A revealing measure of a dentist’s level of care and commitment to patients’ needs can be found in the way they deal with emergencies. Many complaints and allegations of negligence involve a patient’s feelings of having been abandoned or ignored, when finding it was impossible to access dental care in an emergency situation.

**Pain**

If there is one particular treatment outcome, which has a particular propensity to inflame a patient’s sense of dissatisfaction, and to make a complaint or claim more likely, it is the onset of pain. Whenever a patient experiences pain or severe discomfort following treatment, it may well be attributed to some kind of failure on the part of the clinician. The patient’s displeasure on these occasions is exacerbated if the dentist is unavailable (or inaccessible) at the time when they are in pain.

The situation can sometimes occur where a patient attends for routine dental treatment having experienced no symptoms to date whatsoever, but subsequently find themselves in acute pain shortly after the treatment has been completed. Certain procedures carry a particular risk of creating postoperative pain or sensitivity, and in these cases it is sensible to prepare patients for any adverse outcome by giving them both preoperative warnings and postoperative instructions.

**Pulp Proximity**

Commonly this situation arises when a deep filling is provided in close proximity to the pulp. This can often precipitate a transient acute pulpitis, which, if the patient has been warned about what to expect and how to manage the symptoms, is generally overcome without too much difficulty. But if such a procedure is carried out just before a weekend or public holiday, or a special event in the patient’s life, and the patient has not been forewarned, they may well assume that something has gone wrong. The patient may subsequently hold the dentist responsible for the pain they have suffered.

**Practical arrangements**

Emergency patients without appointments can be difficult to accommodate within normal surgery hours unless time has previously been set aside for this purpose. Alternatively, time can sometimes be found for them, but only at the expense of time which had originally been reserved for other patients.

Good practice management is an integral part of good risk management, and the effective...
care of a patient in pain challenges many aspects of practice management. Having an effective telephone system and appropriate staff available to answer the telephone promptly and effectively during surgery hours, with a caring and compassionate telephone voice is certainly a good start. An appointment system that can accommodate emergency patients at short notice is the next requirement, and will make it easier for a receptionist to respond promptly and effectively to the patient’s needs.

In this connection, it is important to recognise the crucial role played by reception staff not only in making an emergency appointment, or offering appropriate advice, but also in the way in which the patient is listened to and spoken to. Patients requesting emergency treatment are, at best, being inconvenienced and, at worst, may be in severe pain or distress. Not uncommonly, the patient may not have slept because of their dental problem, and any response needs to take these factors into account.

What is an emergency?

There is a wide spectrum of opinion as to what constitutes an ‘emergency’. The obvious examples are a patient in acute pain, or with an abscess, or swelling, or excessive postoperative bleeding. It must also include the shocked and distressed child who has parted company not only with a skateboard or bicycle, but also with one or more teeth. All of these are situations where few would disagree that a dentist’s duty of care extends to seeing these patients without delay.

Views differ, however, on the sore spot beneath the denture, or the loose crown, or the lost filling, or the lost fill – soro–sore spot beneath the denture, or

Cover Arrangements

Dentists will normally put in place some kind of emergency cover arrangements for periods of holiday, sickness or other absence. This may take the form of a colleague within the same practice, or perhaps someone in another local practice where cover is provided on a reciprocal basis. Emergency rotas are common, whereby a number of dentists in one area join forces to provide out of hours cover on a rota basis.

Other dentists – particularly those in isolated or rural areas – will sometimes prefer to make their own arrangements wherever possible. In some areas, a local hospital or other clinic can provide a readily available additional level of cover for patients, while in other areas there is no such backup, within a reasonable distance of the surgery.

A sympathetic team

It may not always be possible (or even, necessary) for the patient to speak to the dentist immediately, and here the experience and knowledge of the person answering the telephone should allow him/her to assess the severity and possible causes of the patient’s pain. If it is necessary for the dentist to ring the patient back, make realistic and achievable promises of when this will be possible – and ensure that those promises are kept. Time passes very slowly for patients in pain, while perceptions of abandonment and feelings of anger develop surprisingly quickly.

Every effort should be made to convey a supportive, caring, compassionate and sympathetic response; transmitting the feeling that the team has understood the problem and are doing their very best to resolve it as quickly as possible for the patient.

Refusals cause complaints

A patient’s request for emergency treatment is a situation that has a significant potential to create deneto-legal problems. In most cases it is a perceived lack of care or concern, perhaps compounded by a refusal (by the dentist, or by a member of staff) to see the patient, or the lack of emergency cover arrangements, that causes the complaint. Sometimes the problem arises from the treatment actually provided; perhaps as a direct result of the fact that time has to be created at short notice, when in reality no time is available, and any treatment is done within tight time constraints.

A refusal to see a patient and consideration. In such cases expressions of genuine anger and resentment are not unusual.

Sometimes, the patient’s request for emergency treatment is not related to pain or swelling at all; their emergency request is based on some imminent personal deadline. Having a crown re-cemented before going on holiday the next day, or a filling replaced before getting married, or before an important business meeting, may not be an ‘emergency’ in the eyes of the dentist or members of staff, but it is an emergency as far as the patient is concerned. Refusing such a patient will provoke similar levels of resentment, anger and frustration.

Systems

The best approach to the problem is to establish a clearly defined system for dealing with emergency patients. Like any system, you and other front-line members of the dental team will need some ‘house rules’ about what exactly constitutes an emergency, leaving some flexibility to assess other situations on their merits.

The next stage is to design a structured system for accommodating emergency patients both during surgery hours and (where necessary) out of hours, and then to communicate information about this system and how it works to all patients. In some practices, there is a pattern whereby more requests for emergency attention tend to be received at certain times of day, or on certain days of the week.

Professional Commitment

Most dentists show an admirable professional commitment to patients who have a reserved (pre-booked) appointment on a given day. But there will be occasions when, in order to accommodate a genuine emergency, these plans may need to be altered. Explaining this to a patient who will thereby be inconvenienced, will, if handled correctly and with sensitivity, be less problematic than trying to explain to a patient in severe pain why they must wait several hours before they can be seen.

Any request for emergency treatment needs to be recorded in the patient’s notes (preferably indicating the time) together with a note of the response, advice/treatment given, etc. If a receptionist at times has difficulty in persuading the patient to attend, later that day, but the patient declines because they are too busy that afternoon and would prefer to come in the following morning, then all of this should be recorded in the patient’s notes. If the patient’s condition happens to worsen overnight, then at least it can be demonstrated that this need not have happened, had the patient accepted the earlier appointments that had been offered to them.

It is worthwhile keeping a ‘log’ or similar record of all calls taken when away from the practice, so key details can be copied back onto the patient’s file. Not surprisingly, many patients who are treated with care and consideration, and are accommodated promptly when their need is greatest, will often be endurably grateful; some will demonstrate their appreciation by becoming the most vocal and enthusiastic ambassadors for the dentist concerned.

Predictably enough, the reverse is also true, and a failure to offer or provide emergency care can create a healthcare professional who is in pain or otherwise suffering, is unexpectedly prepared to leave them in the lurch, make such allegations are often not easily resolved. Patients who make such allegations are often prepared to pursue them with a crusading zeal, demonstrating a reputation for being uncaring, unprofessional or even arrogant and dismissive of patients’ needs.

A complaint or claim that is fuelled by a patient’s anger and resentment, and often personal animosity towards a healthcare professional who was apparently prepared to leave them in pain or otherwise suffering, is not easily resolved. Patients who make such allegations are often prepared to pursue them with a crusading zeal, demonstrating a reputation for being uncaring, unprofessional or even arrogant and dismissive of patients’ needs.

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