plan for the PNAISP<sup>6</sup>.

The dental surgeon plays a significant role in the health of incarcerated individuals, with their work linked to health promotion, prevention of illnesses and diseases, diagnosis and treatment of oral diseases that may cause other complications, such as systemic diseases.

Consequently, their work is also directed towards interdisciplinary and/or multidisciplinary work within prison health teams.

Thus, this study aims to describe the experience of a dental surgeon, linked to a Multiprofessional Residency Program in Family Health, regarding actions on the oral health of people deprived of liberty.

## METHODS

This is an experience report by a second-year resident dentist in the Multiprofessional Residency Program in Family Health, from March to August 2024, who carried out oral health actions in a state prison in the Northwest region of the State of Rio Grande do Sul (RS), Brazil. The experience report is a qualitative method that aims to describe and reflect on academic and professional experiences, thus enabling the sharing of challenges and practices experienced in the field<sup>7</sup>.

The description of the experience was structured around three main axes: access to and functioning of the service; comprehensiveness of care; and multidisciplinary work; based on the PNAISP and the National Humanization Policy (*Política Nacional de Humanização* - PNH).

The prison in question is located in the 3<sup>rd</sup> Regional Police Station (DPR), which holds 11 prison institutions. The prison unit considered in this study is mixed, with a capacity for 196 inmates and, although composed of men and women, has mostly male inmates<sup>8</sup>.

Its facilities include a Health Unit, which consists of a doctor, a nurse, a nursing technician, a dental surgeon, and an oral health assistant. It also has a hydroponic garden, maintained by the inmates (which provides food for different institutions), and also offers the possibility of working in the kitchen, cleaning, bakery, metalworking, and assembling transport vehicles. The resident's activities included clinical dental care, educational actions in oral health, coordination with the health team, and participation in case discussions.

## RESULTS

The predominant ethnicity of the inmates in the institution considered is white, with approximately 56.8% having children and the majority having incomplete primary education.

The study had a total of 120 hours of work. Initially, the resident met the professionals who were part of the health team and the physical structure of the prison. The prison's Basic Health Unit (UBS) is made of brickwork and is located next to the prison building, inside the courtyard. It consists of a large reception room, three consulting rooms (dental, nursing and medical), a procedure room, a decontamination room, a sterilization room, a pharmacy, a

laundry room, a kitchen and two bathrooms. The cleaning of the UBS was carried out by a female inmate who received a salary and was entitled to a reduction of her sentence for this activity.

The dental surgeon worked 20 hours a week at the primary health care unit and organized actions based on demand and/or complaints received through user notes, called "catatau," which were delivered by prison officers to the prison health team. The nurse assists the inmate from their entry into the prison, learning about their main health problems and complaints, a context in which the dental surgeon also collaborated.

All inmates underwent a nursing consultation for triage, in which the nurse provided support and sought to establish a bond of trust with the inmates, promoting an environment of active listening. In addition, the nurse conducted a complete anamnesis to gather information on health history, chronic conditions, medication use, vaccination history, lifestyle habits, and risk factors. They performed a detailed physical examination, checked vital signs, and screened for communicable diseases such as tuberculosis, HIV, and hepatitis.

The nurse organized the care plan, recording the collected information and, when necessary, referring the inmate to other professionals or specialized services, ensuring comprehensive and equitable care.

Dental care for inmates consisted of prophylaxis, scaling, extractions, and restorations. Inmates were also referred for endodontics, radiographs (periapical, interproximal, or panoramic) for diagnostic confirmation, as well as consultations with a dental surgeon specializing in oral and maxillofacial surgery and traumatology.

Referrals were made by the dental surgeon working at the prison unit and kept by the social worker. When an inmate was called in for emergencies or on a scheduled date, the surgeon contacted the prison officers, who then transported the inmate to the treatment location. The primary health care unit also provided oral hygiene materials when necessary. Tooth extractions and restorations were the predominant procedures, since many users only accessed the service when they presented with established oral problems and painful symptoms, in addition to the fact that most prisoners had poor oral health.

Given these situations, medications such as anti-inflammatories, painkillers, antibiotics, and others were available at the prison's primary health care unit to be prescribed and dispensed to users.

This experience allowed for professional growth through a humanistic and empathetic perspective, building new knowledge and breaking down prejudice regarding prison institutions, as well as a critical reflection on the quality of care currently offered to incarcerated

individuals, demonstrating the importance of professionals understanding all the realities around them.

The insertion of the resident dental surgeon into the prison environment provided an experience that goes beyond the technical limits of dentistry, awakening a broader and more critical perception of their social role. This experience challenged several personal and social stigmas, as it was not limited to clinical procedures but included the development of relational, ethical, and interprofessional skills and competencies, important for an action committed to the principles of the SUS and the PNH.

