



MARCH 7, 2020

No. 202: Declaring a Disaster Emergency in the State of New York

EXECUTIVE ORDER



PRESIDENT'S MESSAGE

What Happened Then ... What's Happening Now

Lois A. Jackson, DDS

A little over a year ago, I was planning a trip to Wyoming and had a routine schedule of patients. Then, suddenly, everything changed. Schools closed, Broadway shut down, sporting events were canceled, and we were at home. Dentists were limited to treating only the most urgent cases and teledentistry became a daily option. Instead of making plans, I was canceling all my reservations, as well as my patients. I know you all have similar stories.

While life was turned upside down for everyone, NYCDS stepped into high gear providing daily updates on the latest local, state, and federal protocols, regulations, and relief programs; getting PPE to dentists and supporting efforts to reopen our practices. The lines of communication were open and NYCDS was an important resource for members who needed help navigating uncharted territory. Our goal was to provide you with what you needed day to day.

Fast forward to today, restrictions are being updated on a regular basis and dental practices are welcoming back patients and employees. It is heartening to know that a recent poll spearheaded by the ADA Health Policy Institute to gauge consumer confidence, found that in late April, 94% of dental patients indicated they were either ready to go back or had already been back to the dentist.

(continued on page 4)

Table of Contents

President's Message	1
Continuing Education	2
Developing Your Dentisting Core	5
Finding Balance During the Pandemic	5
April General Membership Meeting	6
Avoiding the Pitfalls of Dentistry	7
The GNDYM is Back	7
Of Professional Interest: The Spike in Cracked Teeth	8
New Dentist Event on June 24	10
Hands-OnLine LIVE CE Opportunity	10
Financial Wellness Webinar	11
Chew On This!	11
Ethics Corner	12
Member Updates/Classified Ads	13

Continuing Education

Avoid Cyberattacks: Practice DIGITAL Hygiene

Mitchell Rubinstein, DMD
Education Director



Like many of you, I eagerly await the time when we can return to live, in-person continuing education courses. We will be making announcements about this as soon as possible. Meanwhile, even as we continue to educate ourselves virtually on clinical topics such as implants, prosthetics, endodontics, or oral pathology, we must remember that other aspects of the practice of dentistry require staying up to date as well. Particularly, the requirements of keeping our increasingly technology-dependent practices running smoothly, securely, and safely.

Ransomware, hacking, and other types of cybercrime are a major topic of conversation these days. Not a day goes by it seems, without some large corporation, hospital, or insurance company suffering a major cyberattack against their systems and their customers. This trend may not worry some of us, because it would seem, sometimes, that dentists and our practices would be too small to be of interest to today's cybercriminals. If they want a big ransom payment, they need to go after a large hospital rather than a small practice. Small dental practices with limited resources might seem too puny a target. Unfortunately, this is a misconception and a very dangerous one.

The majority of ransomware and other types of cyberattacks are launched against individuals and small businesses, and small medical and dental practices are actually some of the most sought-after targets. There are a few reasons for this. As dentists, we collect a vast amount of private, personal data about our patients, and that data has an extremely high value for cybercriminals. Identity theft and insurance fraud are extremely profitable crimes, and our patients' records contain exactly

the kinds of information about people that make it possible. Complete records containing names, addresses, phone numbers, Social Security numbers and insurance ID numbers can be sold online for a great deal of money. Far more money, in fact, than less complete records that might be obtained from another type of business, such as a supermarket or a hardware store. Additionally, through the use of ransomware, our attackers don't even need to do the work of selling the data themselves. By simply locking up our systems with unbreakable encryption, they can lock us out of our own systems and prevent us from accessing our own data, essentially freezing our businesses in their tracks.

Another reason that we are vulnerable is because of our limited resources. We are far more exposed, and less protected, than larger businesses. We don't have the deep pockets of a hospital or an insurance company that might staff an entire department devoted to information security and data protection.

We must rely on our IT contractors, practice management software vendors, and consultants who teach us safe computing practices. Many of us have wisely signed up with newer types of services that specifically protect doctors and our practices from cyberattacks. They can scan our systems for weaknesses and report any unauthorized intrusions. They can also assist in the training of staff, who need to know what is appropriate and safe, and which ones are risky and need to be avoided. No matter what hardware or software we buy, we are the most important defense against cybercrime, along with our staff and our knowledge. Just as dentists need to learn and use proper infection control to protect ourselves and our patients from pathologic microorganisms, we also need to learn and use proper "Digital Hygiene" to protect ourselves from cyberattacks.

