

Freedom

Salus publica suprema lex (the health of the population is the supreme law) is a centuries-old tenet of ancient Rome that has been an indisputable principle for innumerable governments since that time. *Concursus omnium maxima sanitatis requisit* (maximizing health requires the cooperation of all) is a common-sense extension of the principle espoused above.

The COVID-19 pandemic continues to wreak havoc, forcing governments to take exceptional measures in attempts to protect their citizens and mankind as a population. However, it is important to realize that governments cannot legislate behavior or control thought processes. Governments are at the mercy of their populace, depending upon the people's actions to successfully contain the pandemic. Unfortunately, in this time of political and social divisions, these realities are too often ignored or deformed beyond recognition to suit individual needs and desires. Such an outlook is dangerous and inexcusable.

During lockdowns, we are forced to remain at home, bombarded constantly by news of the disease and its impact. Many people begin to exist in an atmosphere of fear and death. This need not be the case. In the midst of this crisis,

we have been given the gift of time. We must use this time to clear our minds and focus upon what is important, what is truly essential. We must all start to think of the world, and our place in it, differently than B.P. (before pandemic), helping each other through emotional and material difficulties.

The same is true of our practices. Our patients are afraid to come to our offices on both emotional and physical levels. Economic uncertainties exacerbate the problem. Delays in active and maintenance care since lockdowns began a year ago have led to worsening of existing oral health problems and the development of new oral health concerns. Our ability to provide appropriate periodontal supportive care has been severely compromised, with the expected negative outcomes. In our practices, we have noticed the following: (1) Patients more susceptible to periodontal disease (those with diabetes mellitus and/or compromised immune systems, etc) are demonstrating a higher incidence of acute inflammatory episodes and greater amounts of bone loss; (2) periodontal breakdown has accelerated, and is most evident involving multirouted teeth; (3) smokers are experiencing dramatically in-

creased incidence and severity of peri-implantitis (PI; in some practices, approximately 90% of patients with PI are smokers); (4) more rapid progression of carious lesions as compared to receiving supportive care regularly; (5) a dramatically increased incidence of tooth fracture and implant loss as patient stress levels, and thus the presence and severity of parafunction, skyrocket; and (6) exacerbation of sleep disorders, with the attendant oral and systemic ramifications.

The role oral health plays in a patient's overall well-being, and the effect of active oral diseases on planned therapies such as cardiac surgeries, chemotherapy, or treatments to address other systemic health concerns, has never been greater. The danger to existing joint prostheses due to untreated oral diseases continues to grow as periodontal diseases progress unchecked.

What can we do? We realize that the world has been irreversibly altered, we face the challenges of practicing in this new environment, and we try to understand the concerns and fears of our patients, our teams, our colleagues, and ourselves. Most importantly, we recognize that this catastrophe affords us a unique opportunity to build

stronger, more trusting bonds with our patients and our dental community.

We must go well beyond governmental requirements with regard to people's safety. In our offices, this suggests instituting rigid protocols and installing technologies that circulate and purify the air in the operatories and common areas every 15 minutes, and applying surface coatings throughout the office that kill bacteria and viruses on contact for a minimum of 6 months.

We must allay patient fears through consistent, uplifting communications and reassurances, both digital and in person, underscoring what is being done to keep them safe.

We must adopt and creatively utilize virtual appointments to limit the number of office visits, and thus

limit patient fears, for consultations and continuing care.

We must transform our delivery of care, providing as much comprehensive care as possible in a given appointment, again positively addressing patient concerns. This means that we must understand the conceptual foundations of overall health and the inextricable link between oral and systemic well-being, adopt a comprehensive care approach, and truly believe in its value.

Patients will welcome this human-centric approach, where they are not a statistic, but rather a unique being. In times of crisis, people reassess their value systems, focusing first upon the well-being of their families, and then their own health. We must do the same.

Treating patients in such a manner—where we know that we have

performed therapies in their best interest and to the best of our abilities, driven by patient trust and needs rather than financial advantage—is our *raison d'être*.

The perfect human society does not, and will never, exist. However, after this terrible experience, we have the opportunity—in fact, the obligation—to contribute to an improved society by building a better, more caring practice.

This is true freedom.

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