

The Divine Mr M

I lost an old friend recently.

He died at 90, after a short illness, surrounded by the family he loved. I first met him in 1976 when he came to my office as a patient. Over the years, I grew to know and love him. A businessman, he could be tough and aggressive, I have heard from others. But when I got to know him he was in the process of retiring and spending more time with family and friends. He was to me a gentle man, one who suffered the vagaries of life stoically.

Surgery to treat a squamous cell carcinoma had removed half of his jaw in 1974, diminishing his ability to chew and altering his speech. He absorbed this in his typical fashion, and I never heard a negative word about his problems, just praise for the physicians and surgeons who extended his life by ridding him of cancer. Radiation had created problems with caries and we fought this battle for the rest of his life, but he never complained, even when he had to make frequent trips to his dentist for repairs.

He taught me an important lesson. When you have relatively healthy patients who are just entering their senior years, do not let them talk you out of definitive therapy with the excuse, "Oh I don't want to spend all that time and money. I'm not going to live that long." I first heard that from this gentleman around 1980. During the early years of my career, I often let statements like this go and deferred definitive therapy by doing patchwork. I have now been in practice long enough to see that in some patients this approach is a mistake. Procrastination can result in serious problems for the patient. When you patch a 70-year-old in good overall health, you are setting that patient up to have problems at age 85. Those amalgams that should have been crowns, those implants delayed and a removable partial placed instead will come

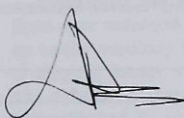
back to haunt you and your patient. In short, by the time the patient comes to understand that advanced care is needed, his health will not allow you to perform the needed therapy.

For my friend the realization came too late. By the time he was 90 he had lost most of his remaining teeth. He had problems chewing to the point that he had to have the Heimlich maneuver performed while dining at a local restaurant.

So he has given my patients a gift, because he made me understand that I should offer a counterpoint when patients want to procrastinate. I use him as an example on timing of therapy. Now when those vigorous 60- and 70-year-olds tell me they're not going to live long enough to justify all that time and expense, I agree that indeed they may not. But I add, "Your health is good now, and the chances are that you will live for a long time. If we patch you now, you have a good chance of needing much more advanced therapy at a time when your health is not optimal." I always tell them about my friend and explain how he suffered in his later years. He was denied one of greatest joys, eating with family and friends, and many times he said that he wished he had done more for his teeth earlier.

My friend lived a long and full life, and I miss him. But he leaves behind an important message; many of our patients need definitive therapy early so they can have quality of life later.

Thanks, Earl.



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