In the coming months, we are planning both virtual and eventually, live CE programs focusing on cybersecurity for dentists. Watch for announcements and please consider attending.

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President's Message

(continued from page 1)

It is important to stop and acknowledge how challenging things were at one point and how members persevered. Now I want to spotlight how members have come back. I look to the future with hope and optimism with a dose of realism for our new normal.

The thoughts on this page reflect what is happening now for several of our members, likely reflecting what is happening now for many of you.

What Happened Then ... What's Happening Now



Maryann Riordan, DMD

This pandemic has been a time of reflection and renewal for me personally and professionally. Because of the downtime, I was able to address quite a few things that have been major stressors in my life for the last decade. Staff turnover, a more balanced schedule, and upgraded technology have

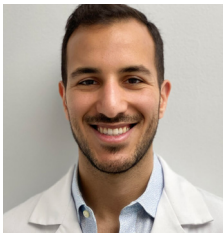
made office life easier. Despite the many challenges that this time has presented, gratitude and a positive attitude have helped me push forward!



Richard L. Rausch, DDS

The COVID-19 pandemic struck all our dental practices hard and with significant financial devastation. With widespread patient vaccination and greater patient confidence in our abilities to provide dental care in safe and sanitary environments, our patients are returning to our

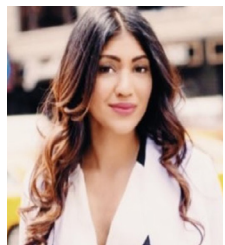
offices for their much-needed dental care. The most significant impact has been with our senior dentist population and how the pandemic has upset their exit strategies. Some have left the practice of dentistry for fear of contracting COVID, while others have pondered their options for the future.



Michael Erdos, DDS

At the height of the pandemic, no one knew what would happen to the world, let alone dentistry. All of my offices and jobs were temporarily closed and I was home watching CE videos or checking in on colleagues. Thankfully, as the city started to come back alive last summer, I went back to work with

a backlog of patients who needed to be seen. Even though the fear of COVID was lurking in the back of our minds, we were able to update our safety protocols in order to treat our patients in a safe environment. Since then the doors in my offices have kept swinging, likely because we are located in neighborhoods that rely more on residents than commuters. The complete re-birth of NYC seems imminent this summer.



Jaskaren Randhawa, DMD, MPH

In the past year I have realized the true resiliency of our dental profession and the New York City community. One year ago, I was open with very limited staff for only emergencies. The uncertainty was frightening and the peak of COVID was at its worst in New York City. I, along with other dental

and medical colleagues, organized a PPE drive for local hospitals. Fast forward one year, I am operating at normal levels and feel grateful to have survived with the strength and support of my colleagues and the New York County Dental Society.

Remember when we were together? We look forward to being together with you soon!



Developing Your Dentisting Core to Succeed in the Real World

Dr. Paul Goodman led an energetic and engaging webinar for New Dentists on March 24 on “Developing Your Dentisting Core.” Dr. Goodman is a practicing general dentist, managing partner of a group practice with two locations, and head of the professional development company Dental Nachos.

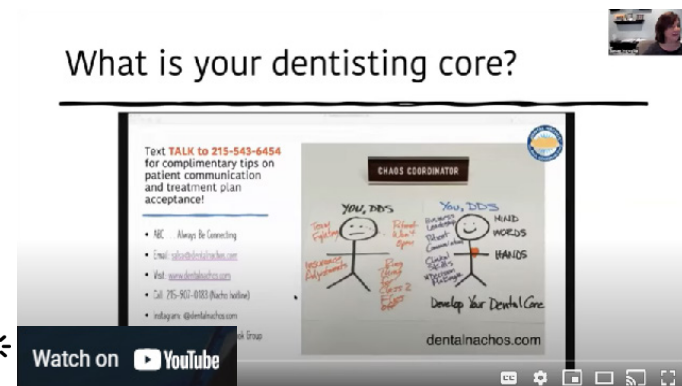
The focus of his presentation was on the importance of developing the core skills necessary for success such as clinical, business, leadership, and communication skills, on a consistent basis in order to achieve consistent improvement. In particular, he focused on strengthening communication skills to improve patient service and practice revenue.

