The analysis of public policies is based on the study of the behavior of political actors in the public arena. If we examine oral health in Chile, it is striking to see how the specialized literature is mostly reduced to epidemiological studies conducted during the last decade. And in turn, finding studies carried out from a social perspective is quite a challenge. Without detracting from the great contribution of clinical studies, putting oral health on the public agenda demands political actors with social recognition.

Is oral health a national priority from a social perspective? We know that it is a problem, an identified crisis, which is visualized through indicators of morbidity. But if these do not translate into quality public policies and universal coverage, is it possible to recognize it as a national priority?

It is a fact that public policies on oral health cover mainly a minority of the population: infants, pregnant women and the elderly. The reason is logical and accepted, resources are scarce and must be allocated strategically. But, what about the rest of the population? Having a long-term strategy is reasonable, but is it ethical if it means that a significant part of the population is destined to rely on dentures? What are our authorities doing regarding this?

Consequently, in light of the above considerations, it is necessary to ask: What are society, universities, and NGOs doing about it? Considering that oral health has become a liberal, lucrative, collapsed and very expensive market, what is the responsibility of the authorities: not having public policies in place or assuming a passive attitude and failing to protect the rights of people?

REFERENCES.