Many dentists are reliant on discretionary indemnity

Unregulated indemnity continues

Thousands of dentists are thought to be working without full insurance coverage or using schemes that have loopholes—leaving patients without any compensation when they receive botched treatment.

The Dental Defence Union, the specialist dental division of the Medical Defence Union, claims that many patients mistakenly assume their dentist or doctor is insured in the same way as their car or house, but this is not the case.

Under the current, outdated system of dental indemnity, dentists are still not required to have insurance.

The DDU would like the General Dental Council (GDC) to specify how dentists should be indemnified.

So far it has not insisted that this should only be through insurance, though it has the power to do so.

Botched dental work by the likes of Silverto Di Rocca and Alicia Caffarena, who fled the country after being found out, show that fundamental reform is needed to close loopholes in the insurance policies covering dentists.

The Italian couple fled after botching the treatment of 16 pa-
ients.

The couple, who worked at practices in Cambridge, London and Surrey, were struck off for gross negligence by the GDC but their patients have been left without any compensation.

One of their patients was Aaron Kersey, who was 11 when his dentist sent him to the couple’s Cambridge practice to have two sets of braces fitted.

He was told the braces would need to stay in place for 12 months. But it was not until last year, that the boy, who is now 17, stopped wearing a brace; two years of botched work had de-
formed his teeth, four of which had to be removed, and caused pain and infections which lost him three months’ schooling.

Similarly, Helen Partous, from Enfield in North London, was 15 when she first saw Di Rocca at his practice in Palmers Green.

After two years of NHS treat-
ment under his care, during which her braces repeatedly fell out, or cut into her mouth, leaving it bruised and bloody, her mother Donna insisted she see a specialist, who said he had never seen ortho-
dontic equipment so poorly fitted.

She still needs major corrective work done to repair the damage but is terrified of dental treatment.

The DDU, which acted for the couple during the 2005 GDC case, said it had not been in-
structed by their clients and could not represent them over the damages claims as it cannot represent dentists without their permission.

Many dentists are reliant on discretionary indemnity and the DDU is campaigning for the GDC to make it compulsory for every dentist to have a contract of in-

Rupert Hoppenbrouwers, head of the DDU said: ‘In this cur-
rent dento-legal and economic cli-

ate, we cannot understand why the UK still allows unregulated in-
dependence. The UK has fallen far behind other EU states on this.

A German patient who was treated in the UK and negligently harmed by a dentist who was rel-
ant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a Ger-
man patient who was treated and harmed at home by an insured dentist would receive insured compensation.’

Dr Christine Tomkins, deputy chief executive of the Medical Defence Union (MDU), said: ‘Many patients, and even the den-
tists and doctors reliant on discre-
tionary indemnity, may not re-
alise that it only gives the right to seek indemnity, but not to receive it. We are aware of cases where some practitioners have not been provided with discretionary in-
demnity and patients have not been compensated as a result.’

She added: ‘The GDC has the opportunity to bring dentists into line with other healthcare practi-
tioners such as opticians and chi-
ropractors who have to be in-
sured, because their regulators have taken advice and do not be-
lieve discretionary indemnity gives adequate protection for pa-
ients. In most other EU coun-
tries insurance is either compul-
sory or recommended.

For each dental or medical professional to have a contract of insurance and the certainty that successful negligence claims that come within the policy will be paid is indisputably in the in-

terests of patients and of dentists and doctors.’

MP raises desperate appeal

An MP in Hampshire has made a last-ditch bid to stop the fluoridation of wa-
ter in Southampton and East-

leigh going ahead by appealing to the Environment Agency to look at its impact on local water courses and rivers.

Health bosses in the area have decided to go ahead and fluor-
date the water in Southampton, despite 72 per cent being opposed to the idea.

The decision, which will af-
flect around 200,000 people, fol-
lowed a large public consultation and months of debate.

Liberal Democrat MP, Chris Huhne is calling for a proper Environmental Impact Assess-
ment of the decision made by the South Central Strategic Health Authority.

‘I have written to the chairman of the Envi-
ronment Agency, Lord Chris Smith, to ask if it will investigate this mat-
ter and come to a clear view about the environ-
mental risks of adding more than 100 tons a year of fluoride to local water supplies,’ he said.

Mr Huhne added: ‘Many local residents rightly do not want to take the health author-
ity’s decision lying down, as it flies in the face of nearly three quarters of the responses to the con-
sultation and all the local councils and MPs who expressed a view. It is frankly high-handed.

No-one doubts that teeth need better care, but the obvious alterna-
tive is more NHS dentists not mass medication where there are contested benefits and ill-un-
derstood risks.’

Jim Easton, the South Central Strategic Health Authority’s (SC-
SHA) chief executive, on an-
nouncing the decision said: ‘We recognise that water fluoridation is a contentious issue for some people. The board was satisfied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.’

While Bob Deans, chief exec-
utive for Southampton City Pri-
mary Care Trust said: ‘Southamp-
ton City PCT continues to believe that a water fluoridation scheme, when introduced with continued oral health promotion, will be the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton.’

The British Dental Associa-
tion (BDA) has also welcomed the decision which it claims has been supported by dentists in the region.

The decision by South Cen-
tral Strategic Health Authority to back fluoridation, is the first un-
der 2005 laws, giving health au-
thorities powers to demand the service from water companies.

John Spotton-Wood, chair-
man of Hampshire Against Flu-
riddation, called it ‘absolutely dis-
graceful’ and said: ‘They have re-
fused to listen to all the evidence we have given them. They have ignored the will of the people – 72 per cent didn’t want it and yet they still are going to do it. It is deeply unethical.

SHAs are required to make decisions on the ‘equivocity of the arguments advanced’ and not simply on numbers of people and organisations for or against pro-
posals.

Authorities in north-west England, Derbyshire, Bristol, and Kirklees in West Yorkshire are thought to be among those preparing to go down the same route.