

Patients Who Refuse Perio Treatment

This thread challenges the concept of "supervised neglect."

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jstorm

Member Since: 01/27/10

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I purchased a practice a little over a year ago from a retiring dentist. The practice had a lot of undiagnosed perio, no probings, inaccurate radiographs, etc. I have been slowly and cautiously discussing periodontal disease with patients and referring patients I cannot manage in the office – there are unfortunately a lot of them. We are starting to see patients back for a second cleaning appointment, many of whom were putting off coming back because they hadn't had the recommended treatment prescribed on their first visits.

Questions:

1. How do you treat patients who want "just a regular cleaning" but are perio patients?
2. What's a better way of explaining the severity of the disease process going on in their mouths without being harsh about it?
3. What's a way to do this without placing or hinting blame on the previous dentist?
4. If a patient signs a refusal to treatment, can I still see them for a prophylaxis twice a year – if they acknowledge the treatment isn't really helping, but they want it anyway?

Thank you for your help. I really just want these patients to know their options and be able to control the disease before they end up in dentures or without some teeth. ■

FEB 26 2013

Phil's Grills

Member Since: 02/14/12

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How many are you referring out?

I'm making a lot of assumptions about their disease severity. Maybe it's worse than I think, but I would almost always try to treat them in-house before referring out. If you've got a practice with a lot of perio needs, hire a hygienist and let her use her skills. She can talk to them and educate them while they're being treated in your practice, and then the more severe cases will have a better understanding of why they need the referral.

Perio is usually the toughest sell to patients who I refer out, though I feel your pain. When patients are in pain and I tell them they need to see the OS or endodontist, they're ready to go immediately. Since perio is usually painless and the people who develop it usually have a low dental IQ to begin with, most of them don't understand why they even need regular cleanings, let alone why they have to see a specialist. ■

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jstorm

Member Since: 01/27/10

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I send about three referrals a week now – some for implant placement. When I first came to the practice, I sent at least one per day. The severity of the majority of patients is pretty intense – many vertical defects, 7-9mm pockets not unusual. Several non-restorable teeth

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and majority poor/guarded prognosis. I do keep my 5-6mm horizontal bone loss in practice and do it myself. My hygienist has been with the practice more than 20 years. She doesn't use anesthesia. I numb for her. She is licensed though. She isn't confident in her skills enough to do anymore than the prophies and occasional SRP 1-3.

Many of the patients only stayed with the practice because of her. I don't think I can afford to hire someone in her place, or even just a new one for one day a week. That is why I have been doing the therapies myself. It is a rock and a hard place. ■

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Phil's Grills

Member Since: 02/14/12

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When someone has 7-9mm pockets, you can't make excuses or apologize for the condition. It has to be treated. Some people won't like it, and you'll probably lose some patients over it. That's life. But that will mean less stress for you and more room for the awesome new patients you'll be bringing in. You can't just depend on the old doc's leftovers to fuel your practice anyway, so bring in new patients and make sure their perio disease doesn't progress like the old doc's patients did.

There is a legal term for doing prophies on patients with 7-9mm pockets. It's called supervised neglect. It's a great way to get disciplined by the dental board and set yourself up for lawsuits. Don't put your license in jeopardy because you don't want to hurt the old doc's feelings or offend his old patients. Be nice, be politically correct, but be firm. If they refuse the S/RP that they need, document it in their chart, make them sign a refusal of treatment form and consider dismissing them from the practice formally. You won't be able to do any other work on them anyway. ■

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twmdds

Member Since: 02/16/04

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While patients have autonomy and can choose the procedures they want done, the reasonable patient would not choose to have a procedure done

at a level considered to be malpractice. So your job is to educate them of the procedures needed to improve or at the very least maintain health. Unfortunately you're walking a tight rope with long-term patients of the previous DDS, and while you don't want to upset the patients, think of how upset your family will be if you get sued for non-treatment of periodontal disease. So you need to inform them and give them the opportunity to choose appropriate care. It's even OK to let them continue with routine prophy for an appointment or two. But try something like having them back in a couple of weeks to see if the perio abscesses have healed since the prophy, and if not maybe that's a more appropriate time to discuss SRP. I would hesitate on referrals until they've gone through SRP and have confidence in you. The good news is that dentists without perio probs are a dying breed so the next guy will most likely confirm what you've said. Best of luck. ■ Tom

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Timmy G

Member Since: 04/14/02

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Actually, I heard a 15-year defense attorney speak at a Risk Management course last fall and this very topic came up. In 15 years he said he's never had even one perio-only case show up on his desk in any way, shape or form. He completely dismissed this whole "supervised neglect" idea. When patients are informed as to their condition, it's documented and recorded. There is no legal case for non-treatment in his opinion, when the patient chooses lesser or non-treatment. Again, this is only his opinion, but a strong one. He made no comment as to whether to do this, just said it's basically a legal non-issue. He also stated that the largest majority of the cases he saw were large restorative cases with unhappy outcomes and implant work. ■

FEB 26 2013

raciro

Member Since: 08/17/05

Post: 11 of 28

It sounds like you are making a good effort. Keep it up and try to gain trust. Hopefully they will start to believe you soon. Educate, diagnose, document. I say yes, do check-ups only if that is all they want, absolutely. Simply document they are aware this does not treat the disease, and they choose no treatment at this time. I think they should become more open to outside treatment eventually since you are not gaining anything financially by referring them out, make sure they know this. Let them know you are concerned but always look at it from their point of view. (I have never heard this before, why?)

