

## EDITORIAL

## The pandemic is not over, but we still must treat patients with compassion

Although the COVID-19 pandemic eventually will come to an end, SARS-CoV-2 is likely to remain with us as an endemic cause of disease.<sup>1</sup> Those entering the hospital environment, nursing homes, and other facilities that provide human care still are mandated to wear masks to reduce the risk of spread and to promote safety.<sup>2</sup> There is another disease that recently erupted around the globe called monkeypox, which poses a new risk for health care professionals. We as practitioners are continually in contact with patients who may be infected with these and other diseases. As oral surgeons, we understand the precautions that can be taken to protect ourselves, our patients, our staff, and our families. For decades, oral surgeons have donned personal protective equipment in some form to protect against transmissible diseases and have employed those practices throughout the COVID pandemic. They will continue to provide protection against COVID, monkeypox, and future diseases that may emerge.

Although each and every one of us has certain biases with these diseases—conscious or unconscious—it is important that we treat patients with respect and dignity even if they are “different” from what we are used to.<sup>3</sup> It is important that we render accurate diagnoses and then perform the proper treatment on all of our patients. When we treat all with equity and equality, we recognize there are different circumstances that come into play, and all will be provided appropriate, equitable care.<sup>4</sup>

I have been thinking about a 2019 editorial by Dr. Kevin Rieck,<sup>5</sup> a past president of the American College of Oral and Maxillofacial Surgeons who trained at the Mayo Clinic. Dr. Rieck highlighted the mantra of the Mayo Clinic as an ideal to have in mind when treating all our patients, “the needs of the patient comes first.” Dr. Rieck also authored an editorial in 2020 highlighting another critical issue for health care professionals: burnout. Recently, teacher burnout has come to the forefront,<sup>6</sup> but is this not also an issue for our profession of physicians and dentists?<sup>7</sup> We should ask ourselves whether we are taking care of ourselves to render the best care we can give our patients.<sup>8</sup> These 2 ideas, putting the needs of the patient first and caring for our own well-being, are somewhat in tension. In addition to caring for our physical and

psychological well-being, another factor for consideration is our financial compensation. We know that reimbursement rates are different throughout the country.<sup>9</sup> A question with which we all must struggle is whether we should move to an area where the wear and tear of our bodies is less and finances are greater, where we are most comfortable, or do we just adapt so that the needs of the patient come first and foremost. Throughout my career, I have worked mostly with the Medicare patients of Pennsylvania. I have continually rendered care to the best of my ability, never thinking about reimbursement. Instead, I find ways to care for myself, including claiming time for resting and relaxing, so I can render the best care. Is this wrong in providing patient care? I hope not.

## DISCLOSURE

None.

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