

November 1965

Health Care of Religious Program ... The Dentist's Viewpoint

Edward J. Hempstead

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Hempstead, Edward J. (1965) "Health Care of Religious Program ... The Dentist's Viewpoint," *The Linacre Quarterly*: Vol. 32 : No. 4 , Article 11.

Available at: <http://epublications.marquette.edu/lnq/vol32/iss4/11>

Health Care of Religious Program

... The Dentist's Viewpoint

(Opinions based on a pilot survey and on past experiences with religious dental patients.)

The dental profession is primarily concerned with the alleviation of pain of dental origin. However, only through the examination and education of the patient can the correction or the prevention of "dental breakdown" be achieved.

This pilot survey conducted in St. Louis during several examinations of some 1800 religious patients resulted in a better than average classification. However, the ideal patient will not always be examined. In this particular survey, the religious either volunteered on their own, or participated at the suggestion of the Reverend Mother who had the initiative and concern to be health-conscious.

An interesting observation was the number of immediate superiors among the patients. This is a healthy sign to the dentist because the local or immediate superior can influence the attitude of her subjects. If Reverend Mother is not health-conscious, or if she herself is afraid of the dentist and converses in the negative,

her children will tend to follow the same trend of thought. Hallucinations about a healthy examination can be a figment of the imagination; the need for dental treatment, of course, can become a psycho-somatic crutch, which when laid upon can change from "dentistry" expensive" to "the lack of dentistry can be more expensive and more painful." Health of the body includes the oral cavity.

There is no criterion for the maintenance of dental health. In the dental office (as in the hospital) there is a necessary overhead of assistants, equipment, restorative drugs and, last, the remuneration of the DDS. This should be in the reverse order of description, but in the hospitals, it is the same procedure. Dozens of persons see the prospective patient before the physician or surgeon; and dozens of persons will see the patient after the professional protocol of diagnosis, medication and surgery. All personnel costs are included in the statement. In comparison, the dental office is a complete "dental hospital."

There is one difference between the costs of hospital and dental care—to date there are no dental health care policies of note. However, there are health insurance policies which protect the hospital and set the fee

for the physician. The dentists attempt to render service under similar circumstances without this policy.

It is interesting to note that the religious orders labor to obtain vocations and to keep them happy. The individual sister is important, not expendable and deserves guided medical and dental attention. The diocese in which she labors realizes her importance, especially now when competing in salaries for the lay teacher. Yet her medical attention may consist of an aspirin from the infirmary, and the dental attention may not even include a new toothbrush issued regularly.

As mentioned before, many of the patients examined were truly dental conscious, and the results observed were good. However, there were some unfortunate geriatric religious patients who were wearing antiquated dentures. When questioned as to the duration of the dentures, the answer of some "about fifteen to twenty years" was no surprise. Does this reflect on the conscience of the dental profession who may see some of these patients when they complain of sore gums, inability to chew, or is it the responsibility of the medical specialist who examines this type of patient for throat, head and

neck syndromes after sister courageously opens her mouth and embarrassingly removes her dentures so that she doesn't drop them in the doctor's lap.

Is this patient on a special diet or must she sit at the table, forcing foods prepared for the hale and hearty?

Dental attention cannot be completely free of charge, but reasonable fees for services rendered, on a thorough basis, would be a valuable asset to a community; keeping the oral health standards high and the sisters working within their vocational strata.

In conclusion, we appreciate these daughters of God. We want to serve them as individual patients, but love and faith without good dental work is dead.

Edward J. Hempstead, D.D.S. in consultation with:

- E. Cuddihee, D.D.S.
- P. Ebeling, D.D.S.
- J. Hickey, D.D.S.
- H. O'Keeffe, D.D.S.
- S. Pagano, D.D.S.

The authors of the above are members of the St. Apollonia Guild of St. Louis.