

## **THE CASE OF DR. JESSICA SANDERS**

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*Dr. Jessica Sanders is a recent dental graduate working as an associate general dentist. She responds to a potential medical emergency in the office's waiting room. The owner of the dental practice expresses his desire to have Dr. Sanders treat the patient anyway. This event involves itself with issues of patient management, sexual harassment, contract development, and employer-employee interactions. Dr. Sanders considers that she did not have sufficient training—or opportunities to ask questions on nuanced topics—in these areas during dental school.*

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### **INTRODUCTION**

In dental school, Jessica Sanders endured hundreds of hours of lecture focused on the scientific properties of dental materials, the progression of dental science through the years, and even practiced drilling cavities in artificial teeth on manikins. Once in the clinic, she was graded solely on her knowledge of dental techniques and materials. In an academic course near graduation, she learned about the tax structures and hiring processes that small dental practices should understand. However, her training did not include ethics associated with treating patients who the doctor considered unfit for treatment, or how to handle the pressures connected with senior management imposing directives counter to her professional assessment or moral judgement.

In the first year after completing her general dentistry degree, Dr. Sanders found employment as an associate in the office of Dr. Timothy Paul. His practice was small and along with five other practices competed to serve a town of approximately 300,000 residents. Fortunately, he had managed to construct a steady flow of loyal patients, which contributed a healthy cash flow for his practice. The dental practice was growing in popularity and Jessica was happy to be part of an organization where she could learn and grow through the diversity of dental health related concerns seen in Dr. Paul's office.

Dr. Sanders entered into a contract with Dr. Paul that guaranteed her a generous hourly salary, regardless of the number of dental procedures she completed. Normal dental contracts involve compensation based on a percentage of production or a percentage of collections for the dental services rendered. Further, an important aspect of her contract was that it limits her liability for mistakes made while representing Dr. Paul's office. This was standard, yet still a bonus since insurance can be quite a sum for a new practitioner.

### **THE PATIENT**

On a Monday morning, Dr. Sanders saw that her schedule was full. She finished three fillings in the morning and at 11 am, she walked to the waiting room to call Mr. Morningstar for his appointment.

Mr. Morningstar was a patient she had seen for previous dental procedures, so this was not her first time meeting him. He was scheduled for two fillings, so there was no need for lengthy introductions. The task was routine. It was a productive day, after all. But before she walked out to the waiting room, she remembered that Mr. Morningstar had been particularly "touchy" with her in the past. Sometimes he asked probing questions about her personal life... thankfully, she always had another person in the room—her dental assistant. But, today the dental assistant called in sick.

"*Everything will be fine,*" she consoled herself, yet still uneasy at the prospect of having to treat a patient with a history of improper behavior.

As Dr. Sanders opened the door to the waiting room with a feigned air of confidence, she saw five patients waiting in chairs, all looking toward a man laying on the floor. He was motionless. Dr. Sanders quickly shuffled to his location on the carpet and knelt down in her scrubs and sneakers to assess the situation.

Thoughts flashed through her mind: "Is this man having a seizure, a stroke, a heart attack? Should I call the ambulance? Perform CPR?"

### **COMPLEXITIES TO THE SITUATION**

Dr. Sanders jostled the patient, as she'd been taught in emergency response courses. "I'm drunnnkkkk," he uttered. She quickly realized that the patient was in fact Mr. Morningstar.

Dr. Sanders was surprised. This was not what she expected and she had not encountered this before.

"Excuse me?" she asked.

Mr. Morningstar repeated, “I’m drunk,” and started chuckling.

Dr. Sanders paused, as if she were frozen.

She broke from her pause and stated, “I’m sorry Mr. Morningstar, but we won’t be able to treat you today.”

He then sat up—on the floor—and said, “Well why not? I’vevvvve got an appointment and if yoose don’t treat me I will sue you and you and you over there!”

Panic-struck, Dr. Sanders reflected on her lack of education on how alcohol could impact dental practices. She knew there were interactions with anesthetics, pain medications, and antibiotics. But was liability involved? She was not sure if it was a good idea to treat an intoxicated patient. She again considered her past appointments with Mr. Morningstar, where he made her uncomfortable with comments about her appearance and by repeatedly touching her on the hands, shoulders, and even kissing her on the cheek. She was not sure what to say in that moment.

“IT IS OUR POLICY NOT TO TREAT DRUNK PATIENTS,” she blurted out.

