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Beauty or the Beast: Risks in Cosmetic Dentistry

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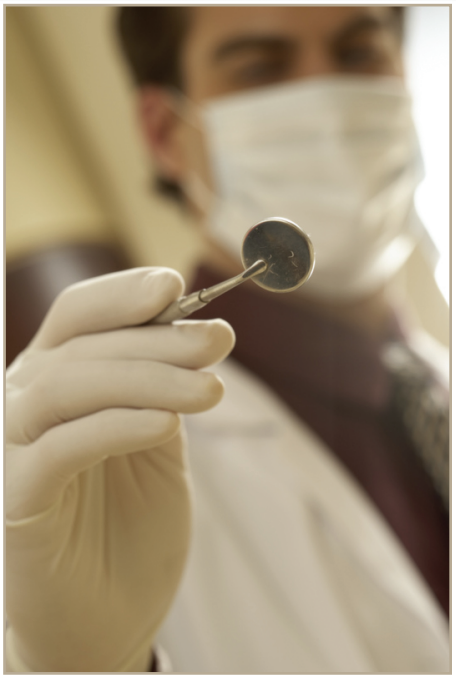
I give the guy who cuts my hair a chuckle every now and then when I arrive for my usual buzz and I briskly enter his shop with a magazine or two tucked under my arm. His poker face belies his reaction, "Uh, oh … here we go again." I'll show him a picture of some up-and-comer in the world of sports or entertainment and I'll say, "I want my hair to look like his."

Now this is laughable because I don't offer my barber much with which to work. For those of you reading this who have no idea of my appearance, my hair is going the way of my lawn - each year a bit more sparse and desert-like. But what's more amusing to my barber is the reality that - even if he could give me that hair cut - I'm not going to look much different than I do now. I have still the face of a 55-year-old man with a crooked nose, more than my share of "laugh lines" (which I did not come by while enjoying a hearty guffaw) and an asymmetrical mug that is framed with ears that aren't quite evenly balanced on the sides of my large head.

My personal grooming challenges aside, you can appreciate the fact that there are similar, albeit more onerous, problems for you as a dental professional. How often are you placed in a similar position of confronting unreasonable expectations? Your patient comes to you with high hopes for spectacular results from the dental finesse you're about to perform (be it teeth whitening, veneers, straightening, etc.). This individual expects you to wave a magic wand transmutating instantaneously him or her into one of the elite and stellar outcomes we see on television's one-hour reality programs like Extreme Makeover. What do you do? This is one of the questions considered at a recent dental conference.

With little time to absorb and enjoy the southern charm that is Georgia's, the March Physician Insurers Association of America (PIAA) Dental Conference convened in Savannah, bringing together dental professionals, underwriters, attorneys and risk management specialists from the professional liability insurance industry for a short and not-so-sweet conference. Armed with up-to-the minute best practices, evolving standards of care, ongoing treatment improvements and recommendations, etc., dental educators and practitioners focused attention on risk-related issues confronting not only those in cosmetic dentistry, but practitioners facing other issues harboring a mine field of potential liability: current and future risk exposures associated with dental interventions prescribed for and performed on those patients treated with a regimen of bisphosphonates, improved communications with patients, greater comprehensive informed consent discussions, and the need for more complete and thorough dental record documentation habits. A spate of recent dental litigation outcomes was reviewed to garnish the robust agenda.



You may be tempted to dismiss this article, arguing "this is the kind of stuff every dentist is taught or every dentist ought to know." True. But dental professionals continue to become embroiled in litigation and allegation. And so – like any professional - a refresher can't hurt and knowing what's on the dental horizon may give you a "heads-up."

The two-day event began with spirited presentations by Dr. Janice Conrad[1] and Dr. Flavio Rasetto[2].

As its core, Dr. Conrad's lecture provided an overview of expectations created by the various influences upon the disparate generations in the U.S. today and the responsibilities of the dental practitioner-provider to address these expectations with a fair degree of practicality and reason.

"What America wants is white 'n bright, straight 'n white with full lips," she quipped at the outset of her presentation.

She took her audience decade-by-decade to understand the features distinguishing each generation from the next: Graying of America (60 – 80 y.o.), the Fluoride Generation (40-60 y.o.), Generation X (aka "High Techies" 25-40 y.o.), Gen Next (18-25 y.o. influenced by "American Idol") and the pierced, tattooed, acrylic nail set of those 13-20 years of age.

She identified forces driving the increased demands for service made on those in the dental industry: ever-improving technology, advertising,

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media hype, proliferation of dental profession literature (including web access), and dental professional continuing education spotlighting up-to-the-minute advances in the dental industry.

Each generation raises the bar of expectation. Technology has taught us to expect the best, expect it now and "accept no excuses, take no prisoners" when the outcome falls short of the patient's goal. Notes Dr. Conrad, "`function without aesthetics' was okay for years, but not so anymore."

What are typical risky behaviors to which dentists have become accustomed? Dentists allow materials used in the mouth to remain for too long; dental professionals' education is by-and-large "insufficient or outdated" to keep pace with the public's and dental industry's demands; and today's dental services require more referrals for specialty consults.

How can a dentist reduce risky behaviors?
Use the best materials available; employ the best labs (find an "artist" who understands your work, shares your work ethic and aesthetic goals and who doesn't mind reworking a device until it fits your patient perfectly); allow time in your schedule for exactness; go the distance in securing patient buy-in with and commitment to dental care necessary in order to maintain the work performed; and finally, be an aesthetician.

