Dentists also make mistakes

What is sound dental practice? Are there some common themes in supervision cases involving dentists? Can dentists learn from some of these cases? Why is it so important to keep patient records?

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During the period 2004 to 2007, the Norwegian Board of Health Supervision dealt with 41 cases involving dentists and dental practices. This has resulted in 18 warnings and 8 cases of loss of authorization. The other 15 cases were concluded without an administrative reaction.

The Norwegian Board of Health Supervision initiates a supervision case if there are grounds to believe that the dentist has not met the requirements of the Health Personnel Act. The Norwegian Board of Health Supervision in the County obtains information and makes an assessment. Some cases are concluded with the dentist being given advice and guidance. Only the most serious cases are sent on to the Norwegian Board of Health Supervision (the central office) to be assessed to see whether an administrative reaction shall be given in the form of a warning or revocation of authorization.

In this article, we discuss the most important issues, say something about the standards we use for sound practice, and point out the importance of keeping good patient records.

Dentists give advice – patients decide

In many situations, dentists can offer patients several treatment alternatives. From the patient's point of view, the choice will often be decided on how long the treatment will take, whether it will be painful, how much care and follow-up is demanded of the patient, what the aesthetic result will be, how permanent the result will be, and, not least, how much the treatment will cost.

Information about the different treatment alternatives, the different risks and the different costs should be given to the patient before the treatment is provided, so that the patient has time to weigh up the alternatives. Dentists shall not suggest treatment alternatives that are unsound. Cheap alternatives can be tempting for the patient, but can be costly in the long run if more permanent and more costly treatment is required after a short time. It is important for dentists to consider the total use of resources when treatment alternatives are presented. If the patient does not want the recommended treatment, but wishes to have treatment that is unrealistic, the dentist should refuse to provide the treatment and, if necessary, recommend the patient to get a second opinion from another dentist. This must be recorded in the patient's records.

Case 1. The patient should not have been given the choice

The patient had a loose bridge in her upper jaw. The bridge was lost. There were three treatment alternatives for the patient when the bridge became loose: a removable partial denture, a bridge implant, or a large bridge involving the preparation of five healthy front teeth. The patient refused to have an implant, and chose the third alternative. In the opinion of the Norwegian Board of Health Supervision, this treatment was not sound. We appointed an expert dentist to assess the treatment that had been provided. He was critical to preparing five healthy teeth. The treatment was expensive and the result was uncertain. It is understandable that the dentist takes the patient's wishes into account as far as possible, but the patient shall not be presented with treatment alternatives that are unsound.

Case 2. The patient should have been given better information

The patient was given a 10-unit bridge, with few supporting teeth. She was 60 years old and had poor dental health with periodontal disease. The Norwegian Board of Health Supervision stated that the indication for a 10-unit bridge was very doubtful, because, among other reasons, there were so few supporting teeth that there was a high risk that the bridge could break. If one of the supports broke, the bridge would be lost, and there would be no possibilities to make a new bridge. The alternatives to a bridge were an implant or a partial denture. These alternatives would have been more expensive, but the chance for a long-lasting and successful result would have been greater. In the opinion of the Norwegian Board of Health Supervision, sound practice in this case would have been

to advise the patient to choose a different treatment that had a greater probability of success.

Case 3. Lack of diagnosis and unnecessary use of resources

The patient had two courses of treatment of the lower jaw during a period of five months. First, the patient's teeth were filled, but five months later all the teeth were extracted because of advanced periodontal disease, and a bridge was fitted. In the opinion of the Norwegian Board of Health Supervision, if the patient had been given a thorough examination and had been treated for periodontal disease in the first course of treatment, some of the treatment could have been avoided. The choice of whether to restore teeth or extract them is dependent on how far the disease has progressed, and the effect of treatment. If it had been necessary to fill the teeth at the first consultation because of pain, they could have been restored with temporary fillings while the periodontal disease was treated. Temporary fillings are cheaper than permanent fillings. Thus a different strategy from the dentist could have saved the patient a lot of expense. In the opinion of the Norwegian Board of Health Supervision, inadequate diagnosis before restorative treatment was provided represents a breach of the requirement to provide sound treatment in accordance with the Health Personnel Act, Section 4. In addition, the dentist had acted in breach of the Health Personnel Act, Section 6 regarding unnecessary use of resources.