The power of words was emphasized; nothing goes “wrong” in his office ... things go “off script.” When speaking to a patient, he reframes negative wording. Instead of talking about a “failed tooth” he will say “it’s time to replace and retire” this tooth. Attendees were encouraged to build a repertoire of words and phrases that empower patients to make informed decisions and also enhance the overall flow of your practice and your life.

Dr. Goodman addressed the intangible things that are not taught in dental school and offered many take-aways:

- Just do one thing a little bit better every day.
- Be willing to go out of your comfort zone.
- Establish repeatable word systems to streamline and improve communication.
- Managing expectations is essential to personal and professional success.
- Create words and phrases that help patients to move forward.

Whether you are 5 years or 25 years out of dental school, watch the presentation and chances are you will find more than one word or phrase that makes you think differently about how you will communicate with patients and others in the future.



Finding Balance During the Pandemic

NYCDS continues to offer webinars on topics that go beyond the practice of dentistry and impact members on a personal level. On April 13, psychotherapist Lila Margulies, who happens to come from a family of dentists, led a one-hour program on The Impact of Pandemic Life on Working Women and the Move Toward Finding Balance.

Lila provided an honest assessment of the myriad reasons people, and in particular, working mothers, are overwhelmed during the pandemic. She went on to discuss concrete ways to reduce anxiety, to develop new positive routines, and the importance of self-care, as well as self-forgiveness. Attendees expressed their appreciation for the program.

Everyone can benefit from watching this special webinar. The words of understanding throughout the program, and the meditation at the end, can be helpful to anyone seeking balance.



Eric J. Ploumis, D.M.D., J.D.

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April General Membership Meeting

First General Membership Meeting of 2021

NYCDS was pleased to have New York State Dental Association (NYSDA) President-Elect Kevin Henner address members at our April 5 meeting. Dr. Henner talked about the deep ties he has to past and present NYCDS leadership and applauded the ground-breaking line-up of officers currently leading the Society. Dr. Henner went on to mention several “wins” for NYSDA with regard to getting teledentistry adopted in New York and leading the successful nationwide response to do-it-yourself dentistry. Dr. Henner reviewed the extensive efforts NYSDA took during the height of the pandemic to advocate on behalf of dentists with state leadership and to communicate daily with members. He stated that NYSDA has taken measures to evaluate their response to the pandemic; based on their findings they will establish new protocols to handle any future issues. He noted that the NYSDA House of Delegates meeting will take place in-person, in August this year.

Dr. Henner is a general dentist with a practice in Deer Park, Long Island. He has distinguished himself as an expert in matters of ethics and risk management, having served as chair of the Suffolk County Ethics Committee, the NYSDA Council on Ethics and the ADA Council on Ethics, Bylaws and Judicial Affairs. He is also an ethics and risk management instructor and lecturer at Stony Brook University School of Dental Medicine.



Hear NYSDA President-Elect Kevin Henner's remarks to NYCDS.

In other matters, the proposed list of Nominating Committee members, who will interview candidates to serve on the Executive Committee and Board of Directors in 2022, was approved. In addition, Treasurer Vera Tang reviewed the proposed July 2021 – June 2022 budget with attendees, which was approved during the meeting. Special thanks to Garfield Refining for their sponsorship of the meeting.

Our guest speaker for the evening, Dr. Robert Elliott, a pediatric dentist in Cary, North Carolina, shared the strategies and systems he has implemented to keep staff morale high, particularly during the stress of the pandemic.

The focus of his presentation was “Maintaining Team Loyalty and Support in the Middle of a Pandemic.” Dr. Elliott considers strong team morale essential ... not a luxury. He noted that the average turnover cost when you lose and replace just one team member is \$25,000. The steps you take to retain your current team is worthwhile on many levels. His guiding motto is “take care of your employees and they will take care of you.”

