Difficult patients are a challenge to all dentists. Our patience may be tested by patients who are non-compliant or demanding, as well as by those who fail to pay their bills. All dentists will eventually care for some patients who are perceived as difficult because of behavioral or emotional aspects that affect their care. Difficulties may be traced to patient, dentist, or health-care system factors.

Patient factors include psychiatric disorders, personality disorders, and subclinical behavior traits. Dental factors include overwork, poor communication skills, low level of experience, and discomfort with uncertainty.

Health-care system factors include insurance and reimbursement pressures, changes in health care financing, fragmentation of visits, and the availability of outside information sources that challenge the dentist’s authority.

Patients should be assessed carefully for untreated psychopathology. The dentist should seek professional care or support from professional societies and colleagues. Specific communication techniques and greater patient involvement in the process of care may enhance the relationship.

However, even when communication between the doctor and the patient is good, we must become aware of the possibility of risk factors that may develop to destroy that relationship.

Key factors that can place the dentist at risk
1. Low staffing levels.
2. Isolated work with patients during exams and or treatments.
3. Dealing with patients who are involved with drugs or alcohol.
4. Offices that treat pain or mentally ill patients.
5. Lack of training among staff.

If action is to be taken by the dentist, clear and direct policies in relation to non-compliant and abusive behavior are essential. At a minimum, these policies should be:
1. Provided to patients at the time of admission.
2. Written in the chart or as an addendum to the patient’s records.
3. Displayed prominently within the treatment facility.
4. Recognize the unique setting within which treatment occurred.

Policies should clearly identify, for both patients and staff:
1. What types of behavior are considered unacceptable or inappropriate?
2. What will happen when these behaviors occur?
3. What will happen if these behaviors continue to occur?
4. What conditions will exist when treatment is to be provided?

These policies must also be known to staff and consistently enforced.

When violence or abuse is threatened
Whenever violence or abuse is threatened, the facility should carry out an assessment of the patient, which includes an investigation of his or her:
1. Previous history of violence.
2. Access to weapons.
3. Personal factors i.e. relationship breakdown, death of family member, friend, loss of job and previous suicide attempts.

All incidents should be clearly documented, and detailed notes made on the patient’s chart. Documentation should include not only the clinical aspects of the patient’s treatment, but...
all interactions in which verbal or physical abuse occurs. These notes should include the names of witnesses, the content of any threats made, and the steps taken by staff in response to the situation.

All staff should be aware of the agency’s policies and procedures. Staff should have access to training to ensure they have the necessary skills and confidence to implement any measures agreed upon, have strategies to deal with the behavior that reduce rather than escalate conflict, and reduce stress upon themselves.

An incident monitoring system, which alerts the dentist to the violent patient incidents, should be implemented, and the importance of reporting such incidents reinforced to all staff.

When a lawsuit looms

What happens though, when a seemingly good patient becomes a real problem patient? For example, you thought that a patient was compliant but have recently discovered by their expected treatment results that they are not following your orders regarding wearing elastics, headgear, etc.

What if you suspect that a patient is considering a malpractice action against you, and he, she or one of the family members wants to continue treating with you. The risk of continuing to care for the patient depends on the situation and the particular patient. As far as treating this patient, who may become a malpractice plaintiff, there is nothing which would legally prohibit the relationship from continuing during the pending malpractice lawsuit. Nevertheless, it is risky to continue. For example, you could make a statement to this patient while rendering treatment, which could be used against you at trial; or that patient could testify about your current office practices and procedures alleging that you have changed them as a result of his or her case. The dentist may want to consider severing that relationship, and you have a right to do so.

In a situation where it becomes evident that the doctor-patient relationship must be terminated, the dentist should be cautious not to abandon that patient. The courts will recognize a claim for abandonment where injury results from an dentist’s refusal to treat a patient needing further care, and/or without giving the patient reasonable time to find substitute care. Patient abandonment can also be alleged as a breach of the duty of care in a dental malpractice case.

Accordingly, the dentist cannot discharge a patient when he or she is in need of immediate treatment for wellbeing; one must first stabilize the patient’s condition prior to terminating the relationship. Once the patient is in a stable condition, they must be given a reasonable amount of time to find a new dentist.

However, prior to taking any action, it is advisable for the dentist to seek legal advice first. Then, with proper preparation, advise the patient in writing that you are discharging him or her as a patient, the basis for discharging him or her, and that you will continue to treat that patient for 50 days (depending upon state law) so he or she can have necessary time to locate a new dentist, with your help and referral.

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