

Part of being a founder is learning to accept that the practice is a business and regarding it as such. As a business owner, the dentist can choose the culture of the workplace to reflect his or her unique values and beliefs. No one else should be allowed to define or decide what the practice culture should be. It shapes not only the dentist's life but the lives of all those who work in the practice, those cared for there, and family members.

INSTITUTING CHANGE

Change will require retraining of the dentist's mind and taking the steps to develop a different mindset. When things go off the rails, the dentist should return to the mindset changes and determine what needs to be restored. The focus must remain on the dentist and what he or she desires.

Clinical Significance

Customizing a practice culture is the dentist's job and should reflect his or her values, preferences, and ideals. Making certain to stress accountability for all actions, keeping a clear picture of what needs to be done to ensure good outcomes, and maintaining a firm grasp on the vision that led to the practice being created are important parts of the customizing process.

Geier J: Custom culture: 3 steps to creating a winning experience in your practice. *Dentaltown*, April 2019, pp 93-95

Reprints not available

LEGAL CONSIDERATIONS

Providing for a breastfeeding employee



BACKGROUND

Suppose you had a valued employee who had taken maternity leave and was about to come back. She comes in and asks where in the office she could express milk for her newborn. After asking questions to define what exactly is needed, you look into it. The health side of the situation favors breastfeeding as a positive choice. The legal side of the matter has been addressed by many states, with Illinois serving as a recent example. What's the verdict?

HEALTH BENEFITS

Breastfeeding is widely supported by health professionals as well as public health officials as a choice with benefits for both the child and the mother. Because breast milk contains antibacterial and antiviral antibodies, the child is less likely to have ear, respiratory, and urinary tract infections. Children who are breastfed also experience diarrhea less often, tend to need fewer visits to doctors for care, and require fewer prescriptions and hospital stays than children who aren't breastfed. As a result, the medical costs of postnatal care for a breastfed child are lower than for children who aren't breastfed.

Benefits for the mother include an earlier return to pre-pregnancy weight as well as a reduction in the occurrence of premenopausal breast cancer and osteoporosis. About 80% of mothers begin breastfeeding their child, but by 6 months just 20% are exclusively breastfeeding their child.

LEGAL RESPONSIBILITIES

The Nursing Mothers in the Workplace Act is an update of the Illinois Compiled Statutes, 820 ILCS 260. Section 5 defines an

employee and an employer. Section 10 then discusses break time, noting that employers must provide reasonable time to an employee who needs to express milk when she needs to do so and must continue to provide this time for up to 1 year after the child's birth. The break time can run concurrently with any break time the employee is already entitled to take. All of this must be done unless an undue hardship would be created, which is defined as an action that is prohibitively expensive or disruptive when considered in the light of various factors pertinent to the employer's conduct of a business.

Section 15 states that an employer must provide a private place for nursing mothers in close proximity to the work area. It specifies that the area cannot be a toilet stall or bathroom, but it must provide privacy for the employee. The federal Fair Labor Standards Act adds that the space can be temporarily created or converted into a space for expressing milk or made available as

Clinical Significance

When an employee comes to her employer requesting a place to express breast milk for her infant, the employer should take on the task of providing such a private room so that she can feel comfortable doing this. It may require a bit of creativity but it will likely prove to be worth it in the long run. It's simply the right thing to do.

needed and should be shielded from view and free from the intrusion of coworkers and members of the public.

DISCUSSION

All 50 states have laws in place that protect a woman's right to breastfeed in public places. Although their statutes differ in the details, it is clear that employers are legally required to provide

the private space for mothers to express breast milk for their infants.

Jerrold J: Got milk? *Am J Orthod Dentofacial Orthop* 155:739-740, 2019

Reprints not available

PATIENT MANAGEMENT

Patient selection dilemmas



BACKGROUND

Being selective about the patients a dentist decides to see can avoid trouble in the future. Dentists are not required to accept all patients into their practice as long as it doesn't become discrimination; they have the option to accept patients or refer them elsewhere. Guidelines for being selective with different patient situations were offered.

NEW PATIENTS

First-time patients should be carefully evaluated to determine if they appear to be those with whom the dentist can form a long-term, productive, healthy doctor-patient relationship. Things to look for are as follows:

- Patients may arrive complaining about previous dentists they've seen, often over a short period of time, indicating they may be difficult to serve.
- Patients may try to dictate the treatment or refuse to follow the dentist's treatment recommendations. Patients cannot consent to negligent treatment, and dentists are bound to follow the standard of care. Failure to do so can lead to a liability claim.
- Patients may refuse to disclose previous dentists. Continuity of care includes contacting previous care providers to obtain the patient's history. Not knowing that history can put the dentist at risk when providing care.

EMERGENCY PATIENTS

When a patient comes for emergency treatment, it's important for the dentist to spell out the limited scope of the relationship before delivering any care. The patient should understand that no doctor-patient relationship is being established beyond the provision of emergency treatment. The American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct states that dentists are required ethically to make reasonable arrangements for emergency care for patients who aren't included in the

dentist's patients of record. The dentist should keep a list of phone numbers of clinics and dental societies to provide to emergency patients who have no established dental care provider.

Once the emergency treatment is completed, the dentist should document what was done and refer the patient back to his or her established dentist. If the dentist decides to keep the patient, there is a duty to provide care until one of the parties officially terminates the doctor-patient relationship.

SECOND-OPINION PATIENTS

Some patients come for a second opinion on recommended treatment from another dentist. The dentist should inquire about the patient's motivation to confirm that the patient is acting in good faith. Basic questions to ask include the following:

- What brings you here today?
- How did you choose my office?
- Are you currently under the care of another dentist?
- When was your last dental visit?
- Why are you seeking a second opinion?

A patient who refuses to answer these questions should be approached cautiously. The patient should be told that not answering the questions prevents the dentist from completing a thorough assessment. It's wise to advise these patients to seek a second opinion elsewhere.

If the dentist decides to do the examination and finds questionable dentistry, the patient may have omitted important information. Rather than commenting on the findings, the patient should be told that it's difficult to make an accurate assessment with the information at hand. It's wise to stick to the facts and not offer subjective comments.