Introduction to the case

A 59-year-old female patient presented with large fractures of her maxillary right (UR1) and left (UL1) central incisors. These were a result of a traumatic fall and necessitated restorations for aesthetic and functional reasons.

The UR1 responded normally to sensibility testing and therefore considered to be vital; the UR2 had been treated endodontically and was examined to determine if it could be restored. The UR2 responded to tactile sensation and had an acceptably thin periodontal ligament space, making it a good restorative candidate.

The UL1 responded normally to sensibility testing and therefore considered to be vital; the UL2 had been treated endodontically and was examined to determine if it could be restored. The UL2 responded to tactile sensation and had an acceptably thin periodontal ligament space, making it a good restorative candidate.

Discussion and conclusion

A very aesthetically-pleasing, life-like result was achieved.

The material also has excellent handling and placement properties and is understood to have good longevity. This is thus an attractive option especially for anterior restorations. Ceram•XTM duo certainly brings a smile to both the patient and dentist.

Under-treatment & Supervised Neglect

Whether or not the dentist had identified the relevant problems that existed in the patient's mouth for example, defective or fractured restorations, periodontal disease, uncontrolled caries, tooth tissue loss through erosion, abrasion, attrition or fracture, hard or soft tissue pathology, etc.

Whether or not the dentist had been monitoring the patient's condition, and/or carrying out appropriate investigations that would provide the information necessary to reach a proper diagnosis and treatment plan.

Under-treatment & Supervised Neglect in the Dentsply Global Ceram•X Case Contest 2008/2009

Global Ceram•X Case Contest 2008/2009

In the Dentsply Global Ceram•X Case Contest three UK students came out on top and were put forward to the global final. In this issue we take a look at Barts and The London, Queen Mary's School of Medicine and Dentistry (UK) student Reena Wadia's presentation.

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The Patient's Response

Under-treatment & Supervised Neglect

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A dentist who is under stress for one reason or another, and even under the practitioner’s control, may find himself having to deal with patients who seem to stagger from one crisis to another, and whose domestic/personal problems (or reasons unrelated to dentistry) are being managed by others who are nearer to the problem than the treating clinician. When a patient actively decisions that treatment has been delayed or not made, there are many reasons for this. Some are related to the patient and their MOTIVE and COMPETENCE when treating patients under their care. Failures and compensations in this series. These are professional, and there is a breach of a clinician’s duty of care.

Summary

All dentists have a duty of care to exercise a reasonable standard of skill and competence when treating each patient under their care. Failing to provide necessary treatment is one way in which this duty of care can be breached, recommending or providing unnecessary treatment falls at the other extreme, but is still a breach of a clinician’s duty of care.

Regular and effective communication with patients about their oral condition, and about what treatment is (and isn’t) being proposed, and why, is a valuable precaution against an implication of under/treatment. Full and meticulous records based upon appropriate investigations are equally invaluable. These two strategies, coupled with an up-to-date awareness of current thinking in diagnosis and treatment planning, will avoid the majority of problems in this area.

Editorial Note: This text should ideally be read in conjunction with the article on history-taking to be published in the next edition of Dental Tribune.

About the author

We are the world’s largest specialist provider of dental professional indemnity and risk management for the whole dental team. The articles in this series are based upon Dental Protection’s 100,000s of years’ current handling more than 8,000 cases for over 48,000 members in 70 Countries.

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