

Peer Review

What Peer Review Has Taught Me

Barry Sporer, DMD

Chair, Peer Review and Quality Assurance Committee



This year ends my tenure as chair of Peer Review and Quality Assurance for NYCDS, but my involvement in Peer Review will continue as chair of NYSDA's Council on Peer Review and Quality Assurance. So rather than describe a case we reviewed, the outcome, and how we got there as I have done in the past, I would like to discuss why Peer Review is important to our component, the profession, and the community at large.

By offering the Peer Review process to member dentists, we have given the patient and dentist an efficient way to resolve a dispute. For the patient who may be seeking damages that may not be sufficient to warrant a lawsuit, Peer Review is the ideal venue. The advantage the dentist gains is that it limits the damages to the amount of money paid for treatment provided. There are no settlements for pain and suffering or need for subsequent treatment. It puts the case to an end, avoiding a frivolous lawsuit or a complaint filed with the Office of Professional Discipline. So even when a Peer Review judgment is in the patient's favor, the dentist has won. Our malpractice insurance rates have remained reasonable partly because we have been successful in policing ourselves. Furthermore, Peer Review elevates the status of our profession by demonstrating to society that we care.

"The overriding lesson I have learned over the years is to be kind to your patients and be kind to yourself. Doing so makes dentistry less frustrating, much more rewarding, and truly enjoyable."

Finally, I would like to point out that many of the cases we see are the result of poor communication. We practice a very difficult profession. In clinical practice, if you do a procedure that has a 95% success rate, in 5% of cases you may have 100% failure. A poor outcome does not necessarily mean poor treatment. We often see cases where a dentist is conservative to a fault. For example, trying to save a tooth with a guarded prognosis or replacing an anterior crown in an over-closed

bite rather than committing the patient to a full mouth reconstruction to open the bite. In these cases, the road to hell is paved with good intentions. It is important that you explain to your patient your rationale for a conservative approach, and that you both have a clear understanding as to who bears the financial responsibility for these decisions. You would be surprised how many patients will understand that.

The overriding lesson I have learned over the years is to be kind to your patients and be kind to yourself. Doing so makes dentistry less frustrating, much more rewarding, and truly enjoyable.

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