I DON’T MAKE MISCALCULATIONS and I don’t forget details. Instead, I catalogue events in my mind, preserving them like cave-etchings. I’m not talking *idiot savant* or anything like that; I just like it when things are in order. If they’re not, my brain puts them that way for easy reference later on. Specifically, times like these.

That’s the first thing I’ll say at the hearing. And then—because this is something that could have happened to anyone—I’ll tell them the entire story, beginning with the drive to work.

I was pacing myself so as not to arrive at 7:42 or 7:51 (numbers that add up to thirteen). I’m not superstitious, mind you. But in my profession why take a chance? The man behind me didn’t appreciate it though, and had been fingering me ever since we missed the last green light. I smiled and shrugged my shoulders; for all I knew he was my eight-o’clock crown prep or new-patient exam. It’s a small town, after all, and business has to come first.

The timing when I arrived, however, was perfect—7:45 on both my wristwatch and the dashboard clock as I pulled into my spot. I felt justifiably righteous as I walked through the doors and into the office.

“Good morning,” I said to my receptionist, Sharon, sitting professionally at the desk with a stack of charts in front of her. She’d gone through them already and clipped a procedure checklist to each, highlighting any irregularities.

“Richard,” she replied, nodding and returning to her work.

Sharon’s not much for conversation, but she’s a marvel with patients. Empathetic to someone with a cracked tooth, yet unflinching when it comes time to pay the bill. You can’t teach that kind of terrific. Sharon’s always been my business touchstone and, when I think about it, I really should pay her more.

By the time I’d changed, everyone was waiting in the staff room for the first of our daily meetings.
Ranjeet, my hygienist, sipped a cup of tea in the chair beside me; six months pregnant but still steady as a work boot. When she first told me about the baby I immediately started calculating lost revenue for the practice, the hassles of hiring a temp, that sort of thing. But then her husband arranged to take parental leave and suddenly everyone was a winner.

Jennifer, my dental assistant, was passing around a stack of photographs. I didn’t have to look to know the theme: bridesmaid dresses, honeymoon locations, et cetera. That day, specifically, it was tiaras. I looked at the pictures out of consideration, of course, but I had no interest. Nothing about weddings or relationships was even on my radar. I think it’s important I point that out.

“Time to focus,” I said, clunking the charts on the table like a gavel. “Let’s see what’s on deck, shall we?”

Sharon motioned to my tie, which needed tightening, and sat across from me with her hands folded. I know she does the same for her husband to whom she’s been married twenty-two years.

“Chair one, eight o’clock: new patient. Please note the latex allergy,” I said, starting the meeting. “Chair two, eight-thirty: composite MOD, quadrant two. And I’ve given us an extra fifteen minutes for this one, Jen. It’s Mrs. Evans. Expect to hold her hand the whole way.”

I went through every patient like that, drawing attention to anything extraordinary. Things like a colour mismatch on a $2400 crown and bridge (the lab’s fault, not ours), a cell-phone answerer who doesn’t like the chair inclined, and a five-year-old in for her first visit, paranoid parents in tow. Dentistry is stressful, yes, but stress can be mitigated by preparation, the reason for these meetings. We do a second one after lunch because nobody (except me) can remember the details of the whole day at once.

“And another thing,” I said at the end. “Don’t forget Thursday is Patient Appreciation Night. The caterer this year is Canterbury Cuisine and I’ll provide wine from my home collection. Staff participation is expected. After all, you know the dictum: if you’re not building the business, you’re building the roadblock.”

“Your first patient is seated,” Jennifer told me. She was humming to the classical station we play in the office, an annoying habit of hers. I looked at the clock. It read 8:05.

“How are the wedding plans coming along?” I asked.
“Couldn’t be better. You saw the tiara right? Also, my mom found a place that does personalized seashells. And I said, _Hello, centerpieces!_”

“Sounds lovely,” I told her. And I thanked God when the clock changed and we could begin the day.

I looked at the chart on the way to the operatory. Jessie Lawrence. Thirty-one-year-old male. Chief complaint: discomfort, upper left. Not satisfied with previous dentist. This one sounded easy. I put my game face on and entered the room.

