



## *Thursday Memo – March 27, 2014*

This week Wendy McCallum, UMMS IV, (recently accepted to Tufts Internal Medicine Residency) is the author of a reflection that she wrote during her oral health elective with me this past month. As part of the elective she spent some time with a geriatric dental hygienist in a long term care facility (LTCF). In a country where 70% of our elderly do not have dental insurance and 2/3 do not see the dentist, there is bound to be dental problems. Add to this a patient with special needs and placement in a LTCF where 50% are known to have active decay and a student will see a lot of disease. Lucky for Wendy she worked with someone who goes out of her way to overcome these barriers. A valuable lesson for her and for us.

You can respond to Wendy at [wendy.mccallum@umassmed.edu](mailto:wendy.mccallum@umassmed.edu) or to the list serve in general. Enjoy!

### Witnessing neglect

Before coming across Mr. K in a long-term care facility in New Hampshire, I had only seen one other patient with end-stage ALS. Mr. K was ventilator dependent, able to only blink for "yes" or raise his eyebrows for "no." His room was full of the latest technology to assist him - a computer for communication with his caretakers, a ventilator with all its accessories, various tubing for feeding and for suction, and a special bed and mattresses to prevent bedsores. It was clear that he was well cared for, and adored by many as his walls were covered with photographs of family; there were cards, flowers, and even a special plaque from his days as a black belt in Tae Kwon Do.

Yet as the dental hygienist began to look into his mouth, his teeth were at a stage of neglect that was a stark contrast to the rest of him. As a man in his forties, he still had all 32 teeth, posing a challenge for the hygienist as he could no longer open his jaw wide enough for her to reach to the back. As opposed all the equipment used to address his medical needs, the hygienist was simply armed with a toothbrush, some gauze, mouthwash, and her scaler and mirror. Clearly,

Mr. K had been well-tied into the medical system and most certainly had been having frequent visits to his PCP, neurologist, and numerous others for years due to his ALS.

But, his mouth seemingly did not receive any similar attention. Likely, even if he tried, the average dental practice may have been hesitant to accept him even at earlier stages of his disease, the hygienist suggested. Since for years his mouth was likely an afterthought in the midst of all his other needs, it was now overflowing with plaque and bacteria, adding to his already extremely high risk of aspiration pneumonia on his machine-dependent lungs. At this stage, there was little the hygienist could do other than continue her routine cleanings on what teeth she could reach and encourage his caretakers to brush his teeth.

While many others had likely already given up on his teeth (she even got her fingers stuck in his mouth at one point!), I couldn't help but feel an upwelling of emotion when witnessing her perseverance in cleaning all that she could reach. Advocating for her patients by urging caretakers to brush for those who cannot, removing plaque in efforts to decrease the risk of aspiration pneumonia, and most importantly, preserving dignity; it is such a shame that public health hygienists like this one do not receive the recognition and respect that they deserve.