"Don't Just Treat a Tooth . . . Treat the Whole Patient!"

By Dennis W. Nagel, D.D.S.

Sue Fetzer* came to Dr. Crane's office two days after her 23rd birthday. The right side of her face was swollen.

Even though she had previously felt some sensitivity in her lower right wisdom tooth area, it was only the night before that the pain and swelling had begun to increase. Dr. Crane X-rayed and examined the area. He found a mesio-angular impaction of #32 against #31, with resultant advanced decay on #31 as well as a well-defined periapical radiolucency on the distal root of #31.

Dr. Crane discussed the findings with Sue and recommended a course of antibiotics, followed by endodontic treatment of #31 after a few days, when she would be more comfortable. He also informed her that the wisdom tooth would have to be removed in order to create a stable environment for #31 in the long term. Dr. Crane cautioned Sue that there was some risk of damage to #31 associated with the removal of #31, but in spite of that, the odds for resolving the pain and infection and saving #31 were very good.

Sue was somewhat shocked at how serious thing had become, considering her young age. But she also admitted that her problems had first been diagnosed when she was 18 years old. The family dentist at that time had recommended removing #31 for the health of #31. She left for college soon after, though, and missed going to the dentist for the next five years. It really didn't seem important to her, since in all the years she had been going to the dentist she'd never had a cavity.

Fourth in our series of case studies in professional responsibility. This time, we meet a doctor who faithfully followed his ethical obligations and "did the right thing" for a young patient in pain.

Sue agreed with Dr. Crane's judgment, but said she was getting married in a week and a half and with a full schedule of wedding preparations there wouldn't be time for another dental visit. More importantly to Sue, she was afraid that complications from root canal treatment might interfere with her wedding or the fabulous two-week Hawaiian honeymoon she'd planned. Dr. Crane assured her that complications were unlikely, but that there could be no absolute guarantee. He told Sue that her understood her feelings about the situation, and gave her prescriptions for antibiotics and pain medication. He also suggested endodontics immediately after Sue's return from Hawaii, and he wished her well for her upcoming wedding and honeymoon.

So, Sue got married and enjoyed her honeymoon in Hawaii. When she returned, she called Dr. Crane's office to set up a root canal appointment. Since Dr. Crane didn't do endodontics himself, he referred Sue to an endodontist. On the referral slip he made a request to do endo on #31. The earliest appointment time was for three weeks hence, and Sue made the appointment.

After a week, the endontist's office called Sue and said there was an opening for that day. Sue went in and, after an initial examination and X-rays, the endodontist recommended that the wisdom tooth be removed first, just in case surgical trauma would leave #31 unrestorable, and thus make root canal treatment unnecessary. He explained his reasoning to Sue and initiated a referral to the oral surgeon, Dr. Keely, for an appointment in one week.

Two days later, the pain and swelling reappeared, so Sue called the endodontist and he prescribed another round of the same antibiotic and pain medication.

Five days later she went to her appointment with Dr. Keely, the oral surgeon. She still had not experienced any relief from the pain and swelling, even though she'd been taking the antibiotics on schedule just as prescribed. Dr. Keely switched Sue to a

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different antibiotic and explained that the infection originating on #31 made removal of the adjacent wisdom tooth much more prone to producing post-surgical complications. These might include additional pain, swelling, disability, and delayed healing. Dr. Keely referred Sue back to the endodontist for treatment of #31. He also phoned Dr. Crane to report his referral back to the endodontist, and to ask Dr. Crane if he knew why the root canal treatment had not been done.

Dr. Crane was not aware that the root canal had not been done on #31. He assured Dr. Keely that he had discussed the options and risks with Sue and indeed thought it best to get the root canal done as soon as possible to avoid more pain, swelling, infection and antibiotic exposure. He explained that he had done his best to balance the sensitive issue of the wedding plans and the tooth problem, and was confused about why the endodontist had changed the treatment plan.

Dr. Crane phoned the endodontist to discuss Sue's situation. The endodontist told Dr. Crane that he was very certain that the wisdom tooth needed to come out first, just in case irreparable damage to #31 made root canal therapy unnecessary.

At this point, Dr. Crane was unsure about how to best help Sue. He felt that Sue might lose trust in his recommendations, because even though Sue had taken valuable time off work and seen three different doctors for the needed treatment, nothing had yet been done to solve her problem. He considered another call to the endodontist, but was somewhat reluctant to challenge the specialist's advanced training and experience. Also, he was worried about Sue's ability to handle yet another change in the course of treatment. He did not want dental care and the referral process to seem even more chaotic and untrustworthy to Sue.

Concern for Sue finally motivated Dr. Crane to call her to see how she was doing. He was pleasantly surprised to her that she was doing fine. The endodontist had changed his mind and called her to apologize. He worked her into his schedule immediately and completed endodontic treatment. Dr. Crane asked Sue if she was satisfied with how the endodontist had resolved the situation, and she said she was very satisfied.

Ethical consideration no. 1

The Combined Codes of Ethics of the American Dental Asociation and the Michigan Dental Association states the following:

> Section 1 — Principle: Patient Autonomy ("Self-governance"). The dentist has a duty to respect the patient's rights to self-determination and confidentiality. This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

A central issue here is the basing of treatment decisions on the patient's needs, desires and abilities. Sue brought with her not only a specific set of circumstances regarding her wedding, but also some fears and specific desires about the content and timing of dental treatment. Ethically, a dentist has a professional obligation to respect these desires. Even though the resulting treatment plan is short of "ideal" in the purest dental sense, it becomes ideal in "reality" because it includes the patient's desires and values.

Patients often come to the dentist with desires and fears that do not always lend themselves to the highest level of care we are trained to deliver. The Code of Ethics here specifies that the dentist must indeed listen to the patient and incorporate what he hears into the treatment plan.

Dr. Crane listened to Sue's situation and formed a treatment plan that included her circumstances, wishes and fears.

Ethical consideration no. 2

The Preamble to the Combined Codes of Ethics of the American Dental Association and the Michigan Dental Association states, "The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal."

Further more, Section 3 of the same Combined Codes states:

> Section 3 — Principle: Beneficence ("Do good"). The dentist has a duty to promote the patient's welfare. This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public at large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

What can we learn from Sue's case, and from the ADA/MDA Codes of Ethics?

First, treatment plans must be formulated within the entire context the patient presents. It's not just a tooth we're treating — it's the whole patient.

Secondly, adequate communication cannot always be assumed.

Third, a dentist who at some point sense that a patient could have been treated to a higher ethical standard, should immediately do whatever is necessary to bring the situation to higher ethical ground. In our story, this is what the endodontist did. Such action is a dentist's inherent obligation as a professional, and will undoubtedly enhance the welfare of the patient, which is the ultimate goal.