

What I'm Trying to Say is...

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Dr. Julie Fisher is a young female dentist who graduated from dental school just over a year ago. In order to appease her parents, after graduating she went straight back to her small hometown in rural Georgia and has been practicing at a family health clinic for uninsured, low-income patients. Although she has enjoyed her first job, Julie wants to pursue her own career adventure and practice dentistry in an urban setting, at least for a while. She is ecstatic when she is offered an associateship position at Dr. Allen Payne's family dental office in an up-and-coming part of Atlanta. Due to a saturation of dentists in the area, Julie expected her job search to be much more arduous, and so she feels all the more fortunate to have obtained this job opportunity.

Julie was a very thorough, conscientious dental student and her habits have so far translated very well into in her early dental career: Caring for her patients with empathy and integrity and delivering the highest quality dental treatment are her first priorities. After only a few weeks at her new job, Julie discovers that Dr. Payne's priorities are quite different. She desperately wants this job to work out, but ultimately she is forced to choose between pleasing Dr. Payne and doing what she believes is right for her patient.

THE LAST STRAW

“So, Doc, can't you find those cavities?” Mr. French's blunt question broke several moments of silence and caught Julie off-guard—she had no idea how to address his inquiry. It wasn't that she hadn't ever had a patient pose a question that she couldn't answer—she was more than willing to admit that she'd have to “do some research and get back to you.” Rather, the problem was that she found herself trapped, with no apparent escape: *if I tell him this...well, maybe if I tell him that he will realize...but then I risk...* She had hesitated just a moment too long to convincingly assuage his suspicion with a casual, “Oh, yes sir, everything's just fine!” Her palms got sweaty and her heartbeat was almost audible, so she excused herself and made a beeline for the break room where she soon realized there wasn't going to be an easy way out of this one.

A GIFT HORSE

An eager young dentist, with a whopping one year of real-world dental experience, Julie was elated to have been offered this associateship position working alongside a dentist with more than twenty years of experience in a traditional neighborhood family dental office—and, a newly renovated one at that! The staff was incredibly friendly, attentive, and well trained; they never missed a beat. Sometimes she even thought to herself that it must be too good to be true! Julie was familiar with a host of horror stories from other young dentists about their miserable “corporate dentistry” experiences in which they were so overworked and exhausted, they burnt out and quit within a year.

During Julie’s first week on the job, the main concern that still lingered in her mind was the lack of a contract. Although she had mentioned it to Dr. Payne a couple times since accepting the position, she still hadn’t received anything from the office manager (Dr. Payne’s wife), so lots of details were still up in the air. Who would distribute the new patients between Dr. Payne and herself? How would this individual decide exactly *how* to distribute new patients? How would Julie have procedures to fill up her days until she had a full load of her own patients? Would Julie have the opportunity to become a partner in the practice after a year of working here? All of these questions would be appropriate to address in the drafting and reviewing of a contract, but unfortunately it seemed to annoy Dr. Payne when Julie mentioned a contract, so she didn’t feel comfortable asking again anytime soon. After all, she knew the basics of when and where to go to work and was receiving an acceptable per diem rate, so she wasn’t about to look *this* gift horse in the mouth.

THE OFFICE

After just a couple weeks, Julie felt at home with everyone—well, everyone except for Dr. Payne. In their shared office space, she was his private audience to an ever-flowing fountain of inappropriate and derogatory comments about staff and patients alike. He was friendly with his staff, and they seemed to be paid well, but they admitted that they worked extremely hard for him and assumed duties they knew were not typical for their respective roles. For example, they stayed much later than Dr. Payne after work many days writing progress notes on the patients from the day. They also were responsible for extensive adjustments on fixed restorations and removable prostheses that would normally be accomplished by the doctor. Dr. Payne seemed to take great pleasure in teasing Julie about her work style. He often commented that she was “such an overachiever!” and he would chide her for using more than one type of bur during a crown prep. He even asked Julie one time, “Why do you even care? This is combat dentistry, just use whatever you find lying around and get it done! I use the same bur all day!” Sometimes Julie would politely apologize and ask if he

had any tips or suggestions, or sometimes she would just nod and smile and change the subject. She never really understood what he expected her to do, or how he wanted her to respond, so she just chalked it up to “a unique and dry sense of humor.” After a few weeks of working from Dr. Payne’s treatment plans, however, Julie discovered the dissemblance between Dr. Payne and herself was far greater than just their taste in humor.

Initially Julie became familiar with Dr. Payne’s approach to dentistry via input from the three hygienists. After a patient’s routine cleaning and radiographs were complete, a hygienist would call her in for an exam. Of course many patients, especially those who had never missed a six-month check-up and were generally conscientious about their dental health, didn’t have cavities or other treatment to be done. Julie would deliver the good news followed by a, “see you in six months!” The hygienists, however, intimated to her that it was risky to send a patient away from his cleaning appointment without at least *some* planned treatment for another visit. That is, if she intended to stay on good terms with Dr. Payne, she better find something that needed work. Another pattern that Julie discovered with the hygienists was that when she found (as she often did) broken fillings or defective crowns that needed prompt attention but had only recently been completed, she was strongly advised not to point it out to the patient, nor offer to fix it, until sufficient time had lapsed that the dental insurance would reimburse again for the repair or redo. I was informed that Dr. Payne would be very unpleasant if he discovered we were consuming precious chair time with “non-profit” treatment.

