

MONKEY IN THE MIDDLE: WHAT'S BEST FOR THE PATIENT?

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Erik Mills is a third-year dental student with a dilemma. After spending weeks treating his patient under the supervision of Dr. Alberts, he is told to stop the current treatment plan by another supervising attending, Dr. Bell. It is well known that Dr. Bell and Dr. Alberts hate each other. As Erik struggles to maintain composure in front of the patient, he can't help but wonder if he, and his patient, are just two monkeys in the middle of these feuding docs.

ERIK MILLS

Erik Mills, a third-year dental student at a large public university, had entered dental school to help people. He was elated when he achieved his goal of getting into the highly competitive program and his enthusiasm for dentistry had only continued to grow as he learned more about the profession. After two years of coursework, Erik had transitioned into the clinics and had enjoyed his first semester working with and getting to know his patients.

During this first semester, Erik had numerous patients that required extensive periodontal treatment. These cases were extremely complicated since most of the patients had gone without any sort of dental care for many, many years. The Perio department is the first stop in all patients' dental treatment. Making sure the gums and bone are healthy is important as these serve as the foundation for all the teeth. However, it is easy to get stuck in perio for months if your patient does not keep their teeth and gums healthy and this causes frustration for both the patient and student, who are both anxious to get to the more interesting treatments.

MR. SAMUELS

Mr. Samuels came to the dental school for one thing – his broken front tooth. It broke a year ago as the result of an accident at home. Luckily, it wasn't hurting him. However, now he had a girlfriend and wanted to get it fixed to improve his smile. He hadn't been to the dentist in years and that visit was made because a tooth was hurting and had to be taken out. Like many patients, he viewed dental care as a luxury and no one had ever taken the time to show Mr. Samuels how to properly care for his teeth and gums. He came to the dental

school with gum disease, numerous cavities and that broken front tooth which required a crown. School policy stated that Erik couldn't begin to work on repairing his smile until his gums and overall periodontal situation were determined to be stable. When Erik explained the policy, Mr. Samuels was visibly disappointed. However, he couldn't afford to get his tooth fixed in a private practice so he went along.

THE PERIO DEPARTMENT – DR. ALBERT AND DR. BELL

So far, Erik had seen Mr. Samuels for four scaling and root planing (deep cleaning) appointments. During these visits, Erik has stressed how important it was for him to be diligent with his brushing and flossing regimen at home so that they could get him released from the periodontal clinic and begin the other treatment he so desperately wanted and needed.

During these first two visits, Dr. Alberts served as the attending faculty member who supervised Erik's work and signed off on Mr. Samuel's progress. Dr. Alberts was the head of the basic sciences department and was a well-known researcher at the University. Unlike other faculty members who were usually available on the clinic floor during clinic hours, Dr. Alberts was often hidden away in his office and difficult to find. The students were often annoyed that he was so distant from the clinics, but they were also aware of the large amounts of research funding that he received and understood that the clinics were not his top priority.

At the last appointment, Dr. Alberts decided that Mr. Samuel's periodontal health was not improving with scaling and root planning alone. Mr. Samuels just didn't seem to get how important it was to keep his mouth clean even though Erik reminded him every appointment. Every visit began with Erik removing plaque from the same areas of Mr. Samuels' mouth. Dr. Alberts examined the patient and decided to prescribe antibiotics in order to help reduce the bacterial load and improve Mr. Samuels' overall periodontal health. Dr. Alberts explained that this was sometimes done in patients who do not respond to conventional therapy.

THE CONFRONTATION

At the fifth and hopefully final periodontal appointment, Erik had Dr. Ball as his attending. Dr. Ball was a private practice doctor who worked three days a week at the University. As the owner of a very successful practice in the community, he was looked up to by the students. He brought a "real-world" approach that was uncommon in the academic setting of the school. It was well known among the students that Dr. Ball did not like Dr. Alberts. The two professors had very different views of how treatment should be administered and Dr. Alberts research methodology was often at odds with Dr. Ball's real world approach.

Erik sat Mr. Samuels down in the dental chair and began his examination. He was pleased to see that Mr. Samuels gum tissue looked much better than it had at previous appointments. He called Dr. Ball over and began to fill him in on the specifics of the case.

When Erik got to the part about the antibiotics Dr. Ball interrupted him and said, "Why on Earth would you put this patient on antibiotics!?"

Erik got flustered and started to explain, “Dr. Alberts told me...”

Dr. Ball interrupted him and exclaimed, “Dr. Alberts doesn’t know what the hell he is talking about! This is unacceptable. Should we just keep him on antibiotics for the rest of his life!? He needs to come back in three months and show that he can keep his gums healthy without any antibiotics. Neither one of you will be cleared from here until he does.”

With that, Dr. Ball got up and stormed out without even looking into Mr. Samuels’s mouth.

Erik was dumfounded. He looked at his patient – both of them were in shock.

Mr. Samuels asked “So this means I can’t get my teeth fixed for another three months?”

Erik was still stunned but found himself nodding grimly. He knew he could go behind Dr. Ball’s back and get Dr. Alberts to sign off on Mr. Samuels’ case. But, he had another two years to work with Dr. Ball and didn’t want him to have any animosity towards Erik. Also Dr. Bell had a point – if Mr. Samuels couldn’t keep his gums healthy on his own, his periodontal condition would just continue to deteriorate.

He struggled to keep his composure as he considered his options. The patient wanted and needed to get his tooth repaired and Erik knew from his coursework that the course of antibiotics could be clinically helpful. He knew from his previous encounters in the clinic that it was common to get differing opinions from faculty members, but he couldn’t help feel as if Dr. Ball’s feelings towards Dr. Alberts were overriding what were, in the end, the patients best interest. Erik didn’t know how to react and his mind whirled with questions.

What do I do? Dr. Alberts gave me orders and I followed them. Now, Dr. Ball is contradicting them in front of the patient. What must Mr. Samuels think!? Am I going to lose him as a patient? Should I go talk to Dr. Alberts? What will happen to me if I do? Will Dr. Ball punish me if he sees me talking to Dr. Alberts?