"All in a Day's Work"—The Challenges of Pediatric Dentistry

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The past several months have been particularly challeng ing in the ongoing saga of my life as a Pediatric Dentist . I felt I should share some of these experiences with the readers of our journal.

For the reader's insight, my pediatric dental practice is located in a small city of 130,000 approximately 100 kilometres (60 miles) north of Toronto. Toronto is a large diversified city the size of Chicago. I am fortunate to have admitting privileges for my pediatric patients in two local hospitals. Here's my saga.

A uniformed police officer arrived complete with flak jacket and "armed" with a subpoena for my compulsory court appearance. I was summoned to testify as an "expert witness" by the crown (district) attorney. I treated 3 children under general anesthesia in hospital due to extensive Early Childhood Caries. All three children were "wards" of the Children's Aid Society. One parent of these children had been charged with criminal assault causing bodily harm, abuse, etc. etc. I was in the witness box for one and a half hours of examination and cross examination by the crown (district) prosecutor and respective lawyers. My testimony was an essential "key" component to the proceedings that enabled the charges to be enforced.

On another occasion, two police officers arrived from our provincial (state) police services. Both were detectives with the "serious crime branch" and the "Cold Case File" unit that you see portrayed on the A & E television network. One of the teenagers that I had treated a number of years ago was allegedly involved in contract murder. This young individual "disappeared" a few years ago. The police felt that he probably was murdered.

The Police Officers were inquiring as to whether I had enough dental documentation to identify this individual should his remains be found. A forensic report has been submitted to them outlining crucial points for identification purposes.

On another day, I was doing a routine recall examination on one of my teenage patients that I had treated for many years. She seemed quite stressed on that day. It only took a simple question, "How are you feeling?" to have her burst into tears. I took her into my consultation room and sat her down quietly. I learned that her boyfriend had threatened to and then had recently committed suicide. Needless to say, this experience was extremely traumatic for her. We had quite a conversation about getting some help and assistance to deal with this horrendous incident in her life. Suicide is one of the most cruel elements that can be inflicted upon those left in its terrible path. I recommended and referred her to a pediatric and adolescent psychiatrist. Her therapy is progressing well.

On yet another occasion, I asked a mother of one of the young children that I had been treating for the past several years, "how are things going?" This mother was pale and appeared stressed. She responded, "terrible" and broke down in tears. Once again, after a brief conversation, she related how she had been assaulted on a number of occasions by her spouse, phone lines illegally monitored, and the Police were now involved. Restraining orders against the spouse proved to be of minimal value.

While I was treating a child under G.A. in one of the local hospitals, a "Code Blue" was issued from the emergency department. The anesthetist who was working with me that day was called away between cases to assist in attempting to save a very premature child born unexpectedly. Unfortunately, in spite of complete access to modern 21st century medicine, the child just did not survive. To personally witness the devastating effects on all present, including the family physician, parents, etc. was an unbelievably moving experience.

Yet, on another day, I was doing a recall examination on a 15 year old female patient that I have treated for the past decade. She appeared to be particularly pale and had recovered from infectious mononucleosis six months previously. She claimed that she was having problems eating, and was vomiting after breakfast and lunch. After an in-depth conversation, she admitted to feeling that she was "overweight and did not like her appearance." This young woman is pleasant, attractive and introverted, but was by no means obese! It became readily apparent to me that she was probably showing signs of bulimia and/or anorexia. I reviewed this condition in depth with her using the analogy of Princess "Lady Diana" (Prince Charles of England's previous wife who was tragically killed in a car accident in France). I asked her permission to contact the family physician and talk with him. The physician was most appreciative of being alerted, and was unaware that this adolescent had problems in this area. The physician made arrangements to see her immediately. She has since been referred to an "eating disorder clinic" to undergo counseling. Remarkable improvements have taken place.

Just last week, while sitting in the barbershop, my pager was activated. It was a general dentist from another city who had been charged by our provincial (state) licensing body with assault because of alleged inappropriate use of a pediatric restraining device (Papoose Board). The dentist involved was extremely stressed, was seeking my professional opinion and wanted me to act as an "expert witness" in this case.

As stated, **"All in a day's work" of a Pediatric Dentist!!**

I have relayed these various incidents to readers to once again emphasize how challenging, dynamic and diversified our specialty of pediatric dentistry has become. As the "experts" in children's dentistry, pediatric dentists are truly the "Pediatricians" of our patients, and **yes, we can truly make a difference in many of our patient's lives that goes far beyond specific dental problems.**

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