For the second day in a row, the same man had shown up at Eva’s clinic first thing in the morning. He had been referred from social services with a seriously compromised tooth and spoke neither of the languages Eva was familiar with. Yesterday he had given Eva his daughter’s work number so she could translate, but she wasn’t yet in. Eva tried her cell number, but her phone wasn’t on. Finally they had caught up with his son-in-law at work.

Eva and the patient passed the phone back and forth as she tried to explain the situation to the son-in-law, who then translated to the patient, who then asked questions of the son-in-law, who then translated to Eva. As the phone went back and forth the conversation started going in circles, and it was finally decided that the son-in-law would come in the next morning with the patient so they could have a conversation together.

So here it was, 24 hours later, and the patient had arrived alone again – but he had with him a carefully drawn picture of his teeth, and made Eva understand that he would like her to mark an ‘X’ on the tooth that needed pulling. But it wasn’t that simple – there were options to discuss, such as making a crown. So they phoned the son-in-law again, and he said he didn’t quite realize what was going on, but that he would come in with his father-in-law tomorrow.

As a dentist working in public health Eva saw a range of clients at her clinic. Some were seniors who had been screened at long-term care facilities. Some were new moms, immigrants or seniors who had been...
broken off. Although English was not the woman’s first language, Eva was able to explain what had happened, and what should be done. But she also cautioned the woman that when her teeth were cleaned, they would be looser for a while: they were actually being held together by the hardened plaque. The woman understood, and Eva helped her make an appointment with the hygienist.

Eva worked in a diverse community with many new immigrants. A part of her job was building trust within the community, and when people came in and said, “My friends say good things about you”, it meant a lot. Some kids who had been terrified at their first visit were now model patients. Getting there required a consistent approach, often with a mix of patience and sensitivity.

And sometimes, she was still caught by surprise. This afternoon a ninety-year-old man had been brought in by his daughter for his first set of dentures. Eva hadn’t been sure how well they would work, given the bone loss in his jaw – she was sure he was going to need denture powder. But when he had put the dentures in, his daughter pulled a granola bar out of her pocket and said, “Here Dad, try this”. Before Eva could say, “No, please, soft foods only, and small bites”, he had chomped a sizeable chunk from the bar and was happily chewing away on it. His eyes sparkled, and a smile broke over his face. Well, thought Eva, I’ll still have to suggest soft foods and denture powder – but on the other hand, why try to fix what is working just fine?

Eva next saw a few children with appointments to have cavities filled, and in each case made sure the parents were instructed in brushing and flossing before they left. The third child she saw was accompanied by his father, but when it came time to teach flossing and brushing, the father showed little interest in the demonstration. It was apparent that he was not the one who looked after the kids. So she brought the boy back into the dentists’ chair for a minute, and asked the dental assistant to spend some extra time coaching him in good oral health habits.

While that was happening, Eva decided to assess an emergency patient waiting to be seen. This woman had chipped a tooth biting down on an olive pit. She had brought the chip with her, and handed it to Eva, who looked at it for several seconds before she realized what she was holding. It was not a chip from a tooth, it was a piece of hardened dental plaque. When she examined the woman’s mouth, it was clear that she had never had a cleaning. The only tooth surface showing was where the chip had referred by a Public Health nurse. But most were children from a screening program that looked at kids in all schools from kindergarten to grade eight, and in some high schools. Occasionally the school screening program would pick up an urgent case, in which event the parents were contacted by phone. Once in a while, too, Eva noticed evidence of abuse on a child, and had to make a call to Children’s Aid.

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