

BASICS OF ESTATE PLANNING

A basic estate plan consists of a will, advanced directives, a medical power of attorney, and, possibly, a durable power of attorney. In addition, people should have adequate life insurance, disability insurance, and long-term care insurance. It's important to ensure that the beneficiaries are named so that assets passed along via beneficiary also work via the will. Before anything else, individuals should review who is named as beneficiary in insurance policies and retirement accounts. In addition, an emergency fund should be established to help surviving family and others get through the period before life insurance is accessible.

SPECIAL NEEDS OF DENTISTS

When a dentist dies, the family should have a clear path to follow that will transition the practice, take care of staff and patients, and ensure the practice doesn't become a burden. This can be accomplished by including a codicil to the will that names trusted people who will take over patient care, operations, and transitioning. A practice broker should be appointed to quickly transition the practice permanently to another dentist. Dentists should contact a local attorney with a specialty in dental matters, create a working relationship with a trusted practice broker, and engage a financial advisor who can manage the specific issues dentists face in estate planning and transitioning.

PREPARING A WILL

Although preparing a will is not difficult, it is a vital piece of estate planning. Among the advice offered for preparation are the following:

- Don't overcomplicate things. Keep it simple by focusing on the basics of the will and advance directives and getting the beneficiaries right in life insurance policies.
- Don't prepare a will yourself. An attorney is better qualified to write the legal documents needed. Hire an attorney with experience in dental practices.
- Don't think you don't have enough to bother with estate planning. It's important to establish a protocol so that your family can deal with things wisely and appropriately.

Clinical Significance

Dentists need to talk with spouses, significant others, partners, and close family to establish who will be taking care of things such as the kids, the practice, the patients, and the staff. A local attorney should be employed who has worked with other dentists. This person should put the plan together and help to choose a good executor. A copy of the plan need to be in the hands of the executor, but the original should be stored in an accessible and safe location.

Parrish W: Get your estate together so your family doesn't have to. *Dent Econ* 108:67-68, 2018

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ETHICS

Performing self-care orthodontia



BACKGROUND

Do-it-yourself (DIY) is a popular approach today, but it's not always the wisest course of action. One area where it's much smarter to employ a professional is orthodontics.

TREATING YOURSELF

Laboratory-dictated orthodontic treatment was described in 1941 by Dr. H.C. Pollock as a threat to patient vulnerability. Today's laboratory can accomplish much more than back in those days, which

leads to a risky option, that of having the patient perform his or her own orthodontic treatment. Practitioners in medical and dental treatment commonly face situations where the patient response is not what was expected, demanding course corrections as therapy proceeds. If teeth are moved without any professional involvement, there could be significant unpredictable outcomes.

Among the questions that orthodontists must deal with are when should treatment be done? What's normal and what's not? How will I know? How does oral health change as the teeth are moved?

Clinical Significance

Undiagnosed oral and dental conditions can be made worse if the patient selects self-treatment over seeing a professional, such as an orthodontist, and submitting to guided treatment. Without the supervision of a trained dental professional, tooth movement when there is undiagnosed inflammation can lead to bone loss. Teeth with pulpal necrosis that had no symptoms can suddenly develop pain and worse. Patients who choose to become their own dentists or orthodontists are likely to be dangerous and cause more damage than they would ever suspect.

With no professional guidance in place, the patient would be left to figure all those things out alone. Chances are not good that an untrained person would come up with all the right answers.

Other health care specialties offer self-treatment. Examples include home-based tooth bleaching, microdermabrasion, or even facelifts. The difference is that these treatments don't have to address the precision of occlusion or the fragility of oral structures. Orthodontics requires treatment under the supervision of a trained professional.

Greco PM: When the patient is his own doctor *Am J Orthod Dentofacial Orthop* 154:757, 2018

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LITIGATION

Breaching physician-patient confidentiality



BACKGROUND

What is covered by the physician-patient privilege? What if a court of law found that your patient records were needed to prove that you followed appropriate procedures and were not negligent? Should the court be allowed to obtain these records, having deleted all patient modifiers? The case of *Wipf v Altsteil*, No 27491-4-SLZ (S.D. Sup. Ct., Dec. 21, 2016) tested the various aspects of this situation.

CASE REPORT

In *Wipf*, the defendant had performed a hernia repair that was complicated by perforation of the patient's abdominal wall that required additional surgery, for which the patient filed a malpractice suit. Breach of the standard of care was charged because the defendant did not document having performed a bowel inspection specifically for perforations before concluding his surgery. The plaintiff requested the court to have the defendant produce the patient records from the previous 5 years to determine if the defendant was guilty of a negligent, recurrent, and substandard practice behavior. The court ruled the records were relevant and ordered that they should be produced without personal identifiers, which would shield the patients from a breach of confidentiality.

Statute SDCL 19-19-503 governed the matter and addresses physician-patient privilege. The South Dakota Supreme Court said that the statute does not protect all of a practitioner's medical records, but does protect that part that is confidential and relates to the diagnosis or treatment of the patient. South Dakota looked

to other states who had dealt with this issue. Nearly all said that when adequate safeguards are in place to ensure the patient remains anonymous, relevant, non-identifying information is not considered privileged. They did state that the redaction must include potential patient identifiers as well as the size of the community in question, since a small community could render individuals more readily identifiable.

DISCUSSION

Health care providers should not disclose any information about a patient's diagnosis or treatment without the express consent of the patient. The public should not even be aware that the individual is a patient of a specific practitioner. However, inadvertent disclosures occur all the time. For example, dentists post welcome or congratulations boards with patient pictures and

Clinical Significance

We need to protect the private information related to each patient. Only if the patient permits it should that data be shared. If a court case hangs in the balance but could be decided if all the identifiers of the patients are removed, it seems apparent that if the patient information considered legally confidential will remain between the doctor and the patient, sharing the information will be allowed.