But I stopped when I saw the stockings, legs and heels. Jessie Lawrence was a woman. The wrong box had been ticked under the gender heading. I don’t like errors. Not even small ones. I handed the chart back to Jennifer and pointed out the mistake so she could correct it. Then I addressed the patient.

“Hello. I’m Doctor Richard Farrell. Glad to meet you.”

“Hello, Doctor,” Jessie said, leaning forward to shake my hand.

I made a mental assessment while I masked and gloved up. She was professionally dressed. Had a dental plan under her own name. Long auburn hair with a controlled wildness about it. Trendy glasses. A lovely symmetry to her face. And a smile that could only be described as ideal.

I also admit noticing she was very attractive. But that was something anyone with eyes would notice. It’s not that I was looking.

“How can I help you today?” I asked.

I didn’t dry my hands well enough after washing and the vinyl gloves stuck. I had to tug each finger separately like a rookie. I collected myself while Jessie described the sensitivity she was having.

“This tooth hasn’t been right since the last dentist did a filling.” She touched her second bicuspid, number 2-5. “I’ve only seen him twice, picked him out of the phonebook when I moved to town. Needless to say the first impression didn’t bowl me over. I guess I’m looking for someone who’s, well, perfect,” she said, laughing. “Whatever that means, right?”

I knew the previous dentist she was talking about—perfect was the last word I’d use to describe that corner-cutter. A simple redo of the filling using a proper base would fix the problem. First things first though: I went through my standard new-patient routine. Step one: smile genuinely (people can tell if you’re faking it even under the mask). Step two: casually glance at the wall with the framed degrees and multiple award certificates. Step three: provide a reassuring yet professional pat to the arm. And finally, use the patient’s name in a comforting sentence.
“Don’t worry Jessie, you’re in the right place. Let’s have a look now, shall we?”

That evening I dined at The Royal, a restaurant in one of the high-end hotels by the beach. I ordered halibut with cream sauce, roasted vegetables and basmati rice. When the waiter—a fellow named Gerard with a ridiculous ant-trail moustache—brought out the meal, I noticed there were thirteen capers on the plate. I removed one of them before taking the first bite. Otherwise everything was perfect.

When I was young, I never owned a bicycle, never played sports, never had a serious girlfriend. I put all my energy into school, then into my career, working towards the day when quality belongings and nice restaurants became the norm. And now, at forty, with both my house and the dental practice paid off, I’ve made it: the good life. I don’t even have to think about whether I’m happy or not. It’s a no-brainer.

I considered this, the path of my life, quite often over dinner. But that night for some reason my attention turned to Jessie Lawrence.

I admit to having been thrown off by the gender error in the chart, but there were other indelicacies on my part as well. I spent an extra few seconds doing the head-and-neck exam even though her lymph nodes felt normal. I took more care than usual in the examination of her dentition and x-rays, making myself late for the next patient. And, although Jessie’s discomfort was mild, I had Sharon switch the next day’s schedule so I could redo her restoration on the pretence of an emergency.

The reason for all this, I decided over a second glass of wine, was simple. I knew from experience that things aren’t always as they appear and I had a funny feeling about this case. Call it dental intuition if you like. It’s the only reasonable explanation and, looking back, I was right on the money about it, wasn’t I?

The panel members will have their own ideas of course. Yes, Jessie was attractive. And, yes, I knew she was single (from the personal information section of the chart). But I’m the quintessential professional and my office is neither a nightclub nor a coffee shop. Besides, I wasn’t about to break my number one rule no matter how lovely Jessie might be: never, ever become romantically involved with a patient. End of story.
The next day I instructed Jennifer to give the operatory a double spray-down before Jessie’s appointment. The previous patient had left behind the maggoty smell of gum disease and I didn’t want that to be Jessie’s first impression. I was being business savvy. And for the same business reason I cleaned the specks from my glasses, washed my face and rinsed with Listerine in the staff room before returning to the operatory.

