



## Précis Paper

### Dental Practice and Management of Risk

Dr Jim Ironside is adjunct professor of dentistry at Charles Sturt University, a specialist prosthodontist practising in Sydney CBD. This is the first of a series on dentists. Useful for lawyers advising dentists and an introduction to risk in a dental surgery.

#### **Discussion Includes**

- Risks – Patients and Dentists, Medicines and General Anaesthetics, Warnings and Overseas Treatment
- Document Management and Patient Records, Confidentiality and Sharing Records with Patients
- Discussing Costs with Patients at an Early Stage
- Taking a History from Patients
- Infection Control in a Dental Practice
- Obtaining Consent for Invasive Procedures
- The Role of Dentists in Identifying Other Medical Issues
- Involving Patients in their Treatment Plans
- Patients Obtaining Information on the Internet

# Précis Paper

## Dental Practice and Management of Risk

1. In this edition of BenchTV, Dr Jim Ironside, prosthodontist at Ironside Advanced Dental and Associate Professor at Charles Sturt University, is interviewed by Louise Blase on various aspects in the field of dentistry, including risks involved in dentistry for patients and dentists, document management, record-keeping, infection control, obtaining consent, and warning patients of treatment risks.

### Risk to Patients and Dentists

2. The risk to patients depends on the state of their mouth and the complexity of work required to restore it. A mouth that is well looked after faces very little risk from normal dentistry. The risk to patients mainly increases where the dentist fails to recognise dental issues and diseases. In this respect, the most significant risk arises from a dentist's failure to recognise and diagnose periodontal (gum) disease.
3. One of the most significant risks for dentists are when patients try and control their treatment plan with help from 'Dr Google', and more commonly when patients receive advice from another dentist in the middle of a particular treatment. The business operations aspect of running a dental practice also poses a risk to dentists as they are not trained in these areas. These risks include new business laws and regulations, such as new labour laws, administration matters, and appropriate machine maintenance through frequent testing and calibration.

### Document Management and Patient Records

4. In order to function effectively, dental practices need appropriate document management and patient record-keeping systems in order to avoid wasting a lot of time looking for documents and following up on matters. These systems are especially important in the more advanced areas of dentistry where dental practices need to be able to gather information quickly, such as where problems arise from a particular procedure and the dentist requires a record of them warning the patient of the risks involved.

### History of New Patients

5. Dr Ironside has a standard pro forma which all new patients need to complete. This includes the medical history of the patients and their personal contact details. In addition to this, Dr Ironside also takes handwritten notes during the initial consultation which are then scanned into the patient's record. At the initial consultation, Dr Ironside asks patients why they are

coming to see him in order to get an understanding of their problem as well as their desired treatment outcome.

#### Discussing Costs with Patients at an Early Stage

6. At the initial consultation, patients should be asked whether they have any financial concerns relating to their treatment. Although this is a difficult and potentially embarrassing question to ask, this matter needs to be addressed in order to avoid financial issues later on. This question also provides a good opportunity to discuss different treatment options with patients of varying costs.

#### Depth of Medical History with Patients

7. Dr Ironside believes that dentists require a 'reasonably deep' medical history of the patient prior to treatment. In particular, dentists need to ascertain the patient's risk of dementia as several dental treatments require ongoing maintenance. Therefore, for patients at risk of dementia, dentists need to discuss with patients their plans for ongoing maintenance and care should they later receive dementia post-treatment.
8. There are also risks involved for patients on medication for psychotic illnesses and high blood pressure as these medicines negatively affect the quality and quantity of saliva, creating a risk of dry mouth which exposes teeth and gums to a greater chance of disease.

#### Infection Control in a Dental Practice

9. Infection control dramatically changed in the 1980s when dental practices were advised to obtain autoclaves given the growing risk of HIV. An autoclave is a pressure chamber used to sterilise dental equipment by subjecting them to high pressure saturated steam. In dental practices today, all instruments are scrubbed, ultrasonically washed, and then placed into Class B autoclaves. These procedures are necessary for both the patient's safety and their peace of mind concerning the practice's infection control. Therefore, dentists should welcome questions about their practice's infection control as it is a great opportunity to show patients the 'best practice' procedures they use, thereby further promoting their dental practice.
10. To further minimise the risk of infection, staff must follow a strict dress code involving surgical scrubs which have been steam-ironed to kill the bacteria on their clothes. Where necessary, practitioners should also use gloves, masks, glasses, and disposable gowns. Additionally, for the dental chair, there should either be a barrier wrap or foot control to operate this.

11. With respect to gloves, these are often made of latex. Therefore, there is a risk of an adverse reaction for patients that are allergic to latex but have not advised the dentist of this allergy. Whilst most allergic patients will inform the dentist about their allergy, some may forget. As a result, Dr Ironside now only uses nitrol gloves in his practice.

#### Obtaining Consent for Invasive Procedures

12. In order to obtain consent, patients must not only have a good understanding of the procedure but they must also feel that they can refuse the work. For more significant treatments, Dr Ironside allows the patient time to go home and consider the treatment, rather than booking in an appointment for the treatment on the spot, so that the patient feels comfortable about refusing the treatment if they so desire.