Kind of like our physician friends who have the majority of their patients refuse treatment for obesity, smoking, blood pressure and exercise. Med compliance is usually less than 50 percent. Of course they want better things for their patients, but they don't give it a second thought and of course, continue to see the patient for whatever reason the patient feels like coming in for. Diagnose, educate, document. You are in no way liable for their actions or inaction if you have done your part. ■

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imaginarydave

Member Since: 05/13/09

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We dentists, as a group, are control freaks. If a patient has been informed of his condition, and he chose to not follow advice, why do we get all bent out of shape? So what? We did our part. By kicking the patient out you simply humiliate him and turn him off to dentists. Most patients don't go down the street to another dentist. They just don't go anymore.

Treat them with respect, keep you message consistent and let them come around when they are comfortable with it or you can help them manage the decline of their dentition. It is their mouth after all. Only when there is a risk of greater harm by doing a lesser treatment should we refuse, and I also think the whole fear of a perio abscess is blown out of proportion.

It has taken me a while to come to that conclusion. It is the most humane and respectful way to manage patients, and is your best chance at influencing those who are resistant.

The challenge is how to break it to them softly, and I don't know the answer to that. I do think it can be done over several appointments for those who don't seem very responsive. Perio disease is a slow moving ship, and most patients can be given a few visits to come around to accepting what is going on without causing them severe harm. ■

FEB 27 2013

drjconnell

Member Since: 06/21/07

Post: 14 of 28

From time to time I will see a patient who just flatly refuses perio treatment and adamantly wants the free cleaning. So I say, "What do you expect that to do for you?" Usually they respond with something stupid like, "I will have clean teeth." So then I say, "So if it's important to you to have clean teeth, is it also important for the entire tooth to be cleaned? Because if I perform

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your free cleaning we will be cleaning only the portion above the gumline. So is it ok to leave the part under the gum dirty? And is it ok to leave the infection there too?" Sometimes I will give another analogy: "Let's say you have a cut on your arm and it's now infected below the skin level. Do you want me to wash the surface with soap or do you want to treat the infection? If you want the infection treated why are your gums different? Is it because it doesn't hurt or you can't see it?" "Do you ever smell people with bad breath that make you take two steps back? Do you understand that these people can't smell it? Do you want that?"

My philosophy is you can lead a horse to water but you cannot make them drink it. However, you can keep bringing the horse to the barn and give him the opportunity. But if that horse doesn't comply after a time I will get rid of the horse. So we try to continue to educate but some people just don't share the same values and are not going to comply no matter what. At that point I decide if I feel it is important to keep this patient in the practice. Is this patient contributing to my quest to have a joyful practice? If not, let them go. Remember: Some will, some won't.

It is important not to convince yourself you cannot live without certain staff. If they do not contribute to your quest for a joyful practice then let them go. It's important to have a good hygienist to get your perio department going. It seems to me that the hygienist in question here is part of the problem. She's contributing to the patients' perio conditions. I know you may be scared patients will leave if you let her go. Maybe some will. So what? You don't know this, you have only convinced yourself this. Do not live in fear. I have been there. I cannot tell you how many times over the years I was scared to let someone go over fear of what the patients will do. When I finally did either nothing happened or patients thanked me for finally getting rid of her. So for years my production suffered due to fear that I created. Do not do this. Do what you need to do and move on. ■ **Jud Connell**

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shazammer1

Member Since: 12/20/00

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As the RDH in the room I would be heavy on the health history and build a case from there. There has been plenty in the news about cardiac and systemic problems made worse by allowing inflammation and its byproducts to be carried in the bloodstream from the gums to the other parts of the body. I make a big deal out of that.

I also start my probing like Howard does, on the buccals. Do all the buccals "the brushing surfaces" and then go back and tell the patient you are now going to probe the "flossing surfaces" anything over 4mm is a problem. And then have them listen as you sound off those big deep numbers and then ask them at the end "well, what do you think?" and then be quiet. A lot of times you will have co-diagnosis go on from there.

Your present hygienist will probably be thrilled to finally be able to help her patients in ways she has never been taught before. Get her on board. Some CE, right here on Dentaltown, Miller gives a great ultrasonics course.

Most folks are visual learners so iPad apps are great. Krames printing puts out super pamphlets that make a lot of sense and are very vivid and tell a good story.

Good luck! It is hard to not throw the previous owner under the bus, but tell patients that new treatments have been coming along and the staff has been attending to all of these. ■

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