

It happened again today. I heard it almost without hearing it as I was on the way from one of our treatment rooms to my private office. I needed to make yet another call to the physician who was requesting intravenous or intramuscular prophylactic antibiotics for a long-time maintenance patient of ours with recent heart replacement valve problems. We had already talked to the physician's nurse twice about the patient who needed antibiotic prophylaxis. In researching the availability and dosage levels of the Gentamycin and Ampicillin requested, we found that intramuscular delivery would require 8 to 10 mL of fluid divided among four syringes and four injections. The IV route seemed equally problematic. It would require two separate bags of IV fluid since the drugs had to be diluted and administered separately over approximately 45 minutes. Treatment would then need to be started within 30 to 60 minutes for this patient who lived 45 minutes away.

As I passed near the front desk on the way to my office, the applause that I heard was not loud, it was just the sound of the conversation between our appointment secretary and the suture patient we had just seen. The suture patient was telling the secretary how nice everyone had been to her. Her treatment had gone much better than she had expected and she had not had any pain!

As I dialed the cardiologist's number and was put on hold, my mind wandered a bit. It had been 1971 when I had entered dental school at the University of Kentucky, not knowing quite what to expect. I had chosen dentistry (as I later learned many of us had) because of an enjoyment of biology and science, a lack of desire to attend medical school, a wish to be my "own boss," and the satisfaction that I perceived would come from working with my hands and helping people. I was a first in my family, guided only by my family dentist's recommendations, some reading, and dental school interviews. Perhaps because of this my mind was exceptionally open, but a statement that was made several times in various forms by the faculty during those first few weeks has been with me ever since. We were told that the triad of dentistry was to be biologically oriented, technically competent, and socially sensitive. To put it more simply, we needed to learn the art and science of dentistry. I was soon into the continual learning process that is dentistry. First dental school, then specialty training, two years in the Navy, and, in no time it seems, 20 years of private practice. It has been a joyful ride. The scientific aspect of dentistry has always been composed of anatomy, microbiology, pathology, immunology, physiology, histology, chemistry, physics, pharmacology, and statistics. The art evolves. It is made up of patient history and evaluation, treatment planning, the manual skills that lead to cleaner flaps, adroit instrumentation, careful injections, and pain control. It is the assurance that comes with experience.

The cardiologist was on the line. Yes, he realized that most dental offices did not keep the requested drugs and supplies, and in fact he had stopped administering the antibiotics in his office because it was disruptive and an administrative headache. However, he still felt that it was necessary for this patient. We discussed the recent research associating periodontal disease and atherosclerosis.

I made another call to the director of a GPR program at a hospital near our patient's residence and waited a few minutes to be connected. If dentists are artists, I have often wondered what type of artist we are: performing or visual. I have kidded patients over the years with this observation and told them that if I am a visual artist like a painter or sculptor, I should sign my best work. Fortunately, no one has taken me up on this, though we have laughed over the prospect of a patient becoming a "limited edition." (With the recent interest in body piercing and tattooing, I may yet get a request for a "signing"!) I have come to realize, though, that we are often more like the performing artist (a musician or an actor)

who is rewarded with applause, and occasionally with a request for an encore after an exceptional performance.

It was the applause that I had heard as I had passed the front desk. The director of the GPR program came on the line and after a quick explanation said that he would be delighted to help our patient in his program. They had the supplies and in fact had done this for a number of patients over the years. I thanked him and made a final call to the patient to explain the situation. The hospital was 15 minutes from his home. He apologized for being "so complicated" and thanked me profusely for our help (no one had explained why he needed such precautions "just to have his teeth cleaned"). Was that applause again?

My assistant indicated that our next patient was ready and I headed back to the treatment rooms. As I passed the front desk the applause was fading, but our suture patient was making an appointment to have her mother come in for an examination. An encore? The science is stimulating, but isn't it the applause that keeps us coming back?

Keith J. Lemmerman, DMD
Cincinnati, Ohio