

## How Will COVID-19 Change Dentistry?

As I sit at my computer on the afternoon of April 6, 2020, I feel obliged to have the television on in the background and the shades up so that I can remain aware of what's happening in the world and in my neighborhood. It's quite a different picture this year in comparison to last. One thing is that on this weekday, my wife is home working on her computer to try to do her work from a remote location. My two dogs are showing me why they are okay whether they are out of their kennels or not. The reason for this is that they sleep most of the day. Our male, Buster, shows me how well he tells time. (Buster is a genius, for a dog.) I guess the real truth is that he understands this task better than I do because at 3:00 p.m., he jumps up from a deep nap, runs over to me, and looks me in the eye, demonstrating unconditional love, while asking me to let him outside. But for an opposable thumb, our roles might be reversed.

Well, that about does it as far as lightheartedness is concerned.

The reason that I'm home is that dentistry has been temporarily limited to emergency care only. My greatest wish at this point is that when you read this editorial, in a few months, what I am talking about today will sound like poor prognostication on my part and nothing more.

Sadly, it seems unlikely that this will happen. There are some reasons for this, with the most important one being that people will go back to work and the coronavirus will continue to be in existence. It will continue to be a health concern until a vaccine is developed, and that anticipated vaccine is unlikely to appear in this calendar year.

This means that we will still need to be dedicated to the treatment of all the patients who appear on the survival curve that we see each day on the nightly news. As a global community, we must continue to maintain social distancing until at least June of this year, but even after that date, we need to understand that the virus continues to be a health risk for society.

Although the projections for the numbers of infected patients demonstrate improvements, the scientists tell us that the COVID-19 virus will likely emerge again

in the third or fourth quarter of this year. In addition, there are many variations of coronaviruses that are likely to appear in the future.

One thing that needs to be reassessed is the level of personal protective equipment that is used when treating patients who have not been tested for coronavirus. Indeed, treating every patient as if they were positive for any infection continues to be a prudent treatment approach. In this regard, should more stringent barrier techniques be implemented when patients return from this treatment hiatus, or has our current approach been effective toward avoidance of cross-contamination?

Are our patients and office staff safe when the surgical team uses different types of personal protective equipment? Does this mean that if we used the wrong type of personal protective equipment, this could involve a risk to the health of the person wearing the equipment, someone in the office, or the patient?

Would our patients be better treated if the offices more closely resembled hospital facilities?

Dentistry has a good reputation for safe delivery of health care to its patients. Having said this and having practiced for 25 years in an institution that has worldwide recognition, I would have to say that the dental model of an independent practitioner working in a free-standing facility may be at a higher risk of errors simply because there are fewer checks and balances, but most of the time, it has been my impression that patients are well served in the outpatient dental setting.

The latest pandemic has made us question the way that things have been done. It gives us time to reflect upon what we do for our patients. There is no way to create a silver lining from this dark cloud that hangs above health care during this time. It is my fervent wish that this be the only time that I will ever have to write an editorial like this.

Be safe.

A handwritten signature in black ink that reads "Steven E. Eckert DDS MS".

Steven E. Eckert, DDS, MS  
Editor-in-Chief