Managing patients and their expectations

The professional relationship between a dental care professional and their patient can be one of the most complex interpersonal interactions that the dentist will experience in the course of a career, says Dental Protection’s HUGH HARVIE.

Much is spoken and written about the importance of honesty and integrity, as well as maintaining trust. Guidance and comment comes from many quarters and many organisations and you might well wonder why. The answer is quite simple: all these groups are particularly keen to reduce the likelihood of a complaint being made to the practice, to the dentist’s regulatory body, or even manifesting as legal action.

Ground rules
Treatment can only begin after:
- a proper diagnostic process;
- consideration of the clinical situation and the options available;
- discussion with the patient on the treatment options with costs;
- agreement a treatment plan that is within the clinician’s abilities to deliver; and,
- delivery of the treatment and resolution of any issues that may arise.

Dentists are trained to consider what they are told by their patients and to be able to resolve the associated clinical issues. We are very good at analysing complex clinical symptoms, arriving at a diagnosis and proceeding with treatment. We are also mindful, or we should be, of any limitations in our skills, knowledge or expertise, and we should inform the patient if we lack the required expertise and refer them if necessary.

We are perhaps less effective in managing our patients and their expectations.

Changing expectations
Looking at the number and types of complaints that Dental Protection deals with, there often appears to be less of a failure to achieve a satisfactory clinical outcome than a failure to manage the patient and, perhaps more importantly, a failure to manage the patient’s expectations. Patients’ expectations and demands have changed and are continuing to change as a result of advertising and promotional activities, etc., and also because of the growth of makeover programmes on television, which feature a ‘miraculous’ reversal of the effects of time!

Perhaps, in our anxiety to progress treatment, we are not sufficiently questioning of the patient’s willingness and ability to comply with the basics.

For example:
- the need to deal with other problems, such as active decay and/or periodontal disease, before embarking upon a complex and complicated course of treatment that involves the placement of implants, or crowns and bridgework; or,
- a course of complex treatment could be doomed because the patient does not or cannot maintain an adequate oral hygiene regime.
Case study
(NB: the events described do not relate to a patient treated in Ireland)

A female patient had two crowns placed on the lower left premolar teeth. The dentist fitted the crowns having carefully checked the margins and occlusion, and satisfied himself that the fit of the crowns was satisfactory. He then cemented the crowns and offered the patient a mirror to check the appearance and he was dismayed when the patient said that the crowns were “whiter than expected”. The dentist explained that the crowns were made to the shade chosen by him with her agreement and that they were “perfect”. The patient repeated the comment that the crowns were lighter than she expected but given his reluctance to redo them, she had no option but to accept them. The notes recorded: LR4 LRS PBC crowns fitted. Patient happy. The patient left the practice having paid the fees as requested, but returned the next day with her husband. The patient was upset and her husband was angry because the dentist had been unsympathetic to her comments about the crowns, and because the receptionist demanded payment despite the fact that the patient was unhappy. The dentist resisted this criticism, indicating that he was satisfied that the crowns were “perfect in fit and function” and that the notes confirmed that his wife was “happy” at the time of fitting. This was, of course, hotly refuted by the patient. The dentist refused any further treatment or a refund, in part or in full, despite a report from an independent dentist that the crowns were at least two shades lighter and were of uniform colour. A complaint to the regulatory body ensued and the dentist was “advised” to be more willing to listen and respond effectively to patient complaints. He then became more “empathetic” and offered a full refund of the fees. If he had only “empathised” at an earlier stage, he could have avoided the stress of a complaint to the Board and, more importantly, maintained an element of good will in the eyes of two patients.

Check the foundation
Surely, in our initial assessment and in conversation at the diagnosis and treatment planning stage, we should be emphasising the importance of building treatment on solid foundations by putting a premium on oral hygiene and preventive measures. It may well be that we have to be more demanding of our patients by requiring them to demonstrate that they recognise the importance of this basic requirement and also understand that there is no point in spending large sums of money on sophisticated treatment when the result will be compromised by poor attention to oral hygiene or diet. As clinicians we have to be careful not to encourage unrealistic expectations and at the same time provide good sound advice about what can realistically be achieved with the available tissues.

Communicate
Do we take time to make it clear to our patients that the dental treatment, although sophisticated and delivered to the highest standards, will not be as good as or perform as well as the original provided by nature? Do we take time to explain that that crown or bridge, even supported by an implant, will ‘feel’ different, as it will perhaps be heavier, more bulky and have a different shape to the patient’s natural teeth?

Recrimination
When things go wrong, and sometimes they do, are we as excited and enthused about having the opportunity to sort out the problem as we were when embarking upon the treatment? Or, more commonly, does the patient then become “the problem” due to “having unrealistic and unachievable expectations from the start” – as one dentist wrote to Dental Protection. If the patient does have unrealistic expectations, whose fault is that?

And why did those “unrealistic expectations” only arise when the treatment did not turn out as expected? Delivering dental care and treatment is not unlike a ‘romance’ that has gone wrong. There is all the initial excitement and expectation, the exploration of ideas, the anticipation of completion, followed by disappointment with the outcome, leading to acrimony and feelings of betrayal by both parties. As members of a caring profession, we do our best to resolve our patients’ dental problems with sympathy and understanding, and we try very hard to maintain this approach even when things go wrong. However, perhaps there would be fewer complaints if we empathised with our patients.

Empathy
One interesting statistic is that fewer complaints are made against female dentists than against male dentists. Many reasons have been advanced to explain this and one possible explanation is that female dentists are much more likely to be more understanding and sensitive to the patient’s point of view and more willing to recognise the nature of the problem and seek a resolution. Is it because female dentists are much more empathetic than men? Or is it because, as my wife often reminds me, men just don’t listen!

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