When I arrived, Jessie was in the dental chair reading a magazine. There were tons of People-type publications in the rack, yet she chose the latest edition of The Economist. I pay attention to these details to help guide conversation and devise appropriate treatment plans. It’s essential in building a solid practice and it’s the reason I stood quietly behind Jessie for a while, watching her read.

She crossed her legs in an elegant manner and tucked a piece of hair behind her ear. As she read she ran her finger across the page softly, like she was petting a ladybug. I smelled apricot and vanilla shampoo. It’s strange, but I was sure it was the same kind I buy, an expensive salon brand in a pyramid-shaped bottle. I had the urge to lean over and put my face right up to her hair. Just to see if it really was the same brand or not. Just out of curiosity.

When Jennifer came into the room, I picked up Jessie’s chart, cleared my throat and walked around to attend to the patient.

“Hello,” I said. “Nice to see you again. To get this problem dealt with.”

“I’m glad you could squeeze me in.”

I took a mask from the dispenser and put it on. My cheeks felt hot, but I wasn’t trying to hide my face, it’s just more bona fide that way.

“Did the tooth bother you last night?” I asked, touching her arm in a professional and practiced manner.

“I can’t lie, Doctor Farrel. It wasn’t the best sleep I’ve ever had.”

“Please, call me Richard.”

I don’t know why I said that, but I have to reveal the details exactly as they happened even if they’re embarrassing.

For the anesthetic I used a piña colada-flavoured topical, Articaine without a vasoconstrictor, and a 30-gauge needle, the thinnest I had. The patient tolerated the freezing well and I explained the procedure fully while it set in. Then we began. The old restoration came out easily and, as I suspected, there was leftover decay underneath that the previous hack had missed. It’s a good thing Jessie was in my hands now, I thought. Good thing for her was what I meant.
I kept the drill at the optimum speed while I cleaned out the cavity—too fast and the vibration can be disturbing, too slow and it's like digging a grave with a spoon. Jessie closed her eyes while I worked; I pictured her, pain-free, finally getting a good night's sleep. In my mind I watched her chest rise and fall as she drifted deeper and deeper. Her skin, smooth as a watch-face; her breath, rhythmic as the ocean. I wondered what it must be like to reach over at night and feel someone like Jessie beside you, warm and soft and clean. It was something I'd never had before, not even once in my entire life.

“Should I mix the base now?” Jennifer asked, bringing me back to the moment. I'd been distracted, I admit. Lulled into the rhythm of perfecting the tooth preparation.

“Yes. I'm ready, thank you Jennifer,” I said, giving the tooth one last kiss with the drill.

“How are you doing, Jessie?” I asked.

She nodded behind the silicon dental dam and—unable to speak—patted my knee to show me she was alright. It surprised me, the touch. But it was very reassuring.

The rest of the appointment was textbook perfect. I put in a base, placed and cured the filling, and polished it so it was undetectable to the naked eye. And then, after checking the contacts of her bite, I did the same thing I do for all my patients—invited her to Patient Appreciation Night. My house, Thursday, 6:00.

The catered food was quite acceptable: salads, mini-quiches, chicken skewers and accoutrements. And I chose a variety of exceptional wines from my climate-controlled cellar to complement it all. I even had a few bottles of expensive port and ice wine at the ready, depending on who showed up and what I felt their tastes might be. Always best to be prepared.

At precisely 7:00 I gave a short speech, showering accolades on the staff and thanking patients for their support. I mentioned a few plans I had for office upgrades in the coming year and ended with my usual line: “Everyone please enjoy yourselves. And remember, taxis and floss are both available at the end of the evening for whoever needs them.”

Then, after a receiving line of handshakes, I poured myself a glass of wine and retired to the side of the room to watch the interactions between staff and patients, something a good host and businessman should do.
Someone spilled a drink on the hardwood and Sharon cleaned it up before I even had a chance to move. Afterwards, her husband whispered something in her ear and she laughed, smacking his arm. Ranjeet’s husband brought her a soda and rubbed her lower back while Rod Deacon, a long-time patient, pointed to her stomach and said, “If it’s twins, you’ll have to call them Rinse and Spit!” And Jennifer, not to be outdone, showed off her fiancé as if he was a new pair of shoes, only letting go of his hand long enough to flaunt her engagement ring.

