

The Ethics Corner

By Julie Connolly, DDS, Ethics Committee Chair



Patient Follow-Up is Critical

At the local and state meetings of the Ethics Committee and Ethics Council respectively, we routinely review cases that have been brought forth by patients in our community who reach out to NYCDs or NYSDA for assistance. A few areas where we

have seen recent patient inquiries revolve around the theme of “patient follow up.” This column will address this theme in three areas: 1) patient records, 2) timeliness of care, and 3) patient dismissal.

With regard to patient records, it is imperative that all **patient records** be kept confidential to respect the patient’s privacy and confidentiality which both fall under the principle of patient autonomy. It is also critical that we keep a patient’s chart accessible for seven years after their last visit in our offices. If this is not done, this can leave the dentist at risk. The Office of Professional Discipline has been involved in cases where dentists no longer have a patient’s chart within this seven-year window and cannot provide it when requested by the patient.

As to the area of **timeliness of care**, the ADA code, in its section on Beneficence, states that the “most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient.” This also relates to the principle of Non-Maleficence, where the ADA Code also discusses patient abandonment. The Code states “...once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient’s oral health is not jeopardized in the process.”

With both of these statements, the ADA Code emphasizes that patient care should be seen to its conclusion within a reasonable time period by the treating dentist. If this is not possible, if for instance the dentist has health issues, then it is advisable to have a referral source to send your patients to so that their care can continue in a timely fashion if they are in the middle of treatment.

Lastly, in regards to the area of **patient dismissal**, sometimes instances arise where a patient can no longer be seen in a dentist’s office due to a number of reasons ranging from multiple failed appointments, to rude and offensive behavior, or outstanding fees. In all of these instances, regardless of the reason, the dentist has the autonomy to decide, once active treatment is completed, that the dentist-patient relationship must end and the patient can no longer be seen in their practice. However, it is important to appropriately dismiss the patient so that there are no concerns of potential patient abandonment. Lance Plunkett, the General Counsel of NYSDA, has written an article on this subject. It is available through NYSDA and is highly informative in reviewing the step-by-step process a dentist should take. Of importance is that the patient should be appropriately referred to the local dental society so that they can find another dentist. This referral should take place in the form of a letter sent to the patient, by certified mail, that indicates the reason for the patient’s dismissal along with the referral to the dental society. It is also important to state that you will stay available to the patient for 30 days should an emergency arise and that you will forward their records to the next dentist they see. NYSDA has a “patient dismissal” form letter that can be followed as well.

These are a few examples of topical issues that arise both locally and state wide that come to the attention of the local Ethics Committee and the state Ethics Council. ■