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DENTAL PROVIDER COMPLAINTS

Addressing concerns that may lead to complaints

BACKGROUND

In dentistry, practitioners perform multiple high-risk surgical procedures daily and work in a private practice setting. These characteristics have the potential to increase dental practitioners' risk for some forms of legal and regulatory action compared to other health care professionals. Some research has indicated that dental practitioners are at higher risk than other health care providers for complaints. The frequency, nature, and risk factors for complaints involving dental practitioners in Australia were evaluated.

METHODS

A national dataset of complaints about registered health care practitioners in Australia from January 2011 until December 2016 was compiled. All complaints were classified into 23 issues in the domains of health, performance, and conduct. Complaints against dental practitioners were compared to those against other health care practitioners. Factors associated with complaints were also identified.

RESULTS

Dental practitioners accounted for 3.5% of all health care practitioners. However, they had the highest rate of complaints at 42.7 per 1000 practitioners per year. The specific dental practitioners with the highest rate of complaints were dentists and dental prosthetists, with allied dental professionals receiving significantly fewer complaints.

About 16% of the dentists received at least 1 complaint to regulators, and 4% received more than 1 complaint to the Australian Health Practitioner Regulation Agency (AHPRA). This latter group of dentists accounted for almost 49% of all the complaints lodged against dentists.

Male dentists had a higher risk of receiving complaints than female dentists. In addition, older practitioners were at higher risk for complaints than younger colleagues.

The focus of the complaints was performance issues, usually related to procedures and treatment, in about 75% of the cases. About a quarter of the complaints involving dentists related to concerns over conduct, which often referred to advertising, misuse of titles, fees, and interpersonal behavior. Just 2% of claims dealt with the health of the practitioner. Most of these were concerns about mental illness and substance misuse.

Patients filed 84% of the complaints. Ninety-three percent of the complaints received were closed, with no further action recommended in 59%. Restrictive actions were instituted in 13% of the cases.

DISCUSSION

Dental practitioners appear to be at increased risk for receiving complaints, mostly from patients and mostly concerning treatments and procedures. Complaints were most often filed against male practitioners, dentists, dental prosthetists, and older dentists. Just 13% of complaints resulted in restrictive actions, such as placing conditions on the individual's practice.

Clinical Significance

Dental professionals need to recognize that they can take actions to avoid receiving complaints about their work. It's important to achieve early resolution of any patient concerns whenever possible; make efforts to communicate clearly and completely, especially for male dentists; identify and remediate performance concerns in those dentists who receive the most complaints; address fee issues through improved financial informed consent and fair funding for dental services; ensure that any advertising is fair and accurate; and make certain that patients are enabled to make informed decisions about care. To achieve these goals will require collaboration between dental professionals and educators, professional dental associations, and health regulators.

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ENDODONTICS

Managing root canal treatment pain

BACKGROUND

Pain control during root canal treatment is essential. This treatment is considered a painful experience, and patients expect the dentist to manage the pain and keep them as comfortable as possible. In addition, when intraoperative pain is controlled, postoperative pain tends to be reduced. Having a bad experience during root canal treatment will make patients reluctant to have further root canal treatment in the future, so a pain-free experience should be the goal of every dentist. Strategies for managing pain during endodontic treatment were enumerated, with suggestions for the best approaches to use.

PREOPERATIVE INTERVENTIONS

Good pain management is based on an accurate diagnosis, a detailed history, and a thorough clinical examination of each patient. This includes performing relevant diagnostic tests and periapical radiographs. Pulp sensibility testing, preferably using at least 2 tests; probing of the tooth and all restoration margins; percussion; palpation; mobility testing; periodontal probing; transillumination; and biting tests can all add valuable information.

Once the diagnostic process has been completed, the dentist may choose to use preoperative medication to reduce pain and inflammation at the site where treatment will be delivered. Another method is the use of topical anesthesia. Although no general agreement exists as to whether they decrease the pain of needle insertion or injection, some topical formulas appear to offer pain relief, or at least achieve a placebo effect.

Pain during injection can be related to a number of factors. Among these are type of anesthetic, injection site, needle size, speed of the injection, and use of topical anesthesia. These should be considered and measures taken to minimize the patient's discomfort.

INTRAOPERATIVE INTERVENTIONS

The amount of pain a patient experiences during endodontic treatment is related to the condition being treated and the location of the treatment site. It's important to allow sufficient time for the anesthetic to exert its full effect on the tissues. Onset varies with the anesthetic used. In addition, longer and varying times to achieve maximum effect are required in some cases. Clinicians must be prepared to wait for up to 15 minutes, or even longer, before commencing treatment.

Other intraoperative considerations for the dentist include the choice and volume of the anesthetic, whether an additive is needed, and if supplementary injections are required to produce sufficient anesthesia. The points at which patients are most likely

Table 1. Steps to Follow to Improve Pain Management During Root Canal Treatment of a MANDIBULAR Molar Tooth with Acute Irreversible Pulpitis and Primary Acute Apical Periodontitis

- Take thorough history of symptoms to allow accurate diagnosis
- Consider premedication with non-steroidal anti-inflammatory drugs
- Standard local anaesthetic injection for the tooth involved (e.g. inferior alveolar nerve blocks, Gow-Gates block)
- Allow sufficient time for initial signs of LA to be evident (i.e. lip numbness – needs at least 5 min)
- Administer supplementary LA injections (e.g. buccal infiltration)
- Allow more time for LA to work (at least 15 min from when the block was given)
- Test the tooth with a cold pulp test
  - If adequate LA, proceed with treatment but be prepared for pain!
  - If inadequate LA, administer a second block injection (e.g. repeat the original injection or use an alternate block technique)
- Allow adequate time for the extra injections to work (at least 15 min)
- Re-test with cold pulp test
  - If adequate LA, proceed with treatment but be prepared for pain!
  - If inadequate LA, administer supplementary intra-PDL injections
- After 1–2 min, re-test with cold pulp test
  - If adequate LA, proceed with treatment but be prepared for pain!
  - If inadequate LA, consider further intra-PDL injections
- On commencing treatment, turn off handpiece water spray
- If pain on reaching dentine, administer further supplementary intra-PDL injections
- If pain on reaching pulp chamber, administer intra-pulp injection
- If pain on instrumenting root canals, administer intra-pulp injection into the root canals or consider using topical local anaesthesia gel in the canals
- If still pain, perform a pulpotomy only (or minimal root canal treatment) and place a corticosteroid/antibiotic medicament in the root canals.
- Arrange post-operative pain medication.

(Courtesy of Abbott PV, Parirokh M: Strategies for managing pain during endodontic treatment. *Austral Endod J* 44:99-113, 2018.)