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# How to talk to patients when things go wrong



*Elizabeth Franklin*

Orthodontists love to create beautiful smiles. You all work hard to formulate effective treatment plans, and treat your patients with diligence and care, working toward a successful outcome. When things go smoothly, your job is easy and satisfying. Life is good! You can go home and sleep soundly. But, what happens when things do not go as completely planned? Suppose your treatment plan is not achieving the result that you expected; or that the treatment itself is not progressing satisfactorily. It could be that the patient is not cooperating in the manner they need to; or, it could just be that physiology is working against you. When these instances occur, and they do, the lack of progress is experienced by not only you, but by your patient as well; and it is this lack of progress may be causing the doctor/patient relationship to deteriorate. Now, how do you feel? Are you stressed during the work day? Do you carry that stress home at night? Many doctors have reported difficulty sleeping when they encounter patient and/or treatment problems. While these scenarios have kept some doctors awake at nights, others have reported that they feel like they have chosen the wrong career. Almost every job has some type of problems associated with it. Every interpersonal interaction is subject to misinterpretations and misunderstandings. You spent many years choosing the career path you did, do not doubt your career choice. However, it is possible that you may not be managing the occasional big issues or even the smaller day to day problems well. This is a skill you can learn. How? By learning to communicate with people and manage these problems so that they do not consume you nor take up more space in your mind and heart than is appropriate. The following are a few examples of problems that orthodontists have frequently reported to the claims department and they are accompanied by exemplars of how good communications can play a role in alleviating these adverse occurrences. (Semin Orthod 2016; 22:116–120.) © 2016 Published by Elsevier Inc.

## Case 1

**Y**ou have been treating a 14-year-old female for 1 year. You are waiting for the maxillary canines to erupt. You take a panoramic x-ray and realize there is a problem. The canines were impacted and they now have moved directly into the roots of the lateral incisors. You estimate there is approximately 30% root resorption of the lateral incisors. How do you tell the patient and her parents?

This is a difficult situation. This teenage girl and her parents will be upset at the long-term prognosis that includes the possible loss of the lateral incisors, both from a functional and esthetic standpoint. Root resorption is an esoteric problem that can occur with or without orthodontic treatment, but when it occurs during treatment, the blame is usually placed on the practitioner who provided and monitored the treatment. Informed consent should have been discussed and obtained at the beginning of every patient's treatment. The possibility of root resorption must be listed in all effective Informed Consent documents. If you covered this potential negative consequence before treatment began, should it ultimately manifest itself, this discussion with the patient and her parents will not be unfamiliar to the family and should be less difficult for all concerned.

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## Handling

If you are upset at what has occurred, imagine how they will feel when you have to break the news so the first thing to do is to calm down. Understand as much as you can about what has occurred and why and make a realistic determination as to what you believe the consequences will be. Arrange an appointment with the patient and her parents for a face-to-face meeting. Present the facts/details—show x-rays. Explain the problem, its cause, its progression, and tell them what you will do to manage it going forward. If the root resorption is not severe, assure them that as you continue treatment, you will take extra care that the lateral incisors are protected as much as possible from any additional resorption. There is a good deal of support in the literature for the fact that unless roots are resorbed significantly, the likelihood of tooth loss is minimal. Assure them that the teeth will not be lost if that is the case. Explain about resting phases and the possibility that both treatment mechanics and treatment goals may have to alter slightly.

If the root resorption is significant and you know the lateral incisors will be lost, talk to them about possible restorative options. The family will be concerned not only about their daughter's future esthetic and functional issues, but also about restorative costs they might incur. Do not make promises to pay for the future treatment. The case must be reported to your professional liability carrier for appropriate investigation. It is appropriate, however, to acknowledge the family's concerns and to support them in finding solutions.

## Take note

Tell the family as soon as possible after discovering any problem. Never be the second doctor to give a patient bad news. In many professional liability claims, the patient learns about root resorption from the general dentist, not the orthodontist. When that happens, the family and the general dentist assume the orthodontist not only caused the problem, but failed to apprise them or attempted to cover it up. If this happens, the trust between orthodontist/patient/parents is often irrevocably damaged.

## Case 2

The scenario is similar. You have been treating a 12-year-old boy who presented to you with significant crowding in both arches resulting in your decision to extract all four first bicuspid. At some point mid treatment you come to the realization that the extraction spaces are not closing as you had expected. You take a progress panoramic x-ray and see severe root resorption developing on all 4 maxillary anterior teeth. You realize that the treatment must stop immediately to prevent further damage and possible loss of teeth. You will not be able to close spaces.

## Handling

Again, first calm yourself down. Make a realistic evaluation of the situation. Research the restorative options that will be available to deal with the remaining spacing. Again, set up a meeting with the patient and his parents at the office and at a time when you will be able to have a somewhat prolonged conversation without being rushed to see the next patient. Show them the x-rays and explain the danger in continuing with active treatment to attempt space closure. Advise them that treatment must be terminated to prevent any further resorption. Refer them to the doctor who will be the restorative dentist. They are likely to express concern about additional costs; do not promise to pay the additional costs. Merely indicate that this will be dealt with once a definitive restorative plan has been developed. This is a matter for the insurer to investigate and handle.

## Case 3

A 14-year-old male patient has been in treatment for about 18 months during which time he has consistently exhibited poor oral hygiene. You were astute enough to document this on every occasion and you frequently addressed this problem with both him and his mother duly noting all conversations in the patient's chart. You know you believe it is time to terminate this child's treatment before serious caries or decalcification occurs to his teeth. You foresee that the patient probably needs about another year to complete his treatment.

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