INTRODUCTION

Approximately 1.4 million people in the United States are diagnosed with cancer each year, excluding “simple” basal cell and squamous cell skin cancers occurring on sun-exposed areas of the body. During the course of their treatment, roughly one-third of cancer patients will develop oral complications. Dentists are in a unique position to offer optimal care to these patients ranging from providing information and implementing preventive strategies prior to treatment to managing short- and long-term side-effects. This paper will highlight the dentist’s role in the management of patients treated with chemotherapy for various types of cancer as well as those who receive radiation therapy for cancer of the head and neck.

Two tenets or basic foundations are apparent from the beginning regarding the management of cancer patients — prevention is the best medicine and a team approach between physicians and dentists will best serve our patients. Optimal oral health will allow a patient to approach cancer treatment with teeth and oral tissues that are as disease-free as possible and more able to withstand the challenges of chemotherapy and radiation. A dentist’s ability to evaluate a patient prior to cancer therapy to address any acute needs as well as potential long-term oral health challenges is extremely important and should be part of an overall cancer management plan.

ABSTRACT

Dentists are in a unique position to care for cancer patients before, during and after treatment. This paper outlines foundational knowledge highlighting the dentist’s role in the management of patients treated with chemotherapy for various types of cancer as well as those who receive radiation therapy for cancer of the head and neck. The value of the dentist in a multidisciplinary team approach to cancer care is stressed along with specific treatment modalities to improve patient comfort and quality of life.

INTRODUCTION

In “Living in Limbo: Life in the Midst of Uncertainty,” Donald Capps and Nathan Carlin write about “limbo situations” in everyday life. An example of a limbo situation includes the experience of finding oneself out of work or being laid off and not knowing when or if one will find a new job — they call this work-related limbo (1). Another example of a limbo situation involves waiting to get married. Some couples, for example, do not have parental approval to proceed with their wedding plans, and, because they do not want to alienate themselves from their families and because they also do not want to give up on their relationship, they find themselves in relational limbo. Going through a divorce is another example of relational limbo (2). These authors also include a chapter on illness-related limbo, such as waiting while health care professionals try to determine one’s diagnosis and prognosis (3). Their book is filled with real life stories of people living in limbo, and they write about how these persons have made the best of these states, situations that seem to be more or less universal to all stages and walks of life (4).

ABSTRACT

This case report presents a conversation that the authors had with a patient who is suffering from oral lichen planus and oral cancer. The reason that the authors approached the patient for an interview was to find out why he decided to enroll in an experimental study related to his oral cancer. The patient reported that it was “the waiting” that led him to enroll in this study — that is, the pressure of waiting for oral cancer to reemerge was simply unbearable, and enrolling in this experimental study enabled him to take a more proactive approach to his illness. The authors view this “waiting” as a “limbo experience” and reflect on the implications of this limbo experience for dental ethics and research ethics.

KEY WORDS:

Oral cancer, oral lichen planus, dental ethics, research ethics, limbo experiences, autonomy, patient preferences