

Peer Review: A Case History

This column features an actual case, recently heard by the NYCDS Peer Review Committee, and is described with anonymity.

When a Patient Loses Faith

By Barry Sporer, DMD, Peer Review Committee Chair



Introduction

The Peer Review was initiated by a patient who had seven front teeth replaced with three separate unit 2/2/3 retainer bridges for teeth #s6-12 and a related occlusal guard. The patient's chief complaint was that shortly after the placement of the segmented bridges, she became aware of mobility of her anterior teeth.

Mediation

After the case was reviewed by the chair and the escrow monies were obtained, the case was sent to a mediator, a member of the Peer Review committee. The mediator contacted the doctor to inquire if she was willing to consider a partial or complete refund of the fees to the patient. In this case, neither party was willing to resolve the dispute through mediation. The case was therefore referred back to the committee for a full hearing.

The Hearing

Since the complaint was against a general dentist, the committee consisted of three general dentists and myself as chair. Using the records and the oral history provided by the dentist and the patient, the committee was able to evaluate what had transpired. The committee sought to resolve the issue as to whether or not splinting the maxillary anterior teeth in a 7-unit bridge for this patient was a deviation from the standard of care.

In this case during the course of treatment the option of restoring the case with two 2-unit splints and one 3-unit splint presented itself when the original design of the 7-unit splint was modified to allow for ease of removal of the temporary during endodontic

treatment. While the patient was in temporaries the advantages (easier home care and repair) as well as the disadvantages (increased mobility) were discussed. From the records it appears treatment was tailored to accommodate the patient's desires. While there was no signed informed consent, it appeared the patient was well informed as to the risks of following this course of treatment. That said, such discussions do not relieve the doctor from providing clinically acceptable care.

The Discussion

Based on the committee's review of the records and the clinical exam, the committee felt the treatment provided was clinically acceptable. Nevertheless, the patient's concerns were not without cause. Soon after cementation the patient became aware of the fremitus (mobility of her front teeth). This was disconcerting to both patient and doctor. In some cases, the cementation of restorations does not necessarily mean the end of treatment, particularly when the patient is dissatisfied with the result. The records and verbal accounts indicated the doctor understood that and was prepared to remake the case as 7-unit splint. Unfortunately, at that point the patient had lost confidence in the doctor and was not willing to allow the doctor to remake the case. While understandable, there was nothing in the records, verbal accounts, or clinical exams that indicated that this loss of confidence was warranted or justified.

In the records it appeared that the doctor was attempting to pursue a course of treatment that best suited the patient's needs and desires and she was willing to modify her course of treatment even after the cementation of the final restoration. The clinical exam revealed that the doctor had

the skill and capability to provide that treatment. The doctor was not given the opportunity to ultimately satisfy the patient and provided clinically acceptable treatment.

The Decision

Unfortunately, we cannot always be right in our choice of treatment. But if that choice is based on sound clinical judgement and is competently executed, the doctor cannot be held at fault if the patient is not satisfied. In this case the doctor had the option to splint seven teeth in one fixed bridge or create three smaller splints. There were advantages and disadvantages to either option, and the doctor had documented her rationale for choosing three smaller separate splints as well as her communication with the patient. Furthermore, the doctor was willing to amend her treatment plan based on the outcome of her original choice, but the patient had lost confidence in the doctor's judgement and discontinued treatment. It should be noted that Peer Review cannot obligate either the patient or doctor to continue treatment even if we consider that in both party's best interest. So even though, in retrospect, the seven unit splint may have been the better option, the committee found in favor of the doctor because the patient essentially refused to continue treatment and the existing restoration was clinically acceptable.

The Appeal

In this case no appeal was filed. Therefore, escrow monies were distributed as indicated in the decision letter and the case was closed. ■

*Peer Review Fact: The Peer Review process is both a requirement of membership and a **benefit**, resolving disputes between patients and dentists regarding dental treatment in a **private and confidential** manner. It **limits any refunds**—there are no punitive awards in excess of the fees charged for treatment.*