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ViewPoint

A class I missed in dental school?

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Immersed in my private practice of dentistry for 25 years, I was fortunate; things seemed to have been rolling along quite smoothly. Until Jesse came into our practice. Jesse was a very serene, soft-spoken, tall, sleek, ravishing young black woman in her early 30s. Her unassertive manner and gracious attitude always made her visits pleasant and delightful. She had perfect dental health with absolutely no sign of any other health concerns. Her only dental concern was that she had slightly narrow central incisors resulting in a diastema between her front two teeth. The small space in her teeth represented the only minor flaw in her goddess-like physical appearance.



**Patrick J. Foy,
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Over the years, I have learned that these small defects that a person dwells on can sear relentlessly on the psyche. It does not matter how insignificant the problem may be; it mercilessly affects his or her perception of self. Jesse's dream was to have that diastema corrected with dental veneers. She was the one driving her own treatment plan. Her radiant beauty was not affected one iota by her teeth, but it was a mental gremlin to her self-esteem.

After long discussions and reviewing all of her options, I finally caved in to her request to veneer her front two teeth. She was correcting the sole blemish that she perceived in her appearance. The case was 110 percent successful, and she broadcast her beauty and her confidence instantaneously.

Even though the appearance of her teeth I never discerned as unsightly, she, on the other hand, was so grateful and happy with our expertise that it made our day. Gratitude is hard to deny.

Months went by. Jesse was scheduled for a routine cleaning visit, and she failed to show up for the appointment. That was out of character for her. There was no answer on her apartment phone, so a message regarding her appointment was dictated on her answering machine. A day later her mother called. Jesse, she told our receptionist, would not be coming back. She had died of complications from a bleeding gastric ulcer.

Young, healthy, seductive enchanters are not supposed to die. They never told me in dental school that my patients were going to die.

I was numb by the news of Jesse's death. My dismay evolved into anger. I was feeling betrayed and ill-prepared for the experience of potentially hundreds of patients dying over the years. The relationships I have enjoyed with people make going to work very gratifying. I feel honored to be part of their lives and feel extremely close to many people. Even though I have experienced many patients dying over the years, Jesse was the unexpected slap in the face that made me appreciate the harsh reality of several deaths.

I was unable to shake the shock of Jesse's death. It haunted me and forced me to recount my previous experiences with patients dying. The pain caused by a loved one dying played out several times in my dental chair. The variety of emotions expressed after a loss has been enlightening. We as humans grieve in our own ways, and there are not rules of grief or established social norms. Listening to my patients vent, mourn, laugh, cry, celebrate, distress, and share their personal feelings has given me an education that very few are privileged to witness.

Unfortunately, early in my career I was not as adept at managing the correct words for a grieving family. When I purchased my practice, I inherited a family from the previous dentist which included three teenagers. Their mother was going through chemotherapy for breast cancer. I had seen their mother only once before she died as a result of her cancer. Stymied by ignorance and inexperience, I fumbled for words of sympathy, but I still remember feeling awkward and incompetent. It forced me on a journey of a lifetime to be a better human in this most painful time of life.

I developed a healthy curiosity around how families differ in their process of letting loved ones pass. I watched my own family and my wife's family react in completely different ways. I began to soul-search my own experience with death. I relived my childhood experiences with the death of grandparents and pets. I recounted how relatives, parents, and siblings processed the experience of grieving. Knowing that each family and each person develops his or her own "culture" in this area helped me to accept my own helpless ignorance.

I cannot pretend to know what each person honestly needs or wants at this hard time in life, but acknowledging their loved one is a great start. Also, expressing your thoughts, memories, and sympathy is always appropriate and welcomed by the grieving. Offer your willingness to listen or offer to help in any way possible. This is the least you can do for people you have shared a relationship with over the years.

Shortly after the shock of Jesse's death had subsided, another of my patients, Jane, came in for a minor dental repair. Jane had lost her 16-year-old son in a motor vehicle accident years before. Her son had been a happy, slightly rebellious, robust, energetic teenager. I remember his great smile and his boyish sense of humor. We had not ever talked about her son, Christian, had not spoken of him for years. It was during the Christmas season, and I realized as a parent that the holidays stimulate many memories of the past. In the spirit of acknowledging Christian's life, I asked Jane, "How old would Christian be today?"

She lifted her chin and smiled. Her eyes focused on my eyes. There was a peaceful glow that emanated from her face. With joy and gratitude in the tone of her voice, she shared, "Christian would be 35. We really had a lot of fun together. I loved him so much." There was absolutely pure exuberance and celebration of the opportunity that she shared her life with her son. I received another gift of her insight in return for my inquiry.

All of us hope that we are remembered after we leave this earth. After the tears vanish, the families on my dad's side immediately start celebrating the life of the deceased. We laugh and tell stories of fond memories that we all enjoyed together. We rehash events of the past that touched our lives in many ways. I remember many funerals where laughter was so prominent that it was hard to imagine sorrow was present.



In this process of soul-searching in the area of death and grieving, I realized that we as dentists experience loss in more ways than just death. Patients and families leave our practices for many reasons, but it still feels like a loss.

When a patient leaves our practice, it is a mini-death. That loss is real, and stimulates an emotional response. Understanding how you personalize that sense of loss and the emotions that may surface as a result of that loss is an experience that is unique to each one of us. Therefore it is important to acknowledge and recognize those feelings for the benefit of your long-term mental health. Many emotions of grieving are possible many times throughout our careers, among them anger, betrayal, loneliness, depression, and rejection. Grieving is an area that should be addressed as part of our education, but the subject has never been addressed in my entire career.

Many dentists complain that we have not had enough business classes or are not trained to run a dental practice. I contend the emotional void may result in a more harmful result.

Dr. Foy is a past president of the Minnesota Dental Association. His comments, reprinted here with permission, originally appeared in May-June issue of Northwest Dentistry, the Journal of the MDA.

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