I remember an event that took place at my practice some years ago. One of my patients was an affable, mild foreigner in his mid-fifties who owned a guest-house in the ‘hood. He was a regular attendee, and his wife usually came in with him. We were all disappointed when he and his wife informed us that they were going to live abroad. Only a couple of months later, he returned alone to have an implant placed, and we were surprised by how many months he seemed to want to take over the treatment.

Eventually, the treatment was completed and he returned to his wife. A few months later his wife arrived and requested a copy of his records so that she could check the financials. Fortunately, my receptionist declined to provide her with a copy of the clinical records. She demanded to see me, and then accused me of being in collusion with her husband because I would not provide the information she requested. I was mystified until I learned that this mild affable middle-aged man was a veritable lothario who was having an affair with the hotel housekeeper, and had used the extended dental experience to justify his absence from home. She called me both names that made my staff blush. She threatened to take me to the Council and to the Government. Fortunately she did nothing, and we saw neither of them again. But it could have been different.

The purpose of the Data Protection Act is to protect the rights of individuals not to have their personal details disclosed without their consent. An individual has the right not to have their personal information disclosed to anyone, not even to a parent or spouse, without their prior consent.

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The seventh in a series of articles on managing information

‘She called us both names that made my staff blush’

Hand in glove with data protection is confidentiality. I quote from Dental Protection Ltd’s 2007 Annual Review: ‘Confidentiality is a principle that is all or nothing. It can only exist if we meet the patient’s absolute expectation that none of the personal information they have supplied about themselves within the professional relationship will ever be disclosed without their explicit consent.’ They state further: ‘This duty extends to all members of the dental team and includes both clinical and non-clinical staff for whom the dentist has a vicarious liability. That duty also extends to the way that we store and eventually dispose of those paper and computer-based dental records.’ In most countries patients have the right to access information kept about them.

Tell a lie

There are times when every dentist or a member of his staff is guilty of perambulating on the outskirts of veracity. This is not exactly telling lies, but it is not telling the truth either. A good example of this is when a patient phones and is told you are on a course. The fact that it is a golf course that you are on is definitely not the message you wish your patient to receive, whereas being on a course implies dedication to continuing education. We can also perambulate on the outskirts of veracity when we tell our patients that a crown could last for life or tooth whitening can last for up to three years. Both statements are true, but the likelihood is they will not. Being economical with the truth is not a good way to keep your patients informed. Quoting one set of data that supports your case while neglecting to make known another of which you are aware that does not is bad medicine.

Abuse of information