Communicating with your team and listening to them on a regular basis is of primary importance, according to Dr. Elliott. He demonstrated a variety of ways to make sure your team feels heard and valued. One particularly productive strategy Dr. Elliott developed during the pandemic is to check in with your administrative and clinical staff at the end of each day for about five minutes. The team collectively votes on whether it was a great day (green) an okay day (yellow), or a terrible (red) day based on patient flow, how things went at check-out, etc. After a month or a quarter you can pool the results to acknowledge and give positive feedback for all the good days, but also to identify the problematic days, analyze them and strategize how to avoid future issues or bottlenecks. Solid communication between leadership and the team, work-schedule flexibility, volunteering together within the community, and finding small ways to reward the team for their hard work during a challenging time, are all hallmarks of building team loyalty and support.

Dr. Robert Elliott is a Diplomate of the American Board of Pediatric Dentistry and Adjunct Clinical Professor at both the University of North Carolina and University of Louisville Schools of Dentistry. He founded his own pediatric dental consulting business, Pedo Springboard, Inc., to help residents and pediatric dentists successfully start their own practices. He also co-founded Pediatric Dental Directions to help private practitioners establish legacy leadership and a positive work culture.



Learn the various ways Dr. Elliott has developed to maintain team morale during the challenges of the pandemic and beyond.

Avoiding the Pitfalls of Dentistry

The dentist-patient relationship can be fraught for a variety of reasons. From a legal perspective, once a relationship is established, it triggers a duty for a dentist to use best judgment, reasonable care, and skills as are ordinarily possessed by dentists in the community. There is also a legal duty not to abandon a patient. A breach of these duties can lead to malpractice liability and allegations of professional misconduct.

NYCDS held a webinar on Professional Liability & Defensive Dentistry on April 14 to provide guidance on managing the risks of the dentist-patient relationship. During the one-hour webinar, Al Anthony Mercado, Esq., shared his insights and best practices from 30 years as a litigation attorney to help members avoid the potential pitfalls of practicing dentistry. Mr. Mercado is managing attorney of the Downstate Region for Fager Amsler Keller & Schoppmann, LLP, the law firm that supports MLMIC Insurance Company, which sponsored this webinar.

Watch a recording of the webinar below to learn the root causes of why dentists are sued, and learn ways to avoid being sued, from the vantage point of an attorney with over 30 years of litigation experience.

The webinar covers many real world experiences in the dental office such as:

- establishing a patient-relationship;
- documentation, including informed consent;
- how to handle a dissatisfied patient;
- dealing with unanticipated outcomes;
- patients with special needs; and
- how to discharge a patient from care.



This important webinar was sponsored by MLMIC Insurance Company.

The Greater New York Dental Meeting is Back!



New York County and Second District Dental Societies

Join your colleagues and friends for the in-person Greater New York Dental Meeting at the Jacob K. Javits Convention Center. As the largest Dental Meeting in the United States, the Greater New York Dental Meeting will continue its FREE pre-registration.

With hundreds of dental companies and thousands of exhibit booths, the exhibit floor will include discounted products, equipment and services. We urge you to interact with thousands of exhibitors who enhance our meeting in countless ways.

The Greater New York Dental Meeting has planned an exceptional educational program for 2021, featuring some of the most highly regarded educators in the field of dentistry. There is a choice of full-day seminars, half-day seminars, essays, hands-on workshops, and four new specialty arenas. A fan favorite has always been the specialty meetings which will include the World Implant Expo, Global Orthodontic Conference, Pediatric Dentistry Summit, Sleep Apnea Symposium, 3D Printing & Digital Dentistry Conference, Public Health Conference, Oral Cancer Symposium, Special Care Dentistry, and Women Dentists Leadership Conference. Additional courses will cover these topics: esthetics, periodontics, practice management, oral surgery, infection control, ethics, medicaid, botox, technology, as well as, courses for the entire dental team.

A new initiative for 2021 is the Corporate Forum and TED Talks that will be right on the exhibit floor. Dip into one of these programs for a quick Q&A on various dental topics. The 97th Greater New York Dental Meeting is all about adapting and evolving and we understand your time is precious.

New York City is continuing to open and lift mandates; we encourage you to bring your family and staff to the Greater New York Dental Meeting. [Register here](#)

Meeting Dates November 26, 2021 - December 1, 2021

Exhibit Dates November 28, 2021 - December 1, 2021
Jacob K. Javits Convention Center

Please note: the Greater New York Dental Meeting will be following all health and safety guidelines issued by New York State. Visit [@GNYDM](#) on Facebook and Instagram for updates and information.

