COVID 19 Ethics, Faith and Finance

Maybe it’s time to take our ethical temperature! It started with a joke weeks ago, “Man with Coronavirus seeks woman with Lyme disease!”. Then it evolved to a video conference that I just attended, listening to an emergency room physician get choked up at the concept of deciding whom they are caring for will get a ventilator to support life and whom will not. These doctors are further haunted by the reality that patients will succumb to Covid-19 solely because of a limitation of resources. There are people who have contemplated and published information on how to consider and deal with a global pandemic. They analyse the benefits of providing and denying lifesaving care to different classifications of individuals based upon a variety of technical statistics of survivorship. This is measured in terms of lives saved or, years of lives saved, without engaging in social bias. These decisions of who will live and who will die considering limitation of community resources is our reality now. This was previously considered unfathomable by most of us.

As dentists we were asked the “unthinkable”. Close our offices entirely, except for a narrow definition of a dental emergency provided to us by many official agencies. We were asked to create a new algorithm of care including the use of antibiotics and analgesics in order to delay a patient’s classification to the category of a true emergency as dictated by the CDC, ADA, and the NYS Board of Health. We know with simple short visits we could more definitively render care for our patients. We were required to alter our treatment protocols so we would minimize our exposure to Covid-19. A positive diagnosis amongst our staff, patients, or ourselves would put our facility out of commission for weeks or longer. If we extend our view over the entirety of our country, many dental offices, not able to function, could have catastrophic implications of overloading emergency departments of hospitals. These departments are ill equipped to deal with dental emergencies as easily and efficiently as we are in our offices. These changes in procedure can keep us healthy longer and will help delay an onslaught
of patients overtaxing hospitals barely able to cope with the severely ill. We were asked to do this with no solid plan for the financial ramifications of that action. I heard protestations from most, “how ridiculous” that request was as well as” There is no way I can afford to do that!”. As healthcare providers, people who have the privilege to make a gainful income, and provide for our families, by caring for one of the most sensitive areas of the human body, we should realize our designated leaders didn’t cavalierly make this prohibition lightly. It was done with deep consideration of the health and wellbeing of our entire society. This is the concept of the greater good prevailing over our personal self-interest.

Why do some of our MD colleagues continue to earn their income, yet we, as an essential area of healthcare, are so severely restricted from delivering care that the tactic of furloughing our beloved employees and requesting them to apply for unemployment insurance becomes necessary economically? Now, most of us are either contemplating, or in my opinion, should be acting on obtaining the newly available PPP (Paycheck Protection Program) loans created by our federal government. This program allows us to place our precious staff back on full salary and benefits that they enjoyed and deserved in our employ, at least, for a period of time without cost to us. This will provide the economic stability to our employees, enforce the dignity that our employment provides them, and allows us to plan for a post Covid -19 world that we know we will ultimately deal with along with the trusted staff we have all developed. As we plan for both short- and long-term solutions, have faith that new considerations and assistance will evolve to aid us in developing a new normal. Our true nature reveals itself in these times of crisis.

As dentists we acknowledge the unique nature of our treatment requires invasion of social distance. We understand that mucous and saliva are predominant vectors of transmission. We aerosolize saliva and its contaminants knowing it coats all within our condensed treatment areas along with remaining in the atmosphere for an extended period of time. The transmissibility of Covid-19 should cause us to pause and reconsider these truths so we can develop new paradigms of care and truly appreciate appropriate personal protective equipment. With this equipment we are less likely to expose our staff and to limit their likelihood of transmitting infection to patients.
Thoughts for our immediate future will involve whether our organized dentistry leaders will help us to cope with specifics of our office’s day to day economics. This includes asking our professional liability carriers to consider modifying our premiums to account, that for the foreseeable future, we are all part time practitioners. Will our representatives be able to lobby insurance carriers to modify fee schedules for those that participate on insurance panels, as well as those that do not, since the concerns, due to social distancing recommendations and operatory preparation, will negatively impact our ability to care for the same numbers as we have previously? Will we be successful in requesting insurance carriers to allow unused benefits for this calendar year to roll over to next year due to “access to care” issues we are required to adhere to? I welcome input from anyone who can identify specific concerns so we can distill them into useful points to enter the debate as to how your organized dentistry can effectuate change so we can all return to gainful, successful, practice with the health and safety of the public, our staff and ourselves in the forefront.

Sincerely,

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Spreading Messages of Hope

Community volunteers have created a beautiful mural next to the Interfaith Medical Center in Brooklyn, NY. It is one of the hospitals that operates a dental program under the direction of SCDA President David Miller. As Chairman, Department of Dental Medicine One Brooklyn Health System, David directs the dental programs at Brookdale, Interfaith and Kingsbrook Medical Centers. He will have more to share with you soon.

If you would like to Spread Messages of Hope in the next Wisdom Newsletter, please send your pictures to SCDA Executive Director, Dennis Bozzi to dennis@scdaonline.org.