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Liability Considerations in Aesthetic Dentistry

Aesthetic dentistry can turn ugly when a patient is dissatisfied with results. Managing patient expectations is the key to minimizing potential liability.

As the American public's demand for dental cosmetic services increases, more practitioners are catering to the aesthetic needs of their patients. While this aspect of dentistry presents opportunities for practice growth and patient satisfaction, it also possesses its share of liability pitfalls. It is important to consider potential risks as your practice assumes a more cosmetic focus.

The most significant difference between aesthetic and therapeutic dentistry is the degree of subjectivity in evaluating results. Evaluating the success of therapeutic dental procedures is somewhat subjective, but at least the dentist and patient can agree that the correct tooth was extracted or that a restoration was necessary. In the case of aesthetic dentistry, the treatment goals are often more vague and subject to dispute. For instance, you may feel your patient's teeth were whitened successfully, while the patient may feel they're still much too dark. After all, beauty is in the eye of the beholder.

Because of this subjective element, cosmetic dentistry can lead to more frequent patient dissatisfaction than therapeutic procedures. This, in turn, may lead to fee disputes and claims. However, it is possible to reduce these risks through good communication and thorough documentation.

Great expectations

Patient dissatisfaction is often the result of inflated hopes and a sense that promises have been broken. To avoid dissatisfaction, it is necessary to manage expectations and maintain ongoing communication.

- Select patients carefully. Candidates for cosmetic treatment may have self-image problems and exaggerated sensitivity about their appearance. Screen patients to find candidates with realistic expectations, or whose expectations can be made reasonable. Be prepared to say no to patients whose expectations cannot be met.
- Avoid express or implied warranties, promises or representations. Statements such as "you'll look just like you did when you were married" may be taken literally by the patient and create exaggerated expectations or contractual issues.
- Don't make unfounded predictions. Discuss your treatment plan only after you have performed a thorough examination.
- Listen to the patient at every step of the process. Keep patient expectations on track, especially during extended treatment plans.

Informed consent

Patient education is another key to encouraging reasonable expectations. A dissatisfied patient may claim that the dentist oversold the treatment or did not fully explain its scope, expense or risks. To minimize dissatisfaction, dentists should employ thorough, interactive and educational informed consent processes for all aesthetic procedures.

- Educate the patient fully before beginning the treatment. Explain the reason for the suggested treatment, the prognosis, the alternatives (including specialist care) and the potential risks as well as the treatment's anticipated time and expense. Don't proceed until you're sure the patient understands the benefits and risks and has given informed consent.
- Listen carefully to the patient's questions and concerns. Determine what the patient really wants and whether it's a reasonable goal.
- Use a written informed consent form when appropriate and record your discussions fully in the patient's chart. Don't rely on shorthand phrases and abbreviations.

Documentation

It is essential to record accurately all dentist-patient communication over the course of treatment. Be sure to document in the patient's chart that you have obtained informed consent. Also record significant patient comments and questions as well as your responses. This will show that you took your communication responsibilities seriously and that treatment decisions were made jointly. Make a special note of the positive comments spoken by patients during the course of care, such as during shade selection or case try-in.

Most importantly, keep copies of before-and-after photographs, models and other diagnostics. In the event of a claim, these serve an important defense function, providing objective evidence of what occurred during treatment.

Video imaging

You might also wish to consider using a video imaging system. Clinical studies have shown that "imaged" patients are considerably more likely than "non-imaged" patients to be satisfied with the aesthetic results of procedures. Computerized images are powerful explanatory tools that help produce mutual understanding of treatment objectives.

However, video imaging is not a cure-all. The patient may interpret a computer-adjusted image as a guarantee of future results. To reduce the odds of this happening, a disclaimer should always accompany images or models. Inform patients that computer images do not take into account the individual's complete dental situation.

These guidelines apply to more than purely cosmetic care. Many dental procedures have aesthetic consequences. Always warn patients of the potential for changes in appearance due to a procedure, even changes that are minimal. Finally, be sure to include this subject in informed consent discussions.

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