My staff were content and that was good; I should have been happy. Instead I felt disconnected. They seemed to have so many things going on in their lives, a lot to talk about. It made me wonder what they said about me when patients asked. The only descriptors I could come up with had to do with work. Was there anything else? The word dentist seemed to be the sum total of my life.

At eight o’clock I located myself by the front entrance so I could hear the doorbell if any stragglers arrived. I stayed there most of the night, interacting with patients as they walked to the washroom or toured the lower level. The doorway was quiet the whole time: nobody else showed up.

And that nobody included Jessie.

I was melancholy on the drive to work the next day. It was because I was tired, having stayed up late to clean. Everyone seemed to have a good time though, and there had been a record number of attendees. So the evening was a success. Still, I was out of sorts, which explains why I arrived at work at 7:51 and had to sit in the car for a while before going in.

“Richard,” Sharon said from her usual perch, handing me the charts for the day.

“Hello, Sharon. Did you enjoy yourself last night?” I asked.

“I did. Thank you.”

She nodded. I nodded. But I didn’t feel like saying anything else so I turned to go.

“Hang on,” Sharon said. “Listen to this.”

She pressed play on the answering machine and I perked up as I recognized the caller. It was Jessie Lawrence.

“Sorry to be a bother, but there’s a swelling in my gum above the tooth that was worked on,” she said. “I wonder if Richard could take a look. Please, call me when you can.”

That’s why she didn’t come to the reception. I should have known there’d been a reason.

I re-examined her x-ray; there was no evidence of a problem on the film, so I hadn’t missed anything. It was just one of those things. The tooth needed a root canal, that’s all. Then I noticed Sharon had taken out the referral pad for Dr. Jacob, the endodontist we used in these cases. She held out a pen and when I didn’t take it, she scrutinized me like a kid with a magnifying glass.

The truth is I didn’t want to fire the patient off to someone else prematurely. I wanted to be thorough, cover all the bases. Do what I was trained to do—help people with their dental needs.

“Reschedule my day,” I told Sharon, avoiding her gaze. “And give Ms. Lawrence a call.”

I cancelled the afternoon staff meeting so I could prepare for Jessie’s root canal. I hadn’t performed one in years, having been busy enough with restorative work, and I wanted everything to go smoothly. I wanted everything to go perfectly. Jennifer tracked down the obturator and endo files from our storage room and sterilized the equipment while I studied the x-ray further. And after everything was ready, I waited, staring at the clock face like it was some kind of oracle.

When Jesse finally arrived, the blood in my veins sparked. I put it down to nervousness at doing a procedure I hadn’t done in a while.

“Hello, Jessie,” I said in the operatory. She was holding her cheek with one hand, the universal sign of a toothache. She managed a smile anyway, and it was beautiful despite her discomfort. I remember that detail clearly.

“I had an awful night,” she said.

I almost replied, me too. But I stopped myself in time.

“Can you fix this, Richard?”

“Yes,” I told her. “I can definitely help you.”

And there was nothing I wanted more in the world than to do just that. To make Jessie’s pain go away. I wasn’t even going to charge her for it, out of sympathy and compassion. That’s the honest truth.

I leaned the chair back and put my mask and gloves on. I touched Jessie’s arm, gently, in a professional manner. Even though she hadn’t slept, she still presented herself beautifully, right down to her high-heeled shoes.
Most people in a situation like this would have shown up in sweatpants and the first t-shirt they could find. I was impressed at her stoicism.

I examined the area around the tooth, palpating the tissue with my finger, and saw plainly the tooth was abscessed. I explained what we needed to do, giving her all the options. And when she agreed to the root canal, I administered anesthetic and rinsed the injection site. Everything by the book.

“You’ll be fine now,” I said, trying to reassure her, noting that she was somewhat pale, not unusual after receiving an injection.

