

LUCY JORDAN

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Lucy Jordan was a third year predoctoral dental student who had dedicated the last few years of her life to her goal of becoming a dentist. Now in dental school she was excited to finally be entering the clinic to treat real patients. Her patient was so nice and had an extensive treatment plan that would provide Lucy with a lot of great experience. Her patient desperately wanted to save as many teeth as possible. One of the steps in the treatment plan was to try to save a lower left premolar. It would need a root canal, post placement, core build up, and a crown definitive restoration

INTRODUCTION

Lucy Jordan had worked incredibly hard for the last few years to get to this point in her life. She took an unconventional route to dental school, having majored in psychology in college, then discovering her interest in dentistry after graduating. She worked part time jobs for a couple of years while she was deciding whether or not to go back to school to pursue dentistry, but she knew that would be a long and tiring road. She finally decided to go talk to the dean of the dental school about what she needed to do to be accepted. He told her she needed to complete two and a half years of hard science courses full-time and not only pass them but get straight A's in all of them. On top of that, she'd need to spend a hundred hours shadowing in dental offices and then score very well on her entrance exam. Even then there was no guarantee of acceptance. Lucy took this as a challenge and surpassed everyone's expectations by accomplishing all of this. Finally, the letter of acceptance came from the dental school she desperately wanted to attend, and she breathed a sigh of relief knowing that in four years she'd become a dentist.

The first year of dental school was incredibly hard for Lucy, as she was exhausted from the work it took her to get there. The classes become more clinically focused in her second year and she became motivated again and excited to finally be learning about the procedures she'd be performing as a dentist. Finally, third year arrived and she was more than ready to enter the clinic and practice all of the things she had been learning in lecture courses and diligently studying at night.

One of Lucy's very first patients was Shelly Reddington. She was a very friendly 70-year-old woman who had been through a lot in the years leading up to her arrival at the dental school. She proceeded to explain to Lucy that her husband had recently divorced her and she was in the middle of dealing with the court documents and how devastating and stressful that was for her. In the midst of all of the legal mess, she was in a terrible car accident in which a tractor trailer ran a red light and T-boned her on the highway. According to Ms. Shelly, her head took such a hard blow during the crash that it knocked her bridge out of her upper left jaw and severely fractured several teeth. For the next few months, her teeth were the least of her worries as she was engaged in intense physical therapy for the back pain she endured as a result of the accident. Although she eventually initiated a law suit against the driver of the tractor trailer, in the mean time she had no money left to spend on dental work. Consequently, her fractured teeth and missing crowns were left untreated and her oral hygiene suffered due to the depressive state she had understandably fallen into from the trauma she endured.

Ms. Shelly then told Lucy that she was finally expecting a settlement from the insurance company of the tractor trailer driver, and was now getting to focus on her oral health.

"I can't wait to get my smile back to what it used to be when I had all my teeth. It was beautiful. It's so hard for me to smile now. I want to save all the teeth that I can and replace the rest."

Lucy couldn't believe the horrific story that she had just been told. "I can't imagine what you must have been through. I'm so sorry. I'm glad you're OK and here now. I'd love to help you get your smile back," she said to Ms. Shelly. Lucy was genuinely excited about helping this poor woman and increasing her quality of life by restoring her dentition. But also in the back of her mind she was thinking, *this woman needs A LOT of dental work and she can actually pay for it. I'll finally get to do a crown on a real live patient. This will be great experience for me!*

Lucy completed the comprehensive exam and then reappointed Ms. Shelly for her next visit.

THE TREATMENT PLAN

The next appointment with Ms. Shelly was the treatment planning appointment. Lucy had spent hours on this case as it was one of her first treatment plans, and she had come up with a couple of great options for her patient. She decided to do a removable partial denture for the upper arch, and on the lower arch she wanted to replace a couple of individual teeth with single implants. Ms. Shelly desperately

wanted to save her lower left premolar, which had fractured to the gum during the accident. Lucy explained that it would be a challenge but that it could be saved. The tooth would need a root canal first, then it would need a post inside the root that would act to hold the filling material on top of the tooth, and finally it would need a crown on top of that in order to strengthen the tooth and protect it from fracturing again. Ms. Shelly agreed to the treatment plan and was excited to get started.

