



To Open or Not Open to Resume Normal Operation in Dental Offices: A True Dilemma

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Abstract

Never before in our lifetime have we faced such fundamental questions regarding the safety and practicality of providing oral health care than we currently face with the Covid-19 pandemic. Parents, patients, and dental practitioners looking for answers based on sound scientific principles and evidence based support are at a quandary. Every aspect of our lives as we once knew it has changed. Impact of the spread of the virus on daily life occurrences range from a need to deny everyday personal interaction to the demise of personal liberties, productivity, and thriving or failure of business and work for millions of Americans. Decisions and calculations based on what constitutes urgency, necessity vs frivolity prevail. Does a family dependent on a paycheck (s) to keep a roof over their head or feed their family choose between returning or resisting return to an unsafe and potentially dangerous work environment? Is there preparation and relief for all those adversely affected? Are so many so frustrated by the stagnation of isolation that despite all warnings to avoid gatherings of people, the desire to return to normal exceeds the risks of not containing the virus? The question of whether or not dental practices can re-open with respect to a high degree of safety appears in doubt.

During these times, it would seem reasonable to look to our national, state and local government for guidance, direction, and insight to grapple with these times in a logical, consistent, and productive manner. Leadership from the top has never been more in demand yet unquestionably is in danger of having failed its most needy. We look to the wisdom, competency, and judgment of our scientific community who has consistently portrayed our best outlook as benefitting from social distancing, virus testing and tracking while efforts are underway from numerous sources to develop a safe and effective vaccine. Whether or not public compliance with the perceived benefits of social distancing, the benefit of wearing protective coverage and observance of these basic demands appears waning. Constant reminders from media and medical expertise has been in the direction that cases are continuing to present, that peaks in many areas remain elevated, and that a resumption of life as we once knew it has danger of a proliferation and resurgence of the virus. Media reports showing a return to beaches, restaurants, social gathering as witnessed over the recent Memorial Day weekend where a dismal disregard for recommended steps to curtail the spread of the virus has been portrayed.

Abstinance from wearing of masks as promulgated by the POTUS and his proclamation that church services return to usual do little to curb the cessation of viral spread if not resurgence. Repeated warnings have been forecasted by the country's most prominent and respected scientists that a premature return to life greatly endangers an elevation in new cases let alone rises in the death toll.

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Most disconcerting to this health care provider was notice from the Illinois State Dental Society of plans to petition the Governor of the State of Illinois to permit re-opening of dental offices despite the presence of inadequate testing, protective equipment, tracking or vaccine development. It is probably not a far stretch to conclude that financial motivations and self - preservation have overridden safety and played an integral role in this movement. Pressures to encourage and foster the belief that the benefits of economic stimuli surpass the downsides of further isolation of the virus have gone unrecognized. On the other side, a resumption of an availability of dental and health care providers for the purpose of providing urgent care by dedicated and careful professionals is both commendable and noteworthy. In the long run, however, only time will tell which way this dilemma will be resolved, or exacerbated.

Introduction

With but a few exceptions, almost all dental offices have closed their doors since mid-February as recognition of the virulence of Covid-19 became both better known and understood. Some have limited and maintained access to patients and children manifesting emergency and urgent treatment needs. Surgical centers, hospitals, and medical groups have eliminated performance of virtually all elective procedures until now. This approach has received appropriate recognition from respective regulatory agencies such as the AMA, ADA and individual states and their dental societies. On both national and local fronts, efforts to monitor and record the incidence of the disease and its effects on life, the onset of symptoms, and course appear to have ranged from precise to less than accurate assessment. Misinformation, mixed reactions and misinterpretations from political entities and national leadership have served only to confuse the public sector. Ever hopeful but totally unrealistic prognostications that the virus will soon wear out and few would be affected have been replaced by the realization that we are no closer to solving the mystery of this entity. Unsubstantiated claims of the success and potential of various medications, disinfectants, bleaches, antimalarial drugs, and the promise of a fast track vaccine have not fared well for the entrenchment and confidence in the current political leadership. To the contrary, emphasis to the need to re-open society pre-emptively has only resulted in relative confusion as to what constitutes appropriate action and prudent efforts to defray the spread of the virus. What has become clear is that some areas of the country have by virtue of population size and proximity shown significantly greater exposure and spread manifesting immense numbers of individuals affected. Debilitated populations, particularly confined and those with concomitant medical predispositions (heart disease, diabetes, etc.) have been further victimized. Inadequacies of personal protective equipment persist. Claims of the availability and access for testing accompanied by nominal cost does not appear to have materialized. Hospitals are not in agreement with respect to who should be tested. For many, while testing of patients being admitted appears readily accepted, testing of doctors, surgeons, and support personal is not universal in the absence of overt symptoms. Not knowing who has been infected during its incubation period prior to the onset of symptoms at the very least lends a significant degree of skepticism to the safety of allowing medical and dental offices to return to abbreviated or full service. Even with broad guidelines for testing, misconceptions regarding accuracy and interpretation of findings exists.