The interaction with the multidisciplinary team was also a major factor in the training process. Observing and participating in the exchanges between professionals from different areas, especially with the nurse responsible for the initial reception of incarcerated individuals, allowed for a better understanding of the importance of communication and the articulation of knowledge in the construction of comprehensive and effective care.

The joint practice reaffirmed the relevance of teamwork as a tool for addressing vulnerabilities and strengthening health actions, especially in environments so marked by social inequalities and exclusion as the prison system.

The experience sparked important reflections on the limits and potential of dental care in spaces of deprivation of liberty. The scarcity of resources and professionals, the bureaucracy for referrals to external services, and the unmet demand challenge the effective implementation of the principle of comprehensiveness. However, it was also noticed that small actions, when guided by a humanized and sensitive approach, are capable of generating significant impacts on the health and self-esteem of inmates, promoting well-being and restoring, even if partially, their status as subjects of rights.

The experience in the prison unit reaffirmed the importance of including this type of scenario in the field of action in Multiprofessional Residency Programs. The training of professionals for the SUS must encompass the various contexts of vulnerability existing in Brazilian society, including the prison system, so that it is possible to build universal, equitable and comprehensive health care.

## DISCUSSION

The PNAISP is a Brazilian public health policy that aims to promote comprehensive health care for the prison population, based on the principle of health as a human right, and the country's commitment to providing access for all. With attention to comprehensive care, addressing all the health needs of individuals<sup>6</sup>. Thus, the policy promotes health, harm

reduction, disease prevention and treatment, which can be achieved through effective strategies such as health counseling, disease screening, vaccination, among others<sup>5</sup>.

The principles of the PNAISP are important to ensure that incarcerated individuals receive care, promoting health and preventing diseases and/or injuries. Based on its guidelines, it seeks to ensure that this population receives the same quality of access to health care as other Brazilian citizens<sup>6</sup>.

Initially, the first attempt to organize the health of incarcerated individuals was the National Health Plan in the Penitentiary System (*Plano Nacional de Saúde no Sistema Penitenciário - PNSSP*), established by Interministerial Ordinance No. 1,777, of September 9, 2003. It was replaced by the PNAISP, aiming to expand health actions<sup>6</sup>.

Another important policy in the health of incarcerated individuals is the PNH, which was launched in 2003, seeking to put the principles of the SUS into practice in daily life and to change the modes of management and health care, through ethical, political-institutional and social movement. The PNH aims to strengthen communication between users, workers and managers, with a view to building collective processes between power, work and affective relationships, in order to stimulate the autonomy and co-responsibility of health professionals in their work and of users in their self-care<sup>9</sup>.

The PNH plays a fundamental role in the health care of incarcerated individuals, directing towards humanized and comprehensive care. This policy ensures that a group that is often neglected has access to health services that respect their rights and dignity. In the prison environment, the PNH highlights the importance of treating each individual ethically and respectfully, considering not only clinical issues, but also emotional, social and cultural aspects, providing more comprehensive and individualized care<sup>9</sup>.

In addition, the PNH reinforces practices such as welcoming and active listening, ensuring that the demands of inmates are addressed in an attentive and respectful manner. The policy seeks to reduce inequalities in access to health by promoting equity and the integrated action of multidisciplinary teams, which align physical and mental care. Another central point is the promotion of educational actions, which aim to prevent diseases and encourage healthy habits, contributing to the autonomy and well-being of inmates. With this, the PNH aims to transform the prison system into a space that, in addition to custody, promotes social rehabilitation, aligning itself with the principles of human rights and the construction of a more inclusive society<sup>10</sup>.

Despite the progress made through the inclusion of public policies, many challenges remain, such as overcrowding in Brazilian prison cells, which has been a contributing factor to

health problems among the incarcerated population. The environment, with its precarious hygiene and infrastructure conditions, becomes a breeding ground for a lack of and/or reduction in healthcare. Thus, prisons are considered unhealthy environments due to the limited physical space and poor ventilation<sup>11,12</sup>.

Regarding the oral health of incarcerated individuals, care should not focus solely on treatment and rehabilitation, but also on health promotion through educational initiatives on self-care, prevention of illnesses and diseases, and the importance of early diagnosis. Therefore, the role of a multidisciplinary healthcare team within the prison system is crucial<sup>6</sup>.

The inclusion of healthcare professionals in the prison context has been deemed necessary given the epidemiological and social particularities of this population, marked by a high prevalence of diseases and vulnerabilities resulting from incarceration. Working in healthcare within the prison system requires ethical, technical, and interprofessional preparation, but is frequently hampered by a lack of infrastructure and the absence of training that includes prison populations at both the undergraduate and postgraduate levels. In this context, the importance of continuing education and the implementation of curricular changes with strategies that include different populations is reinforced, in order to improve comprehensive healthcare, free from judgment and prejudice<sup>13-15</sup>.