I turned to examine the tray setup, which was in order, and had an interesting thought. Perhaps when this was over I could take Jessie out for a complimentary meal. Call it a Personal Patient Appreciation Night, seeing that she’d missed out on the real one. It would be work related of course, something I could write off. A gesture of goodwill to help her believe in dentistry again after what she’d been through. I wouldn’t be breaking my rule, not at all. I’d simply be building the business.

Jennifer started humming to the radio, Ravel’s Bolero. I gave her a look to let her know it was inappropriate. After all, a patient was in distress. But she stopped humming on her own before I could scold her. Her eyes widened and she pointed at Jessie. “Something ... something’s happening,” she said.

I turned. Jessie’s face was no longer pale, it was erythematous. Splotchy as a failed kidney. Her lips and eyelids were swollen and tiny welts appeared around her mouth like spider bites. She tried to speak, but all that came out was a wheeze.

She was going into anaphylactic shock.

“Why?” she said, finally. Reaching up to her throat.

I asked myself the same question. I was sure I had given her the correct anesthetic. And I hadn’t prescribed antibiotics yet. Hadn’t even started the root canal. Then I looked at Jessie’s arm where I had touched her a moment before. There was a rash there, too, a raised, red outline the exact size and shape of my hand.

Chair one, eight o’clock: new patient. Please note the latex allergy.

“What have I done?” I whispered.

It was a mistake, I admit. But it’s forgivable, isn’t it? Given the circumstances and all my good intentions?

“Jennifer, get the Epi-Pen. Now,” I said, snapping my gloves off and throwing them as far away as humanly possible. By the time she’d returned, Jessie’s throat had already closed.
She slumped back in the dental chair, slipping into unconsciousness right before my eyes.

It’s time. I’ll tell the panel the entire story and I’ll accept the appropriate consequences. There’ll be fines, retraining, a suspension from the registrar. My staff will have to take time off too, and I feel especially bad about that. But then life will go on, such as it is. There’ll still be an ocean of patients needing treatment when it’s over. And I’ll still be a dentist. Apparently, the only thing I’ll ever be.

I straighten my tie in the rear-view mirror and push back an unruly tuft of hair. Then I collect my file folder, charts, and notebook and take the keys out of the ignition. I’m ready now to explain myself to the College of Dental Surgeons.

Before I get out of my car, though, I see something across the parking lot and my heart lightens. It’s Jessie! Getting out of her vehicle and buying a ticket from the parking meter. But why? She’s not supposed to be here. These proceedings are closed, even to her. It’s a disciplinary hearing, not a court of law.

She looks around, searching for something in the parking lot—no, searching for someone. Then she starts walking towards the College office, moving quickly, like she’s on a mission.

And all of a sudden it hits me. I know what that mission is: she’s here to stick up for me, to speak on my behalf. It’s the only logical explanation.

After all, I did save her life. I took the correct steps, followed the emergency protocols. I even held her hand in the ambulance while the paramedics worked on her. And now she’s here to thank me. Even though I haven’t spoken to her for months. Even though I’m not her dentist anymore.

Not her dentist anymore ....

I throw the files on the passenger seat, fumble with the door handle until it opens. Then I jump out of the car and run towards her. “Jessie,” I call. “Wait. I need to ask you something.”

She stops on the stairs at the entrance and turns around. I take stock of her appearance to help gauge the best way to approach this. She’s wearing a professional pinstriped skirt, has a confident air about her, sunglasses, black pumps, perfect hair. She’s beautiful. Always beautiful. I can’t read the look on her face from here but it doesn’t matter. What in the world could possibly go wrong now?
I walk up the stairs and stand beside her. I smile, genuinely. Touch her arm in that practiced manner. Before I speak though, I check my watch. The time is 11:11. *One plus one plus one plus one.* If that isn’t a sign I don’t know what is. Unless of course I read it as *eleven plus one plus one.* In which case I should wait a minute before interacting, just to be on the safe side. But a minute is a long time to wait. A very, very long time.

“Doctor?” Jessie says, putting her hand on my shoulder and leaning forward, guiding me to regain my focus. “Is there something you wanted to say to me?”