

Dentistry at the end: The hardest decision of all

Most people live their lives and arrive at their last day with all, some, or none of their natural teeth. In any case, the majority arrive there without any particular pain or infection. However, this month's thoughts are not directed at them.

The article by Gitto et al on page 221 discusses current thinking about managing the oral conditions of patients with Alzheimer's disease. As an excellent recapitulation of the literature that follows our recent theme on geriatric issues, it reviews current consensus on "best practices" for those of us who treat older patients. It is an important topic for all of us—doctors, patients, and families—to consider in the face of an aging world population.

However, the article does not address an important opportunity for detailed discussion of the ultimate question we attending dentists are ethically, morally, and personally bound to confront: How shall we best assist patients and their families to determine when enough dental intervention is enough?

The American Dental Association's position on the issue is referenced and repeated: Prophylactic full-mouth extractions for convenience are inappropriate.

I have never completely agreed with the vague wording of this statement. It can be used in a cold, presumptive, evasive, and unhelpful manner. It allows an attending dentist to shrug his or her shoulders, turn from the patient and the affected family, and hide behind what then becomes a hollow mockery of comprehensive, patient-centered care. It does not adequately address the oral health issues confronting patients who become unable or unwilling to provide or obtain adequate daily oral preventive care for themselves.

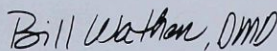
The two major causes of unrelenting oral infection and pain, caries and periodontal disease, are opportunistic and inexorably progressive in the absence of daily effective oral hygiene practices. The entire dental profession, as well as the population at large, must confront this terminal question and all of its permutations: When is enough enough? At what point does the end no longer justify the means?

That question is no less valid for the oral cavity than it is for the gangrenous diabetic foot. While the question of when enough is enough regarding oral disease in Alzheimer's patients is not as dramatic as the issue of continuing life support, it is certainly no less important.

There are practical, rational, and economic realities that we all must confront throughout our lives. If we are to truly and fully serve our respective communities well, we must engage in this debate without avarice, arrogance, presumption, or bias. The time for these discussions with patients and families is early in the doctor-patient relationship, before the onset of a debilitating disease or event. The decisions are intensely personal and private among the patient and his or her family members. It is up to the attending family dentist to facilitate these discussions and to assist the patient and family to come to the best conclusions for their particular circumstances.

As attending doctors, we have a societal mandate to "first do no harm." If we are to prevent more pain and infection than we cause, prophylactic full-mouth extraction must remain an alternative, albeit highly selective, treatment option.

And now, a final note. This is my last editorial, as my time at *Quintessence International* has ended. I have spent the past 34 years writing editorials, and it is time to turn to other interests. In a real way, the press of monthly deadlines will be missed because they have been such close and constant companions for so long. On the other hand, family, friends, and community await an increased level of time and energy. The past life has been a phenomenally wonderful affair. The future one will be even better!



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