The Spike in Cracked Teeth and TMD: Is it Safe to Assume it is all Stress-Related?

Nojan Bakhtiari, DDS, FAAOP

Co-Authored by Maham Khan, BDS



Dr. Bakhtiari is a board-certified orofacial pain specialist in New York City. He has a full-time practice solely dedicated to the evidence-based care of orofacial pain and TMD. He is a former assistant professor at Columbia University College of Dental Medicine, University of Connecticut School of Dental Medicine and Yale-New Haven. He serves on the American Academy of Orofacial Pain's council and is a committee chair.

The COVID-19 pandemic led to a precarious situation that spawned health concerns, economic and financial insecurity, as well as social isolation. Anxiety and stress levels drastically increased, as well as alcohol consumption and a change in dietary habits. As dental offices reopened, many dentists began reporting a soaring influx of patients with fractured teeth and temporomandibular disorders (TMD). A series of news articles were published, including two in *The New York Times*, which provided opposing views on treatment approaches (1, 2). It was reported that stress was causing an increase in bruxism, ultimately leading to cracked teeth or TMD.

The orofacial pain that patients were presenting with, instinctively began being attributed to bruxism secondary to stress. However, the sole accreditation of stress as a reason for bruxism, TMD and fractured teeth, may barely be scratching the surface of the underlying root causes and can lead to misdiagnosis. Exploring beyond the horizons of conventional muscular diagnoses will result in more successful management and treatment of patients suffering from these conditions.

It is important to remind ourselves to not dismiss all facial pain as stress-related and muscular in nature. In this article we are going to discuss an interesting case that presented to my practice during the COVID pandemic, that was initially misdiagnosed as muscular TMD by another healthcare professional.

CLINICAL CASE: A woman in her mid-30s presented with teeth grinding, associated headaches and constant, sharp bilateral TMJ pain as well as an intermittently locking left joint.

The pain was located bilaterally in her preauricular areas, TMJs, masseters, and temporalis. In the past she had a maxillary mouthguard which was very effective with teeth soreness. The patient reported having daily headaches in the bilateral cervical and bilateral temporalis areas, with mild to moderate intensity. The patient denied both migrainous and autonomic symptoms.

When asked, the patient said she believes her headaches are related to her face and jaw.

On examination, signs of bruxism were apparent including bilateral linea alba and a scalloped tongue. At this point it would have been simple to attribute her symptoms to COVID-related bruxism and fabricate an occlusal guard. However, after a detailed history (including a sleep screening and headache screening) we discovered that she had a car accident 20 years ago with facial trauma after which she developed jaw symptoms. Interestingly, her jaw symptoms resolved and did not return until two years ago. Relevant medical history included psoriatic arthritis, spondylosing arthritis, and Graves' disease.

Physical examination:

Cervical range of motion comments: Stiffness during neck rotations.

Intra-oral findings: stable occlusion, tongue scalloped, linea alba bilaterally.

TM Joint ROM: Vertical Movements: first opening 39mm, second opening 44mm with bilateral crepitus and intermittent click left TMJ

Left TMJ: Severe pain to palpation.

Imaging:

A panorex was taken which showed abnormal morphology with likely degenerative changes noted in the bilateral condyles. A limited view CBCT of the bilateral condyles was taken, which showed moderate-severe remodeling of the bilateral condyles with osteophyte formation. Subchondral cysts were present on both condyles.

Diagnosis:

Her diagnosis was degenerative joint disease of bilateral TMJ secondary to rheumatological conditions. Additionally she has bruxism, intermittent locking left TMJ and chronic tension-type headache (CTTH).

Treatment approach:

The first step was to continue coordinated care with a rheumatologist. As a result of us raising awareness to the issue, the patient was motivated to resume treatment with her rheumatologist who ordered new blood panels. The patient was instructed that, if a sudden bite shift occurred, to inform the rheumatologist and return to our office immediately. The next step was fabrication of a maxillary flat orthotic with an anti-retrusive ramp to prevent locking and to monitor occlusal/orthopedic changes. Conser-

Of Professional Interest

vative care included the application of topical creams such as arnica and topical diclofenac 1% cream applied externally to muscles and jaw joints. The patient was also advised to begin supplements of vitamin D and magnesium.

