

Peer Review

How to Avoid Some Practice Pitfalls

Barry Sporer, DMD, Peer Review Committee Chair



When I was a resident one of my mentors said that he considered himself a “good dentist.” His definition of a “good dentist” was as follows: “85% of my work I would show to anybody, 10% I would only show to friends, 5% ... I can’t even look at.” I suspect many of us fall into the category of his definition of a “good dentist” which would mean that most of us would have a minimum of 5% of our patients that could bring us to Peer Review. That is a lot. Fortunately, that is not the case, the reason being most of us do the right things intuitively, but I think it is useful to review these principles.

Manage Expectations

In the film “On the Basis of Sex,” a young Ruth Bader Ginsberg discusses a case in her contract law class at Harvard in which a doctor proposed to do a skin graft to a hand which the patient had injured nine years prior. The doctor told the patient and his father “I will guarantee to make the hand a hundred percent perfect.” As you might imagine the result was less than perfect and the patient sued, not for malpractice but for breach of contract. The court found in favor of the plaintiff and Ruth Bader Ginsberg points out there would have been no law suit had the doctor not promised “a hundred percent result.” The case, *Hawkins V. McGee* actually does exist and occurred in 1929.

What we can learn from this case is that in spite of our enthusiasm and our eagerness to help patients, we should manage our patients’ expectations. People invariably are happier when we under promise and over deliver than when we over promise and under deliver. The doctor and the patient need to know in advance the limitations of what can be done in all of our cases. Beware that, unlike any other field of medicine patients, right or wrong, often view dental treatment as a consumer product and expect a refund if they are not satisfied with the result. Keep in mind for example, in cosmetic cases it is easier to turn a B+ smile into an A+ smile than it is to

take C- to a B+, and yet that C- patient may be expecting the same A+ result. Patients often are understanding that they are presenting with a problem and you are trying to fix it, and can understand that there may be limitations.

Do Not Let Patients Dictate Treatment

No good deed goes unpunished. We all try to give patients what they want, but we are ultimately responsible for the treatment provided. That is not to say that you cannot do a procedure or perform treatment that has a guarded prognosis. But the patient needs to know and it should be in the record that they were so informed. Nevertheless, you should never perform treatment that deviates from the standard of care because the patient has asked you to do something when it has no chance of succeeding, no matter how much the patient asks for it. For example, a patient has a maxillary central incisor break off at the gum line. In examining the patient, you realize that ideal treatment would require opening the vertical dimension of occlusion, but the patient does not have the time or money for ideal treatment yet does not want to walk around missing a maxillary central incisor. It is not unreasonable to restore the tooth without doing a full mouth reconstruction or orthodontics. But should the restoration fail, the patient should know in advance that treatment was compromised due to circumstance not necessarily poor dentistry. That said, there would be no excuse, for example, to place an implant where there is insufficient bone because the patient wants an implant.

Keep Accurate Records

This applies not only to treatment, but conversations and billing as well. Should a patient lose confidence for any reason it is important to have records to refer back to and to use should there be a need for Peer Review. I mention billing because should the patient suspect abusive billing they will become suspect of treatment as well.

Finally, should you end up in Peer Review, I cannot predict the outcome and it would be hubris on my part to think that we always get it right. The committee does the best they can with the information that they are given. But you should take comfort in the fact that no matter what the outcome, the dispute will be resolved in a timely manor, awards are limited to the amount the patient paid, it is a confidential and impartial process, and perhaps most important, avoidance of the Office of Professional Discipline or a protracted lawsuit. ■

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