Editorial

A three-step risk-protection strategy

Every dental office should have a risk-protection strategy closely tied to the ethical obligation of informed consent. In a nutshell, a risk-protection strategy would consist of telling the patient: "Here's what I could do. Here's what can happen. Do you have any questions?"

The informed consent of every patient is a well accepted part of health care decisions involving research. But how many practitioners follow the ethically necessary protocol for full informed consent with routine dental treatment?

Take the example of a patient with a missing tooth. If dentists are to follow the ethical obligations for patient treatment, they should carefully describe, at the level of the patient's comprehension, the options and alternative treatments available, describe the risks associated with each option — as well as the risk for no treatment at all — and offer the patient the opportunity to ask questions and to participate in the decision-making process. The fact that this has been done, and the patient's response, should be noted in the patient's chart.

Let's say the practitioner's recommendation is to place an implant, for whatever reason, be it state-of-the-art, be it a research interest of the practitioner, be it for economic reasons either of the patient or the practitioner, or be it that the patient has requested the implant. The patient should get a full explanation of all alternative options. "Yes," you say, "I always do that." But do you explain the options in words the patient can fully comprehend? Is the option of no treatment at all proffered without bias? Is the option of a bridge (how about a bonded bridge) offered? And are the risks associated with each option explained fully? Is your patient then given the option to ask as many questions as he or she may wish and then given the opportunity to participate fully in the treatment choice? If not, you may be at a high risk for legal difficulties at some point in the future. The excuse that if all options are fully explained, the patient may choose something other than that which the practitioner may feel is desirable, should not influence the need for full informed consent.

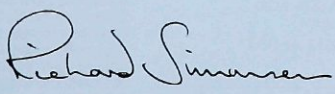
I would venture a guess that, while most practitioners probably feel that they do follow the necessary rules of informed consent, many do not. Many practitioners simply do not realize their ethical obligations, while others perhaps are unwilling to take the time to explain the various options to the patient. Others may simply feel that, "Doctor knows best" and tell patients, "this is what I will do for you – take it or leave it." My advice to any patient in such a situation would be to leave it.

If the full protocol for informed consent is not carried out for every treatment decision made, you as a practitioner could be found guilty of providing treatment without adequate informed consent or negligent for not providing a patient with the knowledge necessary for full participation in their treatment decisions.

Will it be a bridge, an implant, or no treatment at all? A wise policy for any professional office is to evaluate a thorough risk-protection strategy. This is not simply to avoid legal problems as the term may indicate. It is to provide the kind of care that you would expect were you the patient. It is to provide the patients with the treatment options they deserve.

Establish a routine and a minimum policy of informing the patient: "Here's what I could do (including nothing). Here's what can happen. Do you have any questions?"

The patient is entitled to, and deserves, nothing less.



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