

Failure to diagnose: Can it happen to you?

Last month I said the topic for this editorial would be the US Surgeon General's recent report on the oral health status of Americans. That was before I thought about the implications of this month's article by Giglio and Laskin (page 635). Their article about diagnosing neck masses raises a very important issue for dentists.

Too many dentists (including those in my own practice) with whom I have spoken over the years report that patients often ask "What was that for?" at the end of routine soft tissue examinations. This event alternately amuses, irritates, concerns, and puzzles us, because every dental school I am aware of teaches head and neck soft tissue examinations as an integral part of the initial and recall patient assessment protocol. Such examinations are the basic part of the very first clinical interaction with patients and are required in order to evaluate chief complaints and contributing factors to oral conditions.

The head and neck are among the most accessible areas of the human body. Why, then, do such large numbers of patients not seem to know what our soft tissue examination is all about? Do they simply not remember having had such an examination performed? Or are there actually large numbers of dentists who do not perform soft tissue examinations at initial and recall appointments?

The answer is critical to our patients and to the profession. As Giglio and Laskin point out, the incident of head and neck masses increases as people age. Since the average age of the world population is increasing, the number of masses around the world is increasing. Giglio and Laskin report that 80% of nonthyroidal masses are neoplastic and that 80% of those lesions are malignant neoplasms.

Our patients should know the importance of soft tissue health, and we should speak forthrightly with them about cancer.

If duty to patients is not enough to convince us to perform routine comprehensive evaluations of our patients, imagine a courtroom where you are the defendant dentist. The plaintiff is a 72-year-old man whose wife recently died of metastatic cancer from a squamous cell

carcinoma at the left posterior tongue base. She had been among your most faithful recall patients. The complaint against you alleges failure to diagnose, negligence, and incompetence.

The plaintiff's attorney asks a series of simple questions:

- "Doctor, when did you last examine Mrs. Smith's tongue? ...
- "Doctor, when did you last palpate her tongue? ...
- "Doctor, when did you last palpate her neck? ...
- "Doctor, when did you last palpate the lymph nodes of her head and neck? ...
- "Doctor, would you tell the jury how her primary lesion might have progressed to a fatal condition while she was under your active and regular care for the past 26 years? ...
- "Doctor, your records indicate you have seen Mrs. Smith 58 times over those years, yet you never noticed the cancer eating her life away. Why is that?"

Overdramatic? Overstated? Couldn't happen to you?

In the United States alone, over 30,000 new oral cancers are diagnosed annually, and over half that many people die from oral cancer. Cancer occurrence within your practice not only *can* happen to you—it *will* happen to you, multiple times, during your practice lifetime.

Read the Giglio and Laskin article carefully. If you are not taking the time to complete a full soft tissue examination on all of your patients on a regular basis, start to do it now. Our patients deserve it, and we will feel much better about the quality of oral health care we deliver to our communities.

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