

LIGHT BULB MOMENTS –

How many dentists does it take to change a lightbulb?

YOUNG
DENTIST
CONFERENCE
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Dental
Protection



There can be no doubt that the practice of dentistry carries with it challenges and risks. One of the primary aims of risk management is to enable practitioners to identify these risks before they occur in order to mitigate the likelihood of an adverse outcome or complaint. The steady global increase in patient complaints against dental practitioners has been mirrored in Australia, with complaints having more than doubled in the last 6 years leading to a frequency of around 1 in every 11 dental practitioners receiving a complaint annually. Naturally, some disciplines of dentistry are more likely to attract complaints than others but the proportions have remained steady, it is the number that has increased.

It would be fair to say that this deterioration in the complaints profile has occurred as a result of a “perfect storm”. The contributing factors to this include a broad shift in the attitude of patients towards practitioners and also their expectations of them. This is based on an assessment of their competence formulated on how the practitioner presents themselves visually, through advertising and also through their discussions with patients. This is then coupled with an increase of dental procedures previously reserved for specialists making their way into dental practice, compounded by a global economic crisis and crystallised by the rise of the empowered consumer.

The usual suspects of communication, consent, financial considerations and poor record keeping will always rear their ugly heads in every complaint, and when underpinned by failings in the initial information gathering process required to formulate a diagnosis, it is easy to see how the wrong cases can be selected for treatment. This leads to all manner of issues and concerns when it transpires that the treatment undertaken has failed, largely because the patient wasn't a suitable candidate in the first instance.

 **You can have the best hands in the world but if you are not on the same page as the patient and they don't get the outcome they were expecting, you have failed**

This light bulb moment effectively relates to consent as it is critically important to remember that the patient's capacity to give consent to a procedure is solely based in their understanding of what they are getting and why. This understanding must be developed and explored through a discussion with the dentist with risks and warnings highlighted, and any possible alternatives for the patient outlined.

Further advice on consent can be found on Dental Protection's website.



Even if you're both on the same page if something goes wrong the patient may “conveniently” forget what you discussed making records your only defence.

The best communicator in the world will skilfully traverse through all of the above obtaining a perfect valid consent with a patient, however the crunch time comes when something goes wrong and the patient develops a selective memory, declaring that they never knew that this outcome was a possibility. The only defence for a dental practitioner under these circumstances is their records, and as such these do need to be given more attention than most practitioners currently do.

For more information about the current Dental Board standard on record keeping click here.



Even with great hands, great communication and valid consent, in the event of an adverse outcome you still have an obligation to take care of the patient.

Some confusion can arise when practitioners form the view that telling a patient all the things that can go wrong during a procedure in some way abdicates their responsibility to care for that patient when an adverse outcome actually occurs. This is not the case. As providers of health care we sit in a very privileged place within society and consequently, we have an inherent and underpinning responsibility and duty of care which necessitates we care for patients when something goes wrong regardless of whether or not we are at fault.

For more information about the current Dental board position on duty of care please click here.



To err is human

We are none of us perfect. From time to time, things can and will go wrong in our practice of dentistry. Mistakes will be made, patients will be dissatisfied and we will find ourselves and our patients disappointed.

How we behave before and after these times can be the major influencing factor in how well the patient recovers, the likelihood that they will complain about you but also not to be overlooked how you yourself recover from the situation. Perhaps then our last lightbulb moment should be to be kind to ourselves, and also each other.