Because of her new job, the patient in this case decided to change her dentist because it was now difficult for her to get to the practice during working hours. The same dentist (Dr A) had treated her for the past 20 years.

Different eyes
She booked an examination with another dentist (Dr B) near her new place of work. At the initial examination, the dentist commented that a number of her very heavily restored teeth required crowns and some of the old fillings needed replacement. He took radiographs and photographs of her mouth, which showed many large amalgam restorations. Dr B said that although there was no evidence of decay, a number of the existing restorations were exhibiting signs of wear. He advised her that the treatment was necessary and although expensive, should ensure that she would require little or no treatment in the years to come.

The patient was distressed to learn that she needed so much treatment and felt she had been let down by her original dentist for not advising her about such treatment at an earlier stage. She also felt financially disadvantaged because her previous job provided insurance for her dental treatment, something which she had given up in her current position. Because the cost of the recommended treatment was substantial, she considered seeking financial compensation from Dr A and she decided to write to him.

An angry letter
The patient’s letter, accompanied by Dr B’s treatment plan and estimate, accused Dr A of failing in his professional responsibility and explained why she was now expecting financial compensation.

‘… I trusted you for 20 years and was extremely distressed when Dr B told me about my current treatment needs.’

‘… If only you had pointed this out much earlier, my treatment would have been funded by insurance. I have a new job and that financial responsibility is now mine. I just can’t afford that amount of money and so I expect you to compensate me for the cost of all the extra treatment I need.’

Dentist A contacted Dental Protection for advice. He was hurt because the patient had totally accepted the word of the new dentist she had only met for 20 minutes, rather than believing in his own professional integrity built up over the 20 years under his care. He was also angry because Dr B, in his view, was suggesting treatment which was unnecessary. He hoped that the serial bitewing radiographs of this patient, taken over the years, could demonstrate that the patient did not require any additional treatment when last he had examined her mouth. The dentist’s letter to us explained his feelings:

‘…. I feel extremely hurt by the patient writing to me in this way. Her new dentist has prescribed treatment that is completely unnecessary. How can he justify the unnecessary destruction of the dental tissues? I will also send a copy to the patient.’

Vindication
Dental Protection examined the patient’s records and radiographs from Dr A and agreed there was no evidence that the patient required such extensive treatment. He was advised to stand by his own views rather than to criticise his colleague.

Dr A wrote a letter of response to the patient with support from DPL’s dento-legal adviser. The letter expressed surprise at the diagnosis from Dr B, as her mouth had been clean and stable for a considerable number of years. He invited the patient to return to the practice so he could show her his radiographs taken over the years and even offered to pay for a taxi to take her there and return her to work.

The patient accepted the offer and attended Dr A’s practice, where he used the radiographs to explain why he did not feel there was any need to provide such invasive treatment in the absence of clinical necessity. The patient could now understand the philosophy behind Dr A’s treatment and also the advice given by her new dentist. On balance, she decided to return to Dr A, who was equally happy for her to return to his care.

Learning points
Two or more dentists may have a difference of clinical opinion, each being equally valid and justifiable, especially if one of the dentists is seeing the patient for the first time.

Serial bitewings can provide an invaluable record, provided they are correctly taken from a reproducible angle, carefully processed and accurately labelled.

By acting professionally and not adopting a critical approach towards another clinician, the reputation of the two dentists in this case study remained untarnished. Naturally, the patient also dropped her complaint and the need for expensive legal action was avoided.

Dentist A’s records were comprehensive and clear and supported his management of the patient over the period.