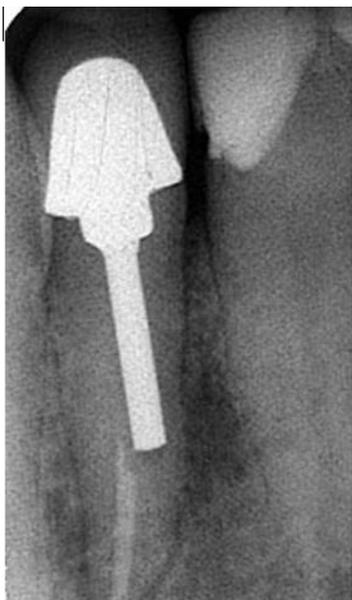
Throughout the next few appointments, Ms. Shelly had her root canal done and Lucy completed all of the fillings on the remaining teeth that she needed done. Ms. Shelly and Lucy had built a great relationship and Ms. Shelly always told Lucy how she was so pleased with the treatment she had performed and that she trusted her very much. It was now time to address the root canaled tooth, and Lucy scheduled Ms. Shelly for the post and core appointment. Lucy was very nervous about the procedure because she had never placed a post before and she had done the root canal so was not familiar with the root configuration. She kept thinking about everything that could go wrong during the procedure, and that motivated her to prepare all night, reviewing the information she had learned from lecture, and making extensive notes to have by her side. She had spent so much time building up rapport with Ms. Shelly, and wanted to impress her as well as maintain the confidence that she had in her quality dental care. Lucy arrived to clinic early to set up and had everything laid out well before Ms. Shelly or the attending dentist Dr. Payne arrived.

THE PROCEDURE

Ms. Shelly arrived for her appointment and again expressed how grateful she was that Lucy could save her tooth. Lucy proceeded to administer anesthesia and while Ms. Shelly was getting numb, she reviewed the X-ray and the notes she had written down the night before. She had measured the root and knew exactly how far down she needed to drill to place the appropriate length post. Dr. Payne that day was overwhelmed with extra students to oversee, as another dentist had called in sick. He instructed Lucy to get started and to come get him if she needed help.

Lucy began preparing the post space with her first drill. The first few millimeters were achieved easily, but after that she began to feel resistance in the tooth and she realized she could not go any further without pushing harder. *I'm not even close to the depth I am supposed to achieve. What am I supposed to do now? This wasn't in my notes anywhere.* Lucy didn't want to make Ms. Shelly think less of her, but her instincts told her that something was not right and she needed to ask for help. She stood up and waited in line for Dr. Payne for what seemed like forever to ask for advice. After explaining the situation, Dr. Payne exasperatedly replied, "Just keep going. I'm too busy right now. I'll be there in a few minutes."

Lucy was disappointed but she realized she also didn't know as much about this procedure as the attending did, so she went back to her patient and tried once more to drill deeper into the tooth. She still felt great resistance and again her instinct told her to stop and ask for help. This time, Dr. Payne did come over with Lucy. He sat down and hurriedly began forcing the drill to length. All of a sudden Lucy noticed his hand slip as if the resistance in the tooth had just suddenly given way. He immediately stopped and suggested that Lucy take a radiograph. Lucy exposed the radiograph.



It appeared as if the drill had perforated the tooth or at least it was very close to doing so. Immediately, Lucy felt her head become hot, her stomach sank, and she became lightheaded.

How could this have happened??? And whose fault was it? Did I do this, or was it Dr. Payne? I've worked so hard to build confidence in this lady. She wanted so badly to save this tooth. I don't want to upset her by telling her what the radiograph showed. It's not bleeding so maybe it's not perforated, it will probably be just fine if we place the post now, and if something happens later we can deal with it then. Would she ever trust me enough to continue with the rest of her treatment plan if I tell her what happened???

As she composed herself, Lucy's thoughts drifted to the Dental Code of Ethics she had just learned in school. (See exhibit, next page)

EXHIBIT

Section 5 PRINCIPLE: VERACITY (“truthfulness”). The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

Section 2 PRINCIPLE: NONMALEFICENCE (“do no harm”). The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

REFERENCES:

http://www.ada.org/~media/ADA/Member%20Center/Files/2016_ADA_Code_of_Ethics.pdf?la=en. Principles of Ethics and Code of Professional Conduct, November 2016.