

Considerations in identifying pediatric dental neglect and the legal obligation to report

David Katner, JD; Christopher Brown, DDS;
Suzanne Fournier, DDS

A review of the literature of the past 20 years shows the topic of child abuse has been considered in great detail. Considering the subject of child dental neglect, however, both the literature and professional discussions become more nebulous. In our PubMed search for the term “child dental neglect” for the past 21 years, we identified 112 articles. Of those, only 20 were on neglect, and one-half were from international journals. Sixty-five articles combined abuse with neglect, and 27 were on the subject of abuse, which was not one of the terms in the search. The general consensus in the literature is that child abuse is more obvious and abhorrent, making reporting mandates an ethically easy path for the dental professional.¹ Defining and identifying cases of pediatric dental neglect apparently is more challenging for dental health care providers to agree on and respond to accordingly.²

Identifying dental neglect in child patients triggers a legal duty to report the patient to state child protection authorities.¹ According to former US Surgeon General Regina M. Benjamin, “Although largely preventable, dental caries and periodontal disease are the 2 biggest threats to oral health, and are among the most common chronic diseases in the United States. Dental caries is the most common chronic disease in children... .”³

DEFINITION OF NEGLECT

Dental neglect has been defined by the American Academy of Pediatric Dentistry (AAPD) as “the willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health for adequate function and freedom from pain and infection”⁴ (Figure). The American Dental Association Principles of Ethics and Code of Professional Conduct states: “Dentists shall be obliged to become familiar with

ABSTRACT

Background. Dental health care professionals play an important role as mandated advocates when health care neglect is suspected in children; however, there is some confusion around what constitutes child neglect.

Methods. The authors reviewed the dental literature for descriptors and definitions of neglect. They studied the individual state statutes to learn the protection afforded for both victims of neglect and for health care providers acting on behalf of such children. They also reviewed methods of action to address suspected neglect.

Results. The authors found confusion around what is or is not child neglect. Yet, dental professionals are tasked by the law, and by a moral code, to protect children from neglect. The authors offer a definition of neglect and suggested practice guidelines to assist the practitioner acting as a child’s advocate.

Conclusions. Clinicians can use strategies to address the problem of child neglect. A digital data treatment registry may provide additional views of a child’s health status.

Practical Implications. With a better understanding of the definition of neglect, strategies can be implemented for use by the dental team to address this problem of neglect and reduce its incidence.

Key Words. Neglect; abuse; mandate; registry.

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the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.”⁵

In addition, according to the Child Abuse Prevention and Treatment Act of 1974, child abuse and neglect is defined as “at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”⁶ The 2 definitions from the AAPD and the Child Abuse Prevention and Treatment Act of 1974 can lead to confusion among



Figure. Clinical photo of a child with dental neglect.

dental providers. Is neglect a willful omission or refusal to surgically treat the manifestations of dental disease, or is it only considered neglect if such a failure puts a patient in a position in which there is a grave chance of a life-threatening occurrence? By agreeing to see child patients, general dentists are held at the same standard of care as a pediatric dentist who has completed a minimum of 2 years additional training. Therefore, both groups of dentists are bound by the practice within the guidelines of the AAPD, which state neglect is a true failure to follow through with a treatment plan given by a dentist, which may lead to pain, infection, and limited masticatory ability.⁴

PREVENTION OF ABUSE AND COMORBIDITIES

By recognizing dental neglect in child patients, child abuse may be curtailed. Children who have been abused have higher levels of untreated dental disease (that is, neglect) than their peers who have not.⁷ Over the past 25 years, there has been a decline in reports of physical abuse and sexual abuse to child protective services by 56% and 62%, respectively. However, there has been little or no decline in the number of families reported to child welfare agencies because of alleged neglect in that same time span, according to Wald.⁸ Wald indicates that, "All of these numbers are approximations. They are drawn from the National Child Abuse and Neglect Data System (NCANDS), published by the U.S. Department of Health and Human Services, and based on reports from states. Unfortunately, the inconsistency in reporting and labeling of data by the states makes the data very hard to interpret. The true incidence of any particular threat to children's safety is not obtainable from any state or national data sets."⁸

The AAPD's periodicity schedule⁹ provides detailed standards based on patient age that are consistent with Medicaid's Early and Periodic Screening, Diagnostic and Treatment benefit. These recommendations include biannual preventive dental care based on caries risk assessment for children that may encompass 6 month examinations and cleanings commencing on eruption of the first tooth or by the first birthday, ensuring fluoridated drinking water supplies, and brushing and flossing twice daily. This basic program may be enhanced with professional topical fluoride applications and pit-and-fissure sealants on fully erupted permanent molars.¹⁰ Neglect of a child's basic dental needs may result in dental caries,¹¹ periodontal diseases, and other oral conditions, if left untreated.⁴ Any such conditions would lead to pain, infection, loss of function, and potentially even death.⁴ These conditions and outcomes may adversely affect learning, communication, nutrition, and other activities essential to normal childhood growth and development. The neglect of children's dental needs is not an isolated problem; it is national in scope.¹² The former surgeon general's observations are that "The silent epidemic of oral diseases disproportionately affects disadvantaged communities, especially children, the elderly, and racial/ethnic minority groups. Oral health disparities are exacerbated by the fact that a cavity continues to enlarge and become more difficult to repair the longer it remains untreated. Only 1 in 5 school-aged children from low-income families receives dental sealants to prevent dental caries. Furthermore, 40% of Mexican American children aged 6-8 years have untreated tooth decay, compared with 25% of non-Hispanic white children. More astonishing is the 87% of American Indian and Alaska Native children aged 6-14 years and 91% of the 15- to 19-year-olds who have a history of tooth decay."³

Dental neglect may manifest as cavities in baby teeth, "rotting teeth," gum disease, gingivitis, failure to follow through with agreed-on treatment regimens, communication deficiencies or inability to speak, and lack of functionality due to complications from tooth decay.¹³ According to Lapin and colleagues,¹⁴ "Tooth decay is the single most common—and preventable—chronic childhood disease. In the United States, childhood tooth decay is 5 times more common than asthma and 7 times more common than hay fever."

According to an article published by the California Society of Pediatric Dentists, the parent is considered negligent and intervention should occur after a parent has been properly alerted by a health care professional regarding the nature and extent of the child's condition, the specific treatment needed, and the mechanism of accessing that treatment.¹⁵

ABBREVIATION KEY. AAPD: American Academy of Pediatric Dentistry.

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