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Clinical Decisions

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Clinical Decisions

From the very beginning of my experience in the Dental Hygiene program, patient care has been the central focus. Not just in administrating dental hygiene services, but in their safety. Every patient presenting to the clinic for treatment has their blood pressure measured. On only one occasion, I had to send my patient home with a referral to her physician for evaluation of her blood pressure because it was above the 160/100 mmHg allowable in the clinic. Because the medication was so expensive, this patient took less of it and eventually stopped taking it altogether because she “felt fine.” Although my patient seemed bothered by the inconvenience, she saw her physician, who put her back on the blood pressure medication she had stopped taking. Educating our patients is an important aspect of our job. Had her blood pressure not been measured that day, she may not have realized the implications of uncontrolled hypertension.

I would like to compare two very similar incidents with two different responses by the clinic staff I have experienced while on external rotation. The first event occurred while at the Goochland clinic, as my patient presented to the clinic for a cleaning. I reviewed her medical history and she was being treated for Type 2 diabetes and hypertension. She indicated that she had eaten and taken her medications, but had not checked her blood sugar that day. As she moved in the chair, one of her shoes fell off. It wasn't until then that I noticed that she was wearing slippers. She then just laughed and said she hadn't been able to wear her shoes for a couple of weeks because her feet were so swollen. At this point, I proceeded to take her blood pressure, which was 210/110! I notified the doctor, and when he measured the same reading, he had the staff call an ambulance for her to be evaluated. Throughout my educational experience at VCU, much emphasis has been placed on looking beyond the oral health of

the patient; it is so important to consider the patient's overall health. So, for the dentist and staff to react to this situation in the way they did reinforced all that I had learned.

The second event occurred while at the ARC in Norfolk, and, again my patient presented to the clinic for a cleaning. He had been treated for hypertension and reported having taken his medication that morning. When I took his blood pressure, it was 215/108 mmHg. After getting similar readings with both the automatic and manual cuffs, I reported them to the dentist. He was completely unconcerned and told me to proceed with his treatment. I was uncomfortable with this decision, as it went against what we were taught in school. I expressed my concern, stating that we should refer him to his physician for evaluation before treating him. The dentist then told me to "Go ahead and clean his teeth, but just stay supragingival and have him back to finish him at another time." Again, not comfortable with that decision, I explained that the patient would have to pay a second fee for the return visit and asked if we could defer all treatment until then. The dentist then agreed to let the patient go with a referral that was to be returned with the physician's approval to treat him. At this point, I was happy that the dentist at least had a concern for the patient's wallet, if not for his health!

It was difficult to challenge the dentist's recommendation to proceed with treatment and to stick to my guns, so to speak. If I had listened to the dentist, then I would be going against what I was taught in school. For the safety of the patient, I felt that I would be doing him a disservice if I had not referred him to his primary care physician for evaluation. Another important point is that the patient himself was not concerned with his elevated blood pressure. I feel that he would have been perfectly content with the dentist's recommendations. On the one hand, I had to convince the dentist to do what I thought was right; and, on the other hand, I had to make the same argument to the patient. Here is where our role as educators is so essential .

Although the dentist and staff in Goochland acted in a way that I would have expected them to, I didn't truly appreciate their diligence until after I had that experience in Norfolk. I feel confident that I would have handled the situation in the same way. I don't feel that compromising the patient's health and safety was worth not voicing my opinion (or educated reasoning). Even a simple task as obtaining a blood pressure can play a huge role in the patient's overall health. We should consider the fact that, for many of these patients, this may be the only occasion that they have their blood pressure measured. I feel, at times, that a patient's knowledge of their own health, both oral and systemic is overestimated. In the same way that some patients visit a dentist only when they are in pain, there are those that visit their physician only when they are ill. As hygienists, we must take the opportunity to stress the importance of prevention. Hypertension is often asymptomatic and measuring blood pressure is quick, easy, and non-invasive. We should encourage patients to take charge of their health and give them the tools to do so. It is important that all members of the dental team are aware of, and place value in, patient education. In the latter scenario, when I did not have the support of the dentist, I had to assume the role of educator to both him and the patient.

When I think about the service learning component of the dental hygiene curriculum, I cannot consider what the program would be without it. Patients that I have been presented with while on external rotations have been the most diverse, as well as the most in need of the dental services provided to them. Many of the patients did not have the education as to the importance of dental health, and merely sought treatment when they were in pain. Others were aware of the benefit of receiving dental care, but could not afford it or had problems accessing it. I cannot express how much I have benefitted from my service learning experiences. I became a more skilled and proficient clinician, and I was able to convey the necessary oral health education and dental hygiene services to my patients. In turn, the patients received much needed care.

The greatest benefit that has come from my experience in the service learning curriculum has been the awareness that I have gained. Recognizing the needs of our community is a significant element in my personal and professional growth. Learning in the classroom about underserved and disadvantage populations can be difficult and abstract. With hands-on involvement in the community comes full appreciation of the circumstances faced by these patients. Motivating my patients to make their oral health a priority is crucial. Knowing that without our help and support, they may never be afforded the opportunity to attain their oral health objectives. The reward for me is in the realization of what a substantial impact the service learning program has on them.

I know that throughout my career as a dental hygienist, I will be faced with similar ethical dilemmas as I have described. My goal is to be confident in the education that I have received and apply what I have learned to such situations. Regardless of the obstacles that I may face, my focus will always be the responsibility I have toward my patients, as well as the commitment I have developed for my community.