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The dentist argued that the patient had been informed about the risks of the type of treatment chosen, about the effect of smoking and about the prognosis. However, it was not recorded in the patient records that such advice had been given. There was no statement from the patient about choice of treatment. In the opinion of the Norwegian Board of Health Supervision, the dentist was in breach of the regulations relating to the duty to keep patient records, in accordance with the Health Personnel Act, Sections 39 and 40.

The purpose of patient records

When a patient complains about treatment, the first thing the supervision authority does is to get a copy of the patient records. For the dentist, the patient records are primarily an aid for his or her work, and his or her memory. But the journal also has other important functions. The patient has the right to see his or her patient records and can thus be informed about matters relating to himself/herself. The patient may also obtain a copy of the patient records and show it to other dentists. Accurate documentation of treatment is important so that other health care personnel can understand what has been done and the assessments that the chosen treatment is based on. In this way, other dentists can assess whether the treatment was correct, and what further treatment they could provide.

The main justification for the duty to keep patient records is to ensure continuity of care, to ensure that the quality of health services is high, and to give the supervision authorities and other public bodies the possibility to assess the treatment that has been provided. In supervision cases, patient records are important evidence.

If the patient chooses treatment that is not the best choice, and that may be risky, it is particularly important that the dentist records in the patient records what information the patient has received about treatment alternatives, risks and costs. In addition, it must be clearly recorded that the patient has understood and given consent to the treatment that has been provided. When the patient influences the type of treatment provided, it is also particularly important to seek advice from a specialist, or perhaps refer the patient to a specialist. In this way, the dentist gets confirmation that the treatment is sound, and the patient gets more time to reconsider his or her choice.

Treatment of children

Children who have a lot of dental disease must be thoroughly assessed to identify the causes of their dental disease. In addition to clinical and radiographical examinations of the teeth and gums, an assessment of the patient's previous caries experience, oral hygiene, diet, saliva and use of fluoride should be made. A treatment plan should be made, which should include a plan for acute treatment, excavation of deep carious lesions and placement of temporary fillings, a caries preventive programme, and, if necessary, surgical treatment.

Case 4. Temporary filling material

A community dental officer used IRM as a filling material for all treatment of caries in children. IRM is a temporary filling material,

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and there is a danger that the fillings will break and that caries will progress if it is used as a permanent filling material. Teeth filled with IRM must be checked regularly. At the clinic for child dental health at the University in Oslo, children with IRM fillings are checked every 4 to 6 months.

The dentist had chosen to allow IRM fillings to be in place for several years. The reason why he had not provided permanent fillings was not recorded in the patient records. In some cases, IRM fillings had failed, and the patients had deep carious lesions that had to be treated by a specialist. Some of the teeth had to be extracted.

Because a temporary filling material had been used, the children had needed many frequent visits over a long period of time. In the opinion of the Norwegian Board of Health Supervision, this had been an unnecessary burden for both the children and the parents, and a breach of the requirement to provide diligent care in accordance with the Health Personnel Act, Section 4.

Hygienic conditions

Dental services are high risk services because they involve contact with patients' saliva and blood. There is a risk of infection both from one patient to another, and from the patient to the dentist. If inadequate hygienic conditions are identified, the Norwegian Board of Health Supervision suspends the dentist's authorization without delay.

In a supervision case, a dentist had his authorization suspended because of breach of basic principles of hygiene and organization of equipment and instruments in his dental practice. The unhygienic conditions were identified as a result of supervision visits after several patients had complained to the local Norwegian Board of Health Supervision. It was discovered that the dentist washed his instruments together with household dishes in a dishwasher with a temperature of 65 and not 85 degrees centigrade, which is the requirement according to the Communicable Diseases Control Act. He used a small cooker to sterilize his instruments, and did not test the "sterilized" instruments for infection.