

THE EDITOR'S CORNER

Concerning Ivan Ilyich

The *Death of Ivan Ilyich*, written by Leo Tolstoy—one of literature's great moral philosophers—is not merely a story about dying. In this haunting novella, Tolstoy introduces Ivan Ilyich, a successful judge whose mysterious illness upends his carefully ordered life. As death approaches, he realizes that the career and status he once valued were hollow pursuits. What he longed for was authenticity and compassion—basic needs that were overlooked by those around him, including his doctors.

In many ways, Ilyich's story echoes moments in orthodontic practice—perhaps not life-or-death crises, but quiet gaps between what patients need and what we provide. Much like the doctors in Tolstoy's tale, we can become so focused on procedures and outcomes that we overlook the person sitting in the chair. The illusion of clinical goals can blind us to a patient's lived experience. I've experienced this firsthand—times when I believed I was delivering excellent care, yet the real issue lay in something unspoken.

I recall treating an adult patient with a prominent diastema who resisted having her braces removed. She was convinced the gap was still there. I removed the wire, let her floss, showed close-up photos, but nothing reassured her. What she was really expressing wasn't what she saw, but how she felt: she feared the return of her diastema. Successfully completing her treatment meant addressing that fear, not just her spacing. Like Ilyich, she needed to be heard, not told.

Similarly, earlier in my career, I would routinely dismiss posterior open bites reported by Invisalign patients near the end of treatment. I'd tell them it was normal—just the result of aligner thickness—and that things would eventually settle in retention. Today, I check for anterior interferences that can prevent molar contact. The lesson learned: what patients share with us can be diagnostic gold. This shift in mindset taught me to listen, not dismiss or deflect.

Listening closely to what a patient wants sometimes means choosing not to treat. Certainly, that includes cases involving periodontal disease or complex restorative needs, but I'm also thinking of adolescent boys who clearly don't want braces. I'll ask them directly, "Do you want braces?" If the answer is a firm "Nope," then the consultation is essentially over. I explain to the parent that forcing treatment will only breed resistance, and that it's better for the child to pursue it later, on their own terms.

This shift in perspective has also changed how my team communicates. We don't say a patient "has concerns." That phrasing makes them sound adversarial and puts me on the defensive. I tell them: patients don't have concerns, they have questions. So when a technician flags me down, I don't want to hear, "Mrs. Jacobson has concerns." I want to hear, "Mrs. Jacobson, did you have a question for Dr. Kravitz?" This subtly shifts the tone from confrontational to conversational.

By the end of the story, the only figure who offers Ilyich comfort is not a doctor, but his young servant, Gerasim. While the doctors remain cold and evasive, hiding behind medical parlance, Gerasim meets Ilyich's suffering with honesty and compassion. He doesn't pretend nothing is happening. He simply sits with Ilyich, supports him physically and emotionally, and treats him with dignity. In Ilyich's final moments, it is connection, not expertise, that brings him peace.

Tolstoy, best known for *War and Peace* and *Anna Karenina*, didn't write *The Death of Ivan Ilyich* to condemn medicine, but to illuminate its blind spots. Ilyich's suffering wasn't caused solely by illness—it was magnified by the absence of empathy. Even in orthodontics, our patients can feel vulnerable, anxious, and unseen. Our job is to meet people where they are, because meaningful treatment goes beyond correcting malocclusions—it's about discovering what matters in their lives.

NDK