



In Details We Trust

Recently, a malpractice attorney friend of mine asked if I'd review a dental case to see if it had merit. After I said yes, there was a moment where I felt the gravity of the situation. What damage had the patient been subjected to that made him approach the attorney? What would the implications be for the dentists involved in the case? Would it be easy to pick a side?

Once I received all the records, I started at the beginning and went through the sequence of visits and treatments. I reviewed everything provided to me: clinical notes, photos, X-rays, etc. This was the beginning of an illuminating experience for me. I thought about my own patient notes and wondered if my notes would be enough information for a third party. We often are so close to the treatment we provide that we forget what it would be like for a third party to read our notes. There were times when I read a clinical note and I wished there were more details. Often, there are questions not answered about treatment recommendations.

This case started as a traumatic injury and it involved multiple specialists. There were some stark differences noted as I reviewed the notes of the various dentists involved. The general dentist, endodontist and oral surgeon provided different levels of detail to their encounters with this patient. While one was more detailed, another looked almost careless in the approach to the patient. I was charged with trying to understand the sequence of events via only the clinical notes and images. When the notes were brief or lacking in detail, it became a challenge to fully understand the case.

The next issue was following the sequence of the entire case. There were long gaps in the timeline where the patient did not see anyone involved with the case. We know that patients disappear, but there are cases where the office should at least make some effort to follow up with the patient and document the attempts. On the other hand, patients who seek compensation through an attorney should

have some ownership for their decisions, especially if they were responsible for treatment delays that affected their case.

An interesting aspect of the case was the choice of treatment plan. As you know, many situations in dentistry can be treated with a variety of methods, and each one can be right for different reasons. I personally tend to practice in a very conservative way, choosing the axiom "sometimes the best dentistry is no dentistry." The case I reviewed certainly required treatment, but through the benefit of hindsight, I might have opted for a more conservative treatment at first. I often tell my patients, we can always get more complicated if Plan A does not meet our expectations.

Ultimately, the case did not have enough evidence to make it worth pursuing. In my opinion, many of the key issues were out of the hands of the dentists involved. However, the fact that the patient consulted an attorney is proof that the dentists did not handle the case as well as they could have.

I hope you have learned, as I did, that your notes need to stand up to the scrutiny of a third party who has never met you. When you are working with multiple specialists on a long-term case, set up some internal safeguards to be sure you are following the progress of the case. Finally, if you have provided the patient reasonable expectations at the start, he or she will not be caught off guard when a complication arises that is beyond your control. We do our best not to scare patients, but they also need to know the risks involved with their treatment. ■



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