

Peer Review

A Guarded Prognosis

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Most of us who have been in practice have been faced with the difficult decision as whether or not a tooth with a guarded should be saved. Recently in Peer Review we had just such a case.

The Peer Review Committee conducted a hearing to resolve a dispute between the patient and the dentist. In the Agreement to Submit to Peer Review submitted by the patient, she stated that shortly after having her maxillary first bicuspid restored, she experienced pain and was told that the tooth would have to be extracted, and she felt she was not adequately informed prior to restoration as to the alternative treatment of using an implant rather than restoring the tooth. Therefore, she felt she was entitled to a refund for the post and core and crown.

The committee interviewed both the patient and the doctor, and the patient was examined by the committee. The doctor was offered an opportunity to witness the examination of the patient. The committee reviewed pre- and post- operative radiographs.

The patient's chief complaint was that she was not adequately informed as to the alternative treatment of using an implant rather than restoring a tooth with a questionable prognosis. If the only issue was whether the patient was adequately informed about an implant option, the committee felt that the record and testimony demonstrated that she was. The patient stated at the hearing that the implant option was never discussed, yet her written statement clearly states it was. But the question remained whether the tooth should have been restored and who should bear the financial responsibility of failure.

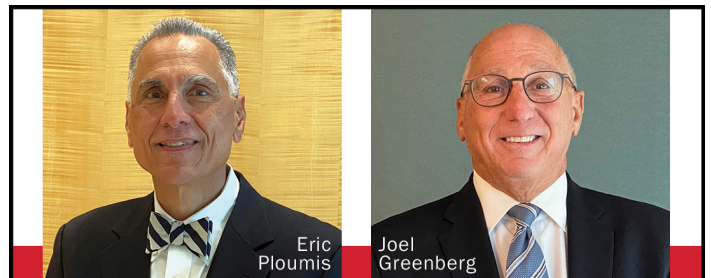
While the record showed a valiant and well-intentioned effort to save the tooth, the written description of the condition of the tooth after removal of the existing crown, and the radiograph taken at the time of insertion of the post indicated to the committee that the tooth had a poor prognosis rather than guarded as the doctor had stated.

That is not to say an attempt to save the tooth should not have been made. But when an attempt to save a tooth in such poor condition is made and the possibility of failure is strong, the committee felt a discussion of who should bear the financial responsibility of failure is warranted. Without evidence of that discussion the committee could not assess the patient's commit-

ment to saving the tooth, only the doctor's.

The clinical exam revealed that the course of treatment pursued had indeed failed (the tooth was mobile and the patient could not occlude comfortably on the tooth). And although treatment appeared to have been performed carefully with the patient's best interests in mind, given the condition of the tooth prior to final restoration, the committee concluded in this case, the doctor bears the financial responsibility for failure and the associated fees be refunded to the patient. Therefore, the committee is awarding the patient a refund of the fees associated with this treatment.

Ultimately, the financial liability for a tooth with a poor prognosis that requires a substantial financial investment needs to be discussed in advance to prevent this type of misunderstanding.



We've Moved!

Eric J. Ploumis, D.M.D., Esq. and **Joel M. Greenberg, Esq.** have joined Rivkin Radler's Health Services Group where they will continue to focus on providing exceptional legal services for dental professionals.

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