No mechanisms, locally or nationally have been established in which to track the virus further contributes to the confusion of when a return to office care can and should be considered. The apparent motive was to maintain a resemblance of preventive care to the state's population in effort to minimize outbreaks of major and extreme oral health care decline and treatment need.

Many appeared to welcome the shift to open their doors and return to provide care. Others expressed reticence in view of a persistent inadequacy of protective equipment and an ability to guarantee freedom from spread. In the absence of definitive leadership to continue a course where case numbers decline with reduced hospitalizations and mortality, reason appears to exist to be highly cautious of a premature return to normality in lifestyle. Nevertheless, we seem destined to respond to the frustrations of huge elements of the population greatly affected by job loss, and inability to meet basic individual and family financial needs despite the threat of what looms ahead with a possible if not probable disease resurgence. The premature return to social gathering and interaction, be it at all levels of activity, industry, and personal contact, the lack of wearing protective masks, head and neck coverage, hand washing and

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body coverage, as observed on television at restaurants, beaches, etc. from cities and states electing to relax safety practices for anything but scientifically sound bases remains frightening. Parents and patients need become vigilant and highly discriminating as they face the decision of when a return to dental office care is no longer a risk.

On a positive side, the dental profession has always been a leader in sustaining the safety of its practices. Strict adherence toward maintaining social distancing in scheduling, exhaustive use of sterilization, meticulous cleanliness of all instrumentation, proper gowning and coverage to minimize airborne-aerosols and contact contamination can be successful in seeing a continual decline in cases. Exhaustive entrance screening and questionnaires to rule out potential exposure of the virus is minimally necessary. Temperatures can easily be assessed; inquiry to rule out the occurrence of fevers, shortness of breath, dry or productive cough, runny nose, sore throat, sneezing, watery eyes or sinus pain or pressure unrelated to seasonal allergy, headaches, fatigue or weakness, and loss of sense of smell and taste should become standard. Added to the questionnaire should inquire if airplane, train, or bus travel within or outside of the U.S. has occurred within the last 14 days. In light of the possibility of non-compliance, inquiry of the attendance history of gatherings of family or strangers within or following incubation period need be explored.

On a downside, dentists re-opening their scheduling of patients can expect to see overhead increases by virtue of added costs for PPE, cleaning supplies, and sterilization procedures. Leaving blocks of open time between patients, while satisfying social distancing parameters, will result in lowered productivity. Masks, be they N95 or better should be accompanied by facial screens and/or head and neck barrier coverage to prevent exposure seems prudent. Social distancing facilitated by allowing timely gaps between appointments to preclude overlapping of waiting room contacts is a help; that approach seems reasonable but breakdown can readily occur when patients present late and/or earlier than appointed for their visits. Strict policies need be explained that prevent such occurrences.

After all is said and done, if all measures are called into service, the return to business as usual may ultimately become reality and safe. What is certain is that the virus in the absence of a proven, available, and affordable vaccine will spare no prisoners.

While some remain somewhat immune to the severity of the viruses' most catastrophic effects, others amongst us will not be so fortunate. Visitors of dental and medical providers need be vigilant and respectful of the devastating ill-effects of this contagion and exercise sound judgment until societies witness its disappearance.

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