

Editorial

A Shock to the System: Deaths of Two Children and a Good Friend

*Old Dan Tucker was a mean old man, Washed his face in a frying pan,
Combed his hair with a wagon wheel, And died with a toothache in his heel.
(Popular American Song from the 1800s)*

"No one dies of a toothache, right?" That's a question many of us have heard from friends and colleagues outside of dentistry, implying that we're not involved in life-and-death situations in our daily practices. Usually that's true, but not in the cases of Deamonte Driver and Alexander Callendar, each of whom died in recent weeks from complications related to odontogenic infections. Deamonte, a 12-year-old from Maryland, developed a brain infection from an untreated abscessed tooth. His family had lost its Medicaid coverage which resulted in delayed dental care. He passed away in February following two operations and six weeks of hospital care. His medical treatment cost an estimated quarter of a million dollars.¹ Alexander's death in Mississippi, which has been under investigation, was possibly linked to septic shock following the removal of two infected teeth.²

We always like to play the blame game, so who is at fault here? Certainly the mythical "safety net" for uninsured children failed Deamonte, and possibly Alex. And how about the "system?" Even for the children who do have Medicaid, only a minority receive any dental care. Low reimbursement rates and cumbersome bureaucracies are strong disincentives for potential participating dentists, resulting in long waits and long drives for many families who seek care. More than a few of you prefer to give back to this segment of the population by providing unreimbursed care to some children, rather than grapple with the system. State Children's Health Programs (S-CHIP), mandated by Congress in 1997 to provide low-cost insurance for the working poor, are not required to have a dental component, or may provide dental coverage at an additional cost. This "add-on" option is increasingly being considered as a cost-cutting move by states that have previously included dental care in their S-CHIP plans. These changes will further weaken access to care and increase the health risks to all children under the S-CHIP umbrella.

Also sharing the blame are those who have propounded the myth that dental caries is no longer a health problem in this country. That may be true for some children in affluent families, but don't try to sell the "caries is conquered" line to Deamonte's or Alex's families. The American Academy of Pediatric Dentistry (AAPD) has long been sounding the warning about early childhood caries (ECC), and Surgeon General Satcher's 2000 report on oral health in America echoed our concerns. Yet ECC is rarely mentioned in discussions of the oral health-systemic health link.

And what about parents? Shouldn't they be responsible for the children's oral health? Even for parents with good education, access to easy transportation, financial resources, and a local pediatric or family dentist, sometimes dental care slips a notch or two

in the priority list. Take away these and other advantages, and even the most motivated among us might have to drop dental care even further down the list until our child is awake all night with a toothache. This is not to absolve parents of their responsibilities, but to encourage us to walk metaphorically in their shoes for a day. Education about the importance of oral health is a key missing ingredient here, and the system doesn't make things easier.

Some positive changes are underway. The Children's Dental Health Improvement Act of 2007 has been introduced in the Senate by Jeff Bingaman (D-New Mexico) and Benjamin Cardin (D-Maryland), and in the House by John Dingell (D-Michigan). This proposed legislation would expand access to dental care for low income children and would mandate dental coverage in S-CHIP programs. The bill contains several more components that AAPD has been lobbying for over several years. It's a long and bumpy road from introducing to passing legislation, so the outcome for this bill is not yet certain. But kudos to our Child Advocate, Jim Crall, our Congressional Liaison, Heber Simmons, Jr, and many others in the Academy for their unrelenting and stunningly successful efforts in Washington, DC.

There will be more positive developments to report in the future, but these uphill battles became a little tougher with the death in February of Rep. Charlie Norwood, a dentist from Georgia who spent 13 years in Congress. Dr. Norwood was a strong advocate for patients' rights and improved access to care. He took children's oral healthcare issues to heart, and was sympathetic to the positions advocated by AAPD. He would have been saddened by Deamonte's and Alex's deaths, just as we are saddened at his passing. We offer our condolences to all three families.

References

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