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FAQs – Pro Bono Dentistry and the Standard of Care

Q. Some residents of my town need dental care but cannot afford it. Does the standard of care dictate that I treat their problems definitively, even if they are unlikely to pay a fee, or is it acceptable to treat their problems palliatively and defer definitive care? If I provide care on a pro bono basis, does that limit my obligation or my potential liability, and have I "accepted" them as patients?

A. You *always* have the duty to practice at or above the standard of care. It doesn't matter if it's palliative care, definitive care, free care for friends or the indigent – whatever you do must meet or exceed the standard of care at all times. The fact that care was free does not alter or waive a dentist's professional duty toward patients.

Determining whether a treatment meets the standard of care – that is, what "a reasonable and prudent practitioner would do in the same or similar circumstances" – often depends on the clinical presentation of the patient.

Let's assume that Patient A has broken the mesiolingual cusp off tooth number 19 and, for financial reasons, declined both a crown and a bonded direct placement restoration. Assuming the patient is fully informed of each option's benefits, alternatives and risks – including the risk of failing to replace a provisional material with a definitive restoration – and has given his consent, then placement of a temporary restoration could be considered an acceptable alternative.

Patient B presents with pain on chewing in the lower left of five days duration, a temperature of 102.5 degrees and fluctuant swelling of the buccal vestibule. Tooth number 20 is painful to both palpation and percussion. A radiograph shows periapical pathology at the apex of the tooth, leading to your diagnosis of a periapical abscess. You recommend endodontic therapy or extraction, along with an incision and drainage of the swelling.

Assuming you choose to treat this patient, a decision to defer definitive care could cause significant injury. Simply prescribing antibiotics *without* providing any definitive treatment would not be in the best interest of the patient and would probably be characterized as dental practice that failed to meet the standard of care.

Regarding your second question: the dentist-patient relationship is formed at the first appointment – or sometimes earlier in cases such as over-the-phone diagnoses and prescriptions – regardless of the type of care provided or the fee involved. You can limit the duration of the relationship to a single appointment. However, you must take appropriate steps to terminate the relationship at the end of the appointment. The patient must be stable and should not be in need of further emergent care for the condition you treated.

Every patient is entitled to emergency care, and every dentist is entitled to limit treatment to palliative therapy when appropriate. However, dentists who allow patients to come in repeatedly for palliative treatment without returning for definitive care place these patients and themselves at risk. Dentists are expected to know the consequences of failing to provide continuing definitive care, making it difficult to defend a claim from a "palliative-only" patient.