#### Issues in Modern Dentistry

13. One of the biggest issues for prosthodontists today is that a lot of dentists refer to themselves as cosmetic dentists, giving patients the impression that this is a special discipline within dentistry. However, the only dentists that have actually been trained in this area are prosthodontists.
14. Another issue is patients changing their mind about the outcome of a treatment after receiving negative feedback from a friend or family member. In these situations, most prosthodontists will generally do the procedure again without charging the patient.
15. Issues also arise from reconstructive dental work involving implants as patients tend to think that implants are made of titanium, or some other artificial substance, which renders them immune to bacterial attack. In reality however, implants are highly vulnerable to bacteria and there is a strong risk of gum disease. Additionally, for patients that grind their teeth ('bruxers'), they may not know how hard they are biting on their implants, causing the implants damage, since implants have a different feel to teeth.

#### Risks from Overseas Treatment

16. A significant risk from overseas treatment is that products which have not been approved by Australia's Therapeutic Goods Administration (TGA) may be used as implants. These non-TGA approved products cannot be imported to Australia. Therefore, if these products have been used and complications arise from the treatment after the patient has returned to Australia, it may not be possible to fix the problem within Australia.

17. Additionally, some patients may not be aware of the ongoing maintenance and care required in Australia following their overseas dental treatment, creating additional costs which they may not have accounted for.
18. Moreover, there are an increasing number of cases where patients have had horrible dental treatment done overseas, given its cheaper cost, and then need to repair the problems arising from these treatments when they return to Australia. In these cases, the repair treatment can be more expensive than what the cost of the original treatment would have been in Australia.

#### Risk from General Anaesthetics

19. Dr Ironside does not perform any dental treatment using general anaesthetic. Whilst there are some treatments which require general anaesthetic, he notes that these treatments are always performed in a hospital with a registered anaesthetist.

#### Adequate Warning about Side-Effects

20. Dentists must warn patients about any material side-effects and risks involved in the treatment, particularly about the consequences for the treatment if the patient is diagnosed with dementia following the treatment, and in some cases even during the treatment.

#### Members of the Dental Team

21. A dental team may involve a number of different professionals, including a dental nurse, dental hygienist, dental therapist, receptionist, and the dentist.
22. The dental nurse assists the dentist during treatment operations. Where there is a good relationship between the dental nurse and dentist, they will be able to effectively work together during an operation, barely needing to talk as both parties know exactly what they need to do. A skilled dental nurse will also remind the dentist when they need to change their gloves. After an operation, the nurse will clean all the necessary instruments and equipment and prepare the room for the next operation.
23. Dental hygienists assist the dentist in treating patients and are trained to perform specific clinical procedures which aim to prevent dental disease. In particular, they clean patient's teeth, monitor periodontal pocket depth, examine saliva quality, and discuss what needs to be done with patients. Dental therapists have a similar, but greater, role than the dental hygienist as they can perform relatively small routine restorations on most patients. For most

patients, dental therapists are often a more cost-effective option for small-scale dental treatment.

24. Receptionists in a busy dental practice have an important, and potentially stressful, role which predominantly involves handling all incoming and outgoing enquiries and managing the appointment book, especially when patients call to cancel at the last minute.

#### Role of Dentists in Identifying Other Medical Issues

25. As part of their role, dentists identify patients with dry mouth and autoimmune diseases. In these situations, dentists should ask the patient whether they are receiving treatment for their disease(s) and, if not, the patient should be referred to their GP for further consultation. With respect to patients that smoke, dentists also have a responsibility to check for signs of oral cancer, such as skin lesions on lips, ulcerations on the tongue, and changes in saliva flow.

#### Confidentiality

26. As with other healthcare professionals, dentists must keep their patient's information confidential. Additionally, as patients have a right to access all the information recorded about them, dentists should be careful in what they write about patients in their notes and records.

#### Involving Patients in their Treatment Plans

27. Patients should be involved in their treatment, particularly concerning the financial aspect. As discussed above, patients should be informed upfront of a range of treatment options, and their respective costs, so that they are able to choose a treatment which is affordable for them. Patients should also ask their dentist questions about their treatment, such as whether a specialist is available to perform the treatment and whether that specialist would be more appropriate.

#### Patients Obtaining Information on the Internet

28. Whilst the internet can be helpful to patients in some respects, it can also give patients a range of expectations which are not appropriate or realistic as patients do not have all the necessary information, or the proper understanding, when they Google treatments on the internet. As a result, patients often visit dentists with various ideas which may not be possible. In these situations, dentists should not feel pressured to perform treatments which they believe are inappropriate or in which they do not have the necessary skills or experience.

## **BIOGRAPHY**

### Dr Jim Ironside

Dr Jim Ironside (Adjunct Professor at Charles Sturt University) is a practising Specialist in Prosthodontics with a passion for high quality dental care. He is also passionate about teaching and research with a particular emphasis on fixed prosthodontics, implants and TMJ dysfunction. He was the Head of Fixed Prosthodontics at the University of Sydney for 10 years and continues to be involved with teaching – he was lectured around Australia and New Zealand plus Asia, Europe, the United Kingdom and the United States and has several publications in international refereed journals. He is also enthusiastic about photography and helping people become better photographers.

### Louise Blase

Bachelor of Legal and Justice Studies, Southern Cross University