What's a Dentist to Do?
The "Reel" Deal

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A new patient presented to Dr. W. We'll call him Irv. Irv was a cook by trade. During his typical work day he would taste his dishes hundreds of times, with the resulting acid spikes eight hours per day, five to six days per week. This would obviously create for him lots of dental problems. Throughout his lifetime he had had problem after problem with his mouth. Teeth would be restored, then a couple of years later re-restored. Fill, refill, refill, crown, root canal, recrown, extract — you all know what I'm talking about.

Well, Irv came to Dr. W with, you got it, more dental problems. He presented with only six upper anterior teeth, six lower anterior teeth, and two ill-fitting partials. The upper anteriors were full of decay and already overfilled. The lowers were in pretty good shape except for the cuspids.

Dr. W performed a comprehensive exam, took a full set of radiographs, performed a full periodontal evaluation, and so forth. Periodontally Irv was fine. He needed full coverage crowns on all his upper teeth and his lower cuspids. Implants were discussed, which he declined. Irv and Dr. W discussed new partial dentures after the crown work was completed. Irv accepted the lower partial but wanted all of his upper teeth removed instead of crowning them. Irv had had those upper teeth filled, filled, and refilled. He'd had enough.

As a dental clinician, Dr. W could see that if Irv were to agree to his treatment plan, he could save his upper teeth. He could give him something permanent. He could do better than those other dentists. He could give him something that would work better than a full denture. Dr. W. was trained to save teeth, not to take them out. Irv was making a big mistake. He was wrong. Dr. W was right.

Or was he?

We as dentists must always remember that our patients walk into our offices with a history — a compilation of experiences in and out of the dental chair. These experiences shape them, make them who they are, affect their decisions.

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It is wrong for us to overlay our experiences on them and expect them to make the choices we would make.

We have received the best training imaginable here in Minnesota. We know how to prep a tooth. We know how to take an absolutely accurate impression. We know how to diagnose. That is not enough. We must also understand our patients and why they make the decisions they make. We must understand their psyches as well as their teeth.

The Hippocratic Oath clearly asks us to do what is good for our patients. I submit to you that what is good for our patients cannot be defined outside the context of their everyday lives. Think of our patients' lives as a film reel with its individual frames. We appear in just a few of those frames. Try to see the whole film, not just a few frames.

I am not suggesting we each go out and get a degree in psychology. We are dentists, and it is our obligation to inform patients of their needs and to strive for the best outcome. However, we do have to be sensitive to the big picture. That's not always easy, is it?

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Please e-mail us at kdegrote@mndental.org or fax us at (651) 646-8246. We look forward to hearing from you not only regarding this article, but also if you have any ethical dilemmas you would like to present to the membership. Perhaps we can help you decide what to do.