Don't allow patient exuberance and demand to influence unduly your professional judgment. With a nod to shows like Extreme Makeover, porcelain laminate facings are in vogue and definitely the rage. You know, however, that industry demands for laminate over-sizing need to be tempered, since these cosmetic interventions have the potential to negatively impact speech, proper lip support, and naturalness of smiles, among other considerations.

Standards of care (SOC) sometimes collide with third party reimbursement and individual patient wishes and finances. Take as an example, the SOC for porcelain which is fusion to metal. Porcelain fused to non-precious metal provides a durability of some 6-25 years while porcelain fused to gold – with a current market value of $600+/oz. – affords a durability of some 40 years. What insurer is willing to pop for gold? But the option may appeal to some patients because of the durability factor, especially for those who are squeamish about dental procedures in general.

Dr. Rasetto offered an equally informative presentation, based on his extensive experience as both an educator and practitioner.

"What," he asks, "distinguishes a great cosmetic dentist from the dental pack?" S/he needs an "excellent brain" (be knowledgeable in the latest dental procedures, products, etc.), excellent communication/people skills; and artistry coupled with creativity: intangibles that often "come from the heart," and can't be learned. "Artists are born, not trained," he adds.

He continues, "Cosmetic dentistry is an illusion of nature (it must look natural)." That's often a tall order for dental professionals.

"A natural look" is the caveat. Consider, for example, the restraint that must be exercised with teeth whitening. As Dr. Conrad noted earlier, today's market demand is for whiter and brighter teeth. Patients are requiring a whiteness that can't be found on existing whiteness charts. These folks need to be educated that whitening outcomes will depend upon a variety of factors, including previous dental work, the materials used in previous work, the age of the work, etc. And the field of available whitening options is increasing, often pitting proper dental care against over-the-counter, less-expensive alternatives that may cause potential harm to a user's dental and oral health in the future.

Dr. Rasetto warns there is the practical, ethical side of cosmetic dentistry for which to account. Where managed care limits choices and decisions (such as the use of "best" materials, the kind of procedure proposed, the extent of the proposed intervention, etc.), it is the dental provider's obligation to discuss all the options with the patient and give him/her the chance to go with the managed care decision or to go with your professional recommendation based on the patient's overall health, expectations, etc. where the patient may – more than likely - incur additional financial liability for the treatment(s).

"It is the dentist's responsibility to fully understand the patient's expectation and then lower that expectation if circumstances indicate the expectation is unreal or improbable," he admonishes.

Continuing, Rasetto opines, "The dentist is at fault is he fails to make all circumstances/findings available to the patient … irrespective of the patient's ability to pay."

What do you do if the procedure doesn't yield positive or long-lasting results that either you or the patient anticipated? He cautions, "beware of patients with a `strong personality' who dictate what they want in treatment based on their own research on a given condition on the internet. These folks fail to appreciate that treatment of a single tooth (or several teeth) often requires taking into account the condition of *all* teeth and the mouth in general." Patients must understand that often, in order to address their dental needs, the treatment protocol actually will make things worse before they improve. Consent forms cannot replace a complete, thorough documentation in the dental chart of the informed discussion before any work begins. "Complete documentation is the imperative," said Rosetto,

And he warns: "Face it … patients lie. They may not be totally up-front about lifestyle habits potentially affecting medical and dental health. For example, how many patients will willingly admit to meth use?"

So he asks: "What kinds of personalities do your patients have?" He details the four personality types typically found in dental patients: the philosophical, the exacting, the hysterical and the indifferent. Which type is most inclined to sue? The hysterical.

Critical steps a dental provider should follow in striving for successful treatment outcomes include expected results that are practical, reasonable, sensible and achievable; a written diagnosis, written treatment plan, prognosis and full informed consent; wherever possible, use of images for the proposed treatment and incorporate software treatment predictions. Likewise, limit creating false expectations by visualizing potential problems before they actually occur and anticipating and educating your patient regarding possible complications. Consider this example: you know the risk for incurring a root canal in bridge work is about 3%. Let the patient know beforehand the potential for the additional cost of a root canal, so in the event this occurs, the patient is neither surprised nor angered by incurring the additional expense.

And wherever practical, make use of the technological advances in CAD –

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computer-aided design – and CAM – computer-aided manufacturing.

Use wax-ups predicated on the "wisdom of working backwards": propose the final product and then create the road map for getting there. A wax-up will provide the patient with a reasonable idea of the end result of planned dental interventions.

There was plenty to take away from this meeting, but these are some of the highlights. So remember …

… the next time you go to your barber or hairstylist, think about your expectations for a coif. What's the worst that can happen? You don't like the "do," your hair grows out and you find a new barber or stylist!

But keep in mind your unrealized expectations when next you encounter your dental patients. Be mindful of anything and everything that will be helpful in understanding their desires. Reframe and moderate those desires into a plan that is reasonable and acceptable to both of you and document everything. Documentation is still your best defense. Otherwise, you may be in for a painful and expensive situation with a dissatisfied patient.❖

[1] *Dr. Janice Conrad, Secretary/Treasurer for the American College of Dentists, and Board Member of the Eastern Dentist Insurance Company as well as maintaining a robust private practice.*

[2] *Flavio Rasetto, DDS, MS, FACP, Assistant Professor, Dept. of Endodontics, Prosthodontics & Operative Dentistry, University of Maryland, Baltimore, and Facultad de Odontologia, Universidad Nacional de Rosario, Argentina*❖

Questions and/or suggestions are welcome. Call the Healthcare Risk Services Department at 1-866-RX4-RISK