### **THE CHOICE**

Dr. Sanders quickly consulted with the receptionists at the front desk and asked them to find Mr. Morningstar a safe ride home. He only lived ten blocks away.

“I don’t think it is safe for Mr. Morningstar to walk home alone or drive himself. Would you mind helping him get transportation home?” she asked.

Dr. Sanders then returned to Mr. Morningstar, who was now sitting in a chair in the waiting room.

She explained, “The front desk staff will find you transportation home and they will be able to help reschedule you.” Dr. Sanders then walked back to her clinic space to document the event.

Five minutes later, the dental practice owner—Dr. Timothy Paul—walked in to Dr. Sanders’s operatory.

“Why don’t you have a patient?” he asked. Dr. Sanders had a feeling that Dr. Paul might be upset about the loss of revenue by declining to treat Mr. Morningstar.

She replied, “My patient was intoxicated and I found him on the floor in the waiting room. I didn’t feel comfortable treating him, so I arranged for him to be transported home and rescheduled.”

Dr. Paul shifted his facial expression by raising one corner of his mouth. “I just saw Mr. Morningstar in the waiting room. He seemed fine and I said hello to him. He couldn’t have been that drunk. You should have proceeded with the procedure. What are you going to do for the next 50 minutes?”

Dr. Sanders felt her heart sink. She remembered telling Dr. Paul about how Mr. Morningstar had made many comments about her appearance and had been too comfortable with touching her in the past. She barely felt comfortable being in a room with Mr. Morningstar and an assistant. Today, Dr. Sanders’s assistant was ill and she did not want to be alone in a room with a man she felt might make advances toward her, especially considering his intoxication. Dr. Sanders did not feel comfortable reiterating her past concerns to her boss.

She said, “I just did not think it was a good idea to treat a drunk patient. He was laying on the waiting room floor when I called his name. I’ll write my note, clock out, and head to lunch.”

Dr. Paul shrugged his shoulders, said “OK,” and walked back to his office.

After the conversation ended, Dr. Sanders felt overcome with concern.

She considered that although she was an employee of Dr. Paul’s, she had her own dental license and wanted to make independent, ethical decisions. “But how can I act independently when I’m an associate?” Dr. Sanders thought to herself.

Three weeks later, Dr. Sanders saw that Mr. Morningstar was on her schedule again. When she went out to the waiting room, everything seemed normal and she escorted Mr. Morningstar back to her treatment room.

“How are you, Mr. Morningstar?” asked Dr. Sanders.

He replied, “Dr. Sanders, I am so sorry for what happened last time. I swear I don’t have a drinking problem. I am so so embarrassed.”

Dr. Sanders replied, “I understand. We are all human.” She considered an alcoholism detection tool she had been taught during a class. It was called the

C.A.G.E. questionnaire. C.A.G.E. was a mnemonic device Dr. Sanders could easily ask Mr. Morningstar to determine if he did or did not have a problem with alcohol.

### **THE INQUIRY**

“Have you ever felt the need to **Cut back** on your drinking?” she asked. This was the “C” of the C.A.G.E. questionnaire.

“No, no. I don’t think it’s a problem.” Mr. Morningstar replied.

“Has anyone ever **Annoyed** you regarding your drinking habits?” she inquired. This was the “A.” Only two more to go.

“Oh no! This was one of the first times I’ve had an issue,” he said.

“Have you ever felt **Guilty** about your drinking?” Dr. Sanders asked for question “G.”

“No, not until now. Can we stop discussing this?” Mr. Morningstar replied.

Dr. Sanders now felt uncomfortable and said, “Ok, we will go ahead with the filling.” She skipped the final question, “E,” where she intended to ask if he ever consumed alcohol upon waking up, otherwise known as an **Eye-opener**.

Dr. Sanders saw Mr. Morningstar two more times after that. At each appointment, he would make a statement of apology:

“I’m still so sorry for what happened a couple months ago. I don’t normally act like that.”

Dr. Sanders developed her response: “Let’s move on. The past is in the past.”

At the third appointment after the incident, Mr. Morningstar said: “I don’t want you to think I do this all the time. I went out with the guys. When I got off work it was 9 am and the guys on my shift get together and drink. It’s no different than someone getting off at 6 pm and having a drink with the guys. I just feel bad. I don’t drink during the day like an alcoholic would.”

Mr. Morningstar did not return to the dental clinic for follow-up appointments after that.