Discussion:

While stress, bruxism and TMD are correlated, not all orofacial pain should be credited to these factors. This case hints at the various other causes of facial pain, TMD and tooth fractures. Flare-ups of rheumatological conditions (such as psoriatic arthritis or rheumatoid arthritis) can result in jaw pain, joint effusion, condylar and orthopedic changes. (3) It is important to recognize that tooth wear and teeth fractures are oftentimes the consequence of condylar changes, and not the cause thereof. Additionally, it is important to realize that bruxism can be secondary to many of the psychopharmacological medications that have been prescribed for anxiety management throughout the pandemic.

With the recent recognition of orofacial pain as the 12th ADA-recognized specialty, undoubtedly the standard of care for these conditions and patients' expectations of our understanding of these conditions will change. It is no longer enough to diagnose a patient with a generic diagnosis of "TMD," just as it would not be acceptable for a gastroenterologist's full diagnosis to be "bellyache," or an orthopedist's to be "shoulder pain." In addition to accurate diagnoses, dentists and our medical colleagues should become familiar with treatment solutions beyond the standard occlusal guards. The public's expectation of the dental profession has shifted and dentists are expected to provide more accurate diagnosis and more effective treatment options.

One strategy we propose is to begin triaging patients that present to your office with TMD or orofacial pain in a similar manner to those of other dental disciplines (periodontics, endodontics, oral surgery, etc.)

- 1) Complexity: simple, moderate, advanced
- 2) Pain source: muscular, joint, articular disc, secondary to medical comorbidities, or other
- 3) Level of care required: general dentist vs. orofacial pain specialist
- 4) Lapsed time from onset of symptoms

In some instances, such as in an acute locked joint (acute disc displacement without reduction), time is of the essence. Treatment success drastically diminishes as time progresses. In the initial weeks, an oral steroid and a muscle relaxant may suffice. The common practice of fabricating a flat-plane occlusal guard (stabilization appliance) and waiting to see if symptoms improve, rather than direct the treatment at the actual source, is contraindicated. Left untreated for several weeks, the treatment

approach will escalate to a joint injection and mobilization. If the disc is displaced for more than three to four months, despite a subjective improvement in symptoms, the condition will become chronic and the patient will either have to adapt to a compromised permanently displaced disc or undergo arthrocentesis. A simple early intervention will lead to better outcomes, oral health and quality of life for your patients.

While we do not objectively know yet whether the COVID-19 pandemic caused a rise in cracked teeth and TMD, it did spark a healthy public discourse and awareness around bruxism and TMD. We encourage this opportunity to elevate our entire profession's approach to facial pain and TMD. For anyone interested in pursuing a career in orofacial pain, or acquiring more evidence-based education in the field, we recommend the American Academy of Orofacial Pain website (AAOP.org). We also welcome any dentist interested in gaining clinical exposure to the field to reach out to our office and arrange shadowing sessions.

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- 3) *Guidelines for Assessment, Diagnosis and Management Sixth Edition*, The American Academy Of Orofacial Pain (AAOP) - Edited by Reny de Leeuw, DDS, PhD, MPH and Gary D. Klasser, DMD

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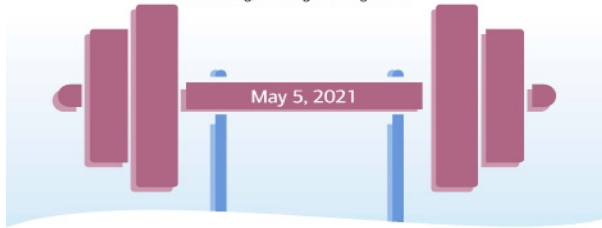
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The first seminar in a new financial wellness series launched by the GNYDM and NYCDS' Corporate Friend, Bank of America Practice Solutions, was held on May 5. As the title states, the intent is to build financial and investing wellness in tough times on a variety of relevant topics. The webinar provided dentists with the opportunity to discuss the various aspects of starting or acquiring their first practice. The discussion covered just about everything one needs to know to start your new practice, acquire an existing practice, and plan for your future growth as a dental practice.

Access the webinar until September 2021 by registering through the link below. Once you register the video will open up to view. <https://www.gnydm.com/boa-webinar-series/>

CHEW ON THIS!



Another "Top 10" list from an anonymous dentist to add a little humor to your workday.