In the international context, studies conducted in the United Kingdom, the United States, and Australia show that the inclusion of professionals and students in prison health services can provide the development of advanced skills in managing vulnerable populations, communication in highly complex environments, and a critical understanding of social determinants of health<sup>16,17</sup>.

Structured experiences, with qualified supervision and prior preparation, result in significant gains in professional training, reinforcing the strategic nature of this field as a teaching-service space and a way to strengthen social justice in health. These findings converge on the understanding that the prison system, when properly articulated with educational institutions and public policies, constitutes a legitimate and powerful environment for qualified training and practice<sup>13,17</sup>.

From this perspective, the work of dental surgeons in vulnerable areas is fundamental for individuals to have the right to comprehensive health care. Interdisciplinary care in the penal system reduces the proportion of individuals needing urgent treatment and preventable complications. Furthermore, it is important in the re-education and resocialization process, due to aesthetic and functional factors such as speech, nutrition, breathing, and pain sensitivity<sup>18</sup>.

Incarcerated individuals have a higher risk of developing caries lesions due to overcrowding and lack of access to oral hygiene materials such as dental floss, toothbrushes, and toothpaste<sup>19</sup>. Therefore, it is necessary for professionals working in prison primary health care units (or other health services aimed at incarcerated individuals) to understand the context in which these users are situated. The dentist working in this area must be familiar with the most common oral health problems in the prison population, in order to design appropriate treatment to improve the oral health of this population<sup>6</sup>.

## CONCLUSION

This experience made it possible to learn about and reflect on the manner and quality of healthcare provided to incarcerated individuals, understanding the activities carried out and the routine of the professionals working in the prison unit. It was possible to perceive the challenges encountered in the conditions of confinement and overcrowding, which favor the spread of epidemics and the contagion of infectious diseases, requiring constant and specialized attention to the health of the prison population.

With regard to oral health, the dentist plays a fundamental role in health promotion and disease prevention actions through dental care. In this way, contributing not only to the treatment of oral diseases, but also to health education actions for inmates on personal oral health care.

The present work has the limitations of describing only one prison institution and the experience of one professional, not intending to generalize. However, its relevance lies in its descriptive and reflective contribution to the reality of prisons and the multidisciplinary work within the context of the Brazilian penitentiary system, particularly regarding the oral health of incarcerated individuals.

Oral health in the prison system is not limited to curative care, but also involves preventive and educational approaches aimed at improving quality of life, reducing suffering, and contributing to resocialization.

Early detection of serious diseases, such as oral cancer, as well as oral manifestations of systemic diseases, is essential to ensure comprehensive and effective care for the health of incarcerated individuals, seeking quality of life and well-being within the penitentiary system. Thus, guidance to inmates on self-care is fundamental, not only to prevent diseases, but also for greater empowerment, autonomy, and responsibility regarding their own health.

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**Associated Publisher:** Estefânia Maria Soares Pereira

**Conflict of Interests:** the authors declared no conflict of interests

**Financing:** none

**Contributions:**

Concept – Corrêa CM, Damião RP, Schons AK

Investigation – Damião RP

Writing – first draft – Corrêa CM, Costa AAI, Damião RP, Schons AK

Writing – revision and editing – Corrêa CM, Damião RP, Schons AK

**How to cite this article (Vancouver)**

Damião RP, Schons AK, Corrêa CM, Costa AAI. Oral health in prison: experiences of a resident dental surgeon. Rev Fam, Ciclos Vida Saúde Contexto Soc. [Internet]. 2025 [cited in *insert day, month and year of access*]; 13:e025030. DOI: <https://doi.org/10.18554/refacs.v13i00.8426>

**How to cite this article (ABNT)**

DAMIÃO, R. P.; SCHONS, A. K.; CORRÊA, C. M.; COSTA, A. A. I. Oral health in prison: experiences of a resident dental surgeon. **Revista Família, Ciclos de Vida e Saúde no Contexto Social**, Uberaba, MG, v. 13, e025030, 2025. DOI: <https://doi.org/10.18554/refacs.v13i00.8426>. Access in: *insert day, month and year of access*.

**How to cite this article (APA)**

Damião, R. P., Schons, A. K., Corrêa, C. M., & Costa, A. A. I. (2025). Oral health in prison: experiences of a resident dental surgeon. *Rev. Fam., Ciclos Vida Saúde Contexto Soc.*, 13, e025030. Retrieved in *insert day, month and year of access* from <https://doi.org/10.18554/refacs.v13i00.8426>



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