

RISK MANAGEMENT TIPS - EXPERIEN CASE STUDIES

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CASE STUDY ONE

A general dentist referred a patient to an endodontist for root canal treatment. The treatment was completed and the endodontist instructed the patient to have a crown placed by her general dentist. The endodontist had no record of sending a report to the referring dentist following the treatment.

The patient returned to the endodontist one month later as the composite had fractured and the patient had not actioned the endodontist's advice. The endodontist fixed the composite and again advised the patient to return to her general dentist for a crown but did not provide any further report to the general dentist. The patient did not return to her general dentist and the tooth fractured. Due to post treatment complications, the patient disputed she provided informed consent for the root canal treatment and that the treatment was appropriate and notified the Dental Board of Australia (Board) by way of the Australian Health Practitioner Regulation Agency (AHPRA).

The Board raised issues of whether the endodontist had: ensured continuity of care by effectively communicating with the referring general dentist; and implemented a suitable post treatment management plan.

Case study two

The patient attended a general dentist's clinic for root canal treatment. The patient alleged that during a routine check up, the dentist commenced filling the patient's front tooth without consent. The patient then alleged multiple issues with this filling, such as sensitivity and displacement, requiring further visits to the dentist. In treating the filling, the dentist allegedly did not detect the patient's bruxing habit. The patient disputed he consented to the treatment and that the treatment was appropriate and ultimately notified the Board by way of AHPRA.

The Board raised issues of whether the dentist had maintained adequate records, obtained informed consent and completed a comprehensive examination of the patient.

Outcomes

In the first case, the Board took no further action against the endodontist. Relevantly, the Board considered the endodontist had showed 'considerable insight and reflection' in the response to the Board. The Board praised the endodontist for taking self-remedial action and reflecting on his treatment of the patient. In this case, Experien was able to facilitate the endodontist's defence from the beginning, and the endodontist with assistance was able to preemptively address all of the Board's concerns such that it took no further action against him which is the best possible outcome.

In the second case, Experien was not notified by the general dentist from the beginning and the Board proposed to impose conditions on the dentist's registration. However, Experien facilitated assistance to the dentist to challenge the Board's proposed action and ultimately persuaded the Board to not impose conditions on the dentist's registration and to take other lesser action.

In both cases neither practitioner had written informed consent from the patient and had poor dental records. One of the differences between the two outcomes was the ability of the endodontist to reflect and take self-remedial action at the earliest stage whereas the general dentist did not do so until far later in the process.

IMPLICATIONS

Some key implications from these two case examples are:

- the importance of keeping complete and accurate dental records and complying with your dental record keeping obligations as set out in the Board's Guidelines on dental records and as further explained in Barry.Nilsson. Lawyers and [Experien's Refresher Guide to Record Keeping](#);
- you should obtain written informed consent for procedures such as a root canal treatment. Barry.Nilsson. Lawyers can assist with drafting written informed consent templates; and
- you should immediately notify Experien of any regulatory inquiries (or other circumstances that might give rise to a claim on your insurance policy generally) to enable it to assist you with defending the inquiry.

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