We all have those "special" patients that give us "patient-phobia." Please tell me that I am not the only one with a patient that ...

1. opens their mouth to talk every time you pick up your handpiece;
2. is always late and then proceeds to tell you the story of everything that happened to make them late;
3. has diagnosed themselves with being unable to swallow, and needs to spit every 15 seconds;
4. comes with a handwritten list of issues 4 pages long;
5. wants a "quick" consultation for no charge ... and the "quick" consultation lasts 45 minutes;
6. has a brother/aunt/bff/plumber that is a dentist and says this is how you should do it;
7. needs to know every detail about the procedure, including where your materials are sourced;
8. is a bruxer that only wants "natural" material, but opts for a composite over a gold filling on #18;
9. says the tooth you fixed broke, but then points to a tooth you never treated; and
10. fixed their tooth with crazy glue.

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A Vaccination Question and the Issues it Raises

Steven H. Cho, DDS

Ethics Committee Chair



Here's a relevant scenario to consider at this point in time.

A patient states he will only make an appointment for treatment if everyone in your office is vaccinated for COVID-19. But, you have an assistant who refuses vaccination and does not want you to reveal his or her vaccine status to the patient.

What do you do?

Does the patient have a right to know the vaccine status of all staff members? Furthermore, is it reasonable for a patient to request only undergoing treatment from a fully vaccinated office?

If a staff member is comfortable disclosing his or her vaccine status, then this information can easily be shared with the patient. If the staff member, however, is unwilling to share the status, the scenario becomes a little more complex. In this case, you must carefully confront the situation with respect and understanding.

First and foremost, a dentist should never provide information about another's medical history without consent. This information is confidential and not up for unwarranted sharing.

But, if patients are starting to refuse treatment as a result of unvaccinated staff members, can the leading dentist require all staff to be vaccinated? According to the government, receiving vaccinations are not mandatory. It is important to note, however, that each state has different laws. Be familiar with your respective state and local laws in addition to federal rulings, including the EEO laws enforced by the Equal Employment Opportunity Commission (EEOC). Dentists must also comply with the Americans with Disability Act (ADA) and other workplace laws set in place.

Ultimately, there could be a number of reasons why an employee may refuse vaccination. These reasons may include concerns regarding safety, religious beliefs, and medical contraindications. Without overstepping boundaries, dentists should attempt to discuss the reason for staff members not wanting to receive the vaccine in a considerate manner. Only then can you better guide and point your employees to the appropriate resources to ease their concerns. Having understanding, yet informative

conversations may lead to employees changing their minds on the matter.

At the same time, to diminish any fears a patient may have, it is important to convey to the patient that all necessary steps are being taken to ensure the utmost safety at all times and during their visit. It is appropriate to let the patient know that strict infection control protocols are consistently abided by, such as hand washing, wearing appropriate PPE, and closely monitoring signs and symptoms in the office to minimize the risk of the spread of infection. By making patients aware of these strictly followed universal precautions, they can gain confidence in knowing that they will not be putting themselves at dangerous risk of contracting the virus from a staff member, vaccinated or not.

One could also educate patients that there is yet to be concrete evidence that a vaccinated person is unable to carry the virus. In other words, there is still potential that a vaccinated person could be a carrier of one of the many variants. Therefore, on the flip side, there is no guarantee that a vaccinated person would not be able to transmit the disease to someone who is not vaccinated. This only amplifies the importance of vaccination and thus more widespread protection for dentists and patients alike.

All things considered, vaccinations are highly encouraged to protect not only the person who is vaccinated, but also the public through herd immunity. Being vaccinated lowers the chance of you transmitting the disease by reducing the likelihood that you'll contract it. As a result, it protects others who have not yet had the opportunity to receive the vaccine or are unable to get the vaccine due to underlying medical conditions.

As per the American Dental Association Code of Ethics, dentists have a duty to communicate truthfully and to protect the privacy of personal medical information. While protecting members of the staff and respecting their rights, as leaders in healthcare, dentists should also strive to educate and encourage all staff members to get vaccinated by sharing useful information. But at the end of the day, patients ultimately have the right to refuse care if they are in any way uncomfortable, despite reassurances. When navigating these tricky waters, remember to be compassionate and considerate, while doing your best to promote decreased risk of infection for all.

Please note this article is not a substitute for legal advice on this topic.

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