In the very first month working at Dr. Payne’s office, Julie encountered a number of his treatment plans all or parts of which she could neither justify by radiographic nor clinical exam. She would check over and over again, and finally resolve that she must be unaccustomed to the appearance of radiographic cavities on these particular computer monitors. Out of respect for his treatment plan and his patients, she felt obligated to inform Dr. Payne; besides, he could then teach her what she was obviously missing. Reluctantly, she would leave the patient for a moment to find Dr. Payne and explain that she wasn’t able to find the patient’s cavities as listed on the treatment plan and needed help figuring it out. Embarrassing as it was (she should be able to read an x-ray by now, shouldn’t she!?), what choice did she have? Unfortunately, what she soon discovered was, every time she approached Dr. Payne, he would hear her, pause whatever show he was watching on Netflix in his office, brush past her on the way out the door and do all the patient’s treatment as listed, start to finish. There was never a discussion about it, but at least after a couple times she knew exactly what to expect if she told Dr. Payne that she “couldn’t find the cavities.”

THE INCIDENT WITH MR. FRENCH

Mr. French was a longtime patient of Dr. Payne's. He had been at the office a few weeks prior for a routine cleaning and check-up. He was at the office today to get some treatment done that Dr. Payne had discussed with him at this recent exam. Tami, Julie's dental assistant, had written the tooth numbers and type of restorations to be completed. Composite resin restorations (white fillings) were planned for the biting edges of one of his upper front teeth, and all four of the lower front teeth. Even with considerable experience and impeccable technique, building long-lasting restorations that are well retained on the very edges of the smallest teeth in the mouth is nothing less than challenging. Even when patients pointed out minor chips or misshapen contours on the edges of these teeth, most dentists would encourage them to refrain from getting a filling since doing so typically requires removal of good, healthy tooth structure for an unpredictable outcome. Julie was curious what it was about these lower front teeth, which are generally at very low risk for cavities, that necessitated such restorations.

Julie inspected each of the five teeth planned for treatment, one by one. She poked, prodded, and poked some more. She had Tami pull up the patient's radiographs, not because she actually needed to review them or suspected that there might be decay on any of these teeth, but because she was stalling, debating, and she desperately needed any extra moment she could muster. There was nothing wrong with a single one of these virgin teeth; they showed some normal wear, extremely common for a patient of his age, especially among those who grind their teeth during the night. The minor discoloration of the wear facets was both normal and expected in areas where enamel was worn thin, consequently yielding the yellow hue of dentin. Julie couldn't detect even the very beginning of decay with her instruments or the radiographs. She experienced a fleeting moment of relief at the prospect that perhaps this treatment plan could be attributed to the patient's complaint about the unaesthetic appearance of these teeth. Maybe he had demanded that something be done to address the yellowish discoloration of the incisal edges of these teeth.

"Mr. French! I'm assuming you have been bothered by the darker areas on the edges of your front teeth?"

"Oh, no, not at all. Never even noticed anything myself. Dr. Payne told me last time about the cavities and said we need to fix them before they get deep."

"Okay, yeah. That makes sense. Tami, can you click on the next x-ray please?"

"So, Doc, can't you find those cavities?"

Silence.

“I am headed to the restroom and I will be right back, my friends!”

Back in the staff break room Julie paced, and pondered, and debated how she was going to address this dilemma:

Not one of these teeth has anything wrong with it and Mr. French has no other work to be done; if I send him home his visit will have been a complete waste! Not to mention, if I send him home now, it will be so obvious that Dr. Payne is sure to notice. Maybe I'm just not seeing something; who am I, a dentist one year past graduation, to question the treatment plan of a dentist with decades of experience. Maybe there is just one or two that could be done, very conservatively, and then Mr. French will not have come for nothing. No, I can't do that. If I drill on even one of his teeth I would never forgive myself. Upon becoming a dentist I pledged to "do no harm," not to mention the need to maintain an honorable reputation and keep a license. At the end of this day, I am the one responsible for the decisions I make and the treatment I perform.

Nevertheless, this is not my dental practice and not my treatment plan and Dr. Payne has been kind to let me earn a living working in a practice he worked hard to build. Mr. French has even been a longtime patient of Dr. Payne's and he was kind enough to let me treat him today. I at least owe it to Dr. Payne to discuss Mr. French's case before sending him home.

Julie just wanted to leave the building through the back door and never go back. She felt completely hopeless in figuring out what to say to Mr. French and how to say it.