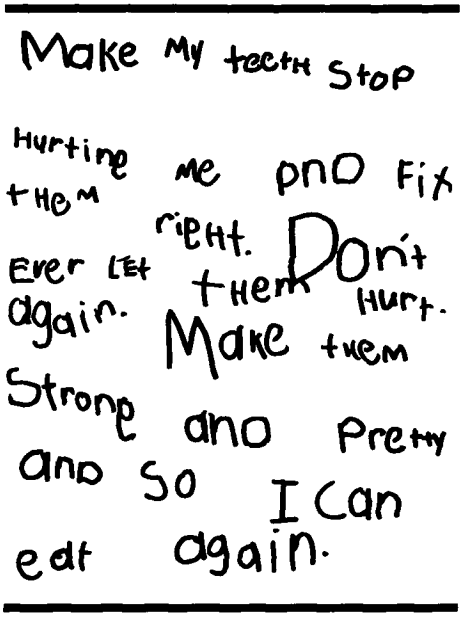
"Toothanasia" or Oral Health Care Advance Directive?

Maybe you've heard of Health Care Advance Directives. They aren't living wills, which guide family and care providers about life support in cases of terminal illness. Health care advance directives are legal instruments to direct these same people when the ability to communicate is temporarily affected, but a patient wants to have a say in the care he or she will receive. A recent publication by the AARP and cosponsored by the American Bar Association and AMA describes how such a legal document would help in a time of need. (As I get older, these things catch my eye!)

Yesterday, having just finished my last general anesthesia case of the day — a 2-year-old who months ago lost his four maxillary incisors to nursing caries and now would greet the world through stainless steel — I wondered what he and the thousands like him would have put in their oral health care advanced directive...(See insert ➤).



I wager that if they could know what they would face in pain, discomfort, fear, hunger, and teasing, all children would have a dental health care advance directive for early intervention rather than let the health care system dictate when it should begin.

Why, then, is early dental intervention such a difficult concept to sell to the establishment? A growing body of literature spanning two decades shows that the caries experienced in toddlerhood shapes the caries experience later in life. Monuments to inappropriate fluoride prescribing abound in the fluorotic lesions of maxillary incisors (and the posterior interproximal caries in primary molars). Record reviews of children with nursing bottle caries will show numerous well baby visits with physicians from birth — in the case of my patient, one for each tooth left in his mouth!

Yet we can't seem to get our specialty, our profession or the medical community interested in early dental intervention. I've heard stories about pediatric dentists refusing to see children under three or even kindergarten age, confirmed by more stories of frustrated physicians who know the benefits of a dentist visit, but can't find one to see their preschoolers.

We all know from denied claims that early intervention isn't a way to hold on to the shrinking dental caries dollar, although I've had more than one colleague — dental and medical — smirk about expanding my scope of practice between womb and tomb. Early dental intervention isn't about us, it's about kids. It is about advocacy, compelling scientific evidence and it is the last frontier of the war on dental caries.

As an organization, we've made infant care an important priority, just as we have Medicaid reform, yet individually, each of us can choose whether or not to accept infants or Medicaid patients into our practice. This apparent clash of individual preference with organizational policy isn't as much a paradox as it is a proof of the need for reform. The paradox I'd be hard-pressed to explain is how a child denied optimal oral health for three years can wake up on her third birthday to find it available.

Early dental intervention is an oral health care advance directive for children under three telling us what they would if they could. Isn't it better than the "pull the plug" approach that we have today?

Paul Casamassimo DMD MS