

## Antibiotic cover for dental procedures - Frequently Asked Questions

*In the unhelpful period of uncertainty following the recent publication of the NICE guidance relating to antibiotic prophylaxis for patients undergoing dental procedures, but before the publication of the new edition of the Dental Practitioners Formulary (DPF), many members have been contacting Dental Protection for advice as to how best to manage a number of the commonly-arising situations. The examples below are provided in order to anticipate and deal with some of these questions.*

**Q1 Right now, which of these two diametrically opposing sets of advice should we be following ? Surely the DPF is an authoritative, official document but the NICE guidance is simply that – ie guidance ?**

It is important to appreciate that many advisory publications (and the DPF is just one of many) are out of date in some respect, almost as soon as they are published. A clinician's duty of care includes the need to keep up to date with new knowledge and developments, rather than relying upon a single source that could be a year or two out of date. The ready availability of up-to-the-moment guidance from sources such as the internet, places an increasing onus upon clinicians to keep themselves properly informed and up to date.

Under English law (the so-called "Bolam" principle, clarified by a number of subsequent cases) you cannot be found to have been negligent if you have acted in accordance with a practice which is regarded as being proper, by a responsible body of people working in your field. The opinion upon which you are relying, or the advice which you are following, must be responsible, reasonable, reliable, logical, and come from a source which is generally regarded as being authoritative.

In this case, there are currently two differing sets of advice in existence, both of which would almost certainly satisfy the above criteria, so it is entirely possible to defend a clinician for adopting either of the two sets of guidance. If and when the DPF is amended to reflect the latest NICE guidance, depending upon the precise wording of the advice ultimately provided in the Formulary, the balance of the available guidance would shift towards more of a consensus position. Once that happened it would become more difficult to defend a clinician who was still following the previous (and then outdated) guidance.

**Q2 What happens when the patient's cardiologist insists that in spite of NICE guidance, antibiotic cover must still be provided?**

Each clinician has his/her own separate duty of care to the patient. An opinion expressed by the patient's cardiologist (or orthopaedic surgeon, or GP) is a valid consideration as part of the overall "mix" of information, but it is not in itself definitive. You should certainly not rely upon a second-hand ('hearsay') account of what the cardiologist may or may not

have said to the patient. Unquestioningly following an opinion such as this, even if it has been confirmed in writing, when it clearly conflicts with guidelines issued by an authoritative body, is inadvisable and may be difficult to defend. This conflict of opinion is something that needs to be discussed with the clinician concerned, and also with the patient, as part of a proper consent process.

If you do not believe that you should be prescribing antibiotics in the specific circumstances of an individual patient, then you should not do so. Explain your decision to the patient and keep a full contemporaneous (ie made at the time) record of this conversation in the patient's clinical notes.

**Q3. What should I do if a patient says they understand my point of view, but they would rather have antibiotic prophylaxis “just to be on the safe side”?**

Here again, you should not prescribe antibiotics against your better judgement. But if you were to do so, your actions would – for the present time at least, while the present DPF is still current – have a body of evidence to support them.

However, for the patient's consent to be valid, they need to understand that any provision of antibiotics carries risks of its own, in both the short and long term. The patient should be made aware of the nature and scale of that risk, and the possible consequences, and all of this should be confirmed in a dated entry in the clinical notes. If you were to prescribe antibiotic cover without having explained these risks to the patient, and the patient were to suffer an anaphylactic reaction as a result, you would be vulnerable to an allegation that you had failed in your duty of care to obtain a valid consent from the patient.

**Q4. My self-employed sessional hygienist is not prepared to treat a patient without antibiotic cover, even though the NICE guidelines suggest that he no longer needs to be considered ‘at risk’ of infective endocarditis. Can I insist that she follows my instruction to adhere to the new (NICE) guidance? And who would then be ultimately responsible if we did follow NICE, and something went wrong?**

As GDC-registered clinicians, you and your hygienist each have your own separate duty of the care to the patient. You could both be named as defendants in a civil (clinical negligence) claim and are each separately accountable to the GDC for your own acts and omissions. However, as the treating dentist you are ultimately responsible for directing and overseeing the patient's treatment and ensuring that the patient is treated safely and to an acceptable standard. You would be accountable and almost certainly, have a degree of vicarious liability for any failure in that responsibility - even if the hygienist was self employed. If the hygienist were an employee your vicarious liability would be inescapable. If the patient was treated without antibiotic cover, and later did suffer from infective endocarditis (IE), both you and the hygienist would have a good argument that in respect of your failure to provide antibiotic cover, you cannot have been negligent since you were jointly following a ‘reasonable body of opinion’ (see answer to Q1 above).

**Q5. Five years ago, I took over a patient from a retiring colleague. His records make reference to ‘a mild heart murmur’ and because of this I have always insisted that the patient had antibiotic cover whenever I treated him. He has always made it very clear that he was taking the antibiotics under protest, pointing out that the**

**previous dentist had never felt it to be necessary. I am worried about how he will react if I now tell him that he quite possibly never needed antibiotic cover in the first place. What should I do ?**

No doubt there will be many situations of this nature and the important thing is to be open and honest with your patient, rather than 'ducking' the issue. Your patient will certainly not be happy if you continue treating him with antibiotic cover and he later finds out from other sources that the NICE guidance was published some time earlier, but you chose to ignore it. You should explain that you were only acting in what you genuinely believed to be his best interests, following the expert guidance that existed at the time. Explain that this guidance has now changed in the light of new scientific evidence – tell him about the present difficulty of having two authoritative sources of advice saying different things. He may simply be delighted at the prospect of not having to take antibiotics for his future dental care – but in any event you have a duty to share what you know with him, and a failure to do so could leave you at risk anyway.

This question does, however, raise a separate issue – the patient's records state that he has a 'mild heart murmur' – but it seems that you 'inherited' these records from the previous dentist. How much do you really know yourself about the nature and significance of this murmur? And what steps have you taken to find out more ?

#### **Q6. Will I still be able to prescribe antibiotic cover on an NHS prescription?**

Yes you will, in the sense that the drug will still be included in the DPF. But this alone does not of course mean that this justifies its use for any NHS patient – this is still a clinical decision, which needs to be made for each individual patient, in the light of current 'best practice'.

Even when the use of antibiotic cover is clinically indicated under current guidelines, you should not use an NHS prescription to order antibiotics if the treatment in question is being provided privately.

#### **Q7. Where can I find additional information to use to explain these changes to patients?**

It remains to be seen what advice and information the Department of Health will circulate, if and when the new issue of the DPF is published, incorporating the recent NICE guidance. If the Chief Dental Officer (for England, Wales, Scotland and/or Northern Ireland as appropriate) circulates a "Dear colleague" letter, this might also be in a form which would assist the process of explaining these important changes to patients.

Other sources of useful information include the following

<http://www.bnf.org/bnf/>

<http://www.nice.org.uk/guidance/page.redirect?o=408798>