Managing expectations

Patients are paying a lot for necessary treatment, and will have high expectations, so it pays to make sure you communicate clearly every step of the way to avoid confusion, says Michael Sultan.

For many patients, dental treatment is an unwelcome necessity. This is especially true for those undergoing endodontic procedures. Not only will the initial treatment, but they must also be made aware that there will be the additional costs of subsequent restorative procedures. As a result, it can only be expected that the patient will have high expectations as to the outcome of their treatment.

With this in mind, I find that it is vitally important to discuss treatment costs with the patient and the prognosis of their treatment. We are biological systems, not machines; things don’t always go according to plan, so patients need to be made aware that success rates are never 100 per cent. It is the dentist’s duty to explain as clearly and simply as possible that teeth are complex systems, potentially full of nooks and crannies harbouring bacteria that may be inaccessible to treatment.

Risk of failure

Although endodontic treatment does boast a very high success rate – 95 per cent in a vital tooth and around 80 per cent in a retreated tooth – it is always worth bearing in mind that this means on average one in every five retreated teeth will fail. No dentist really wants to talk about failure from the outset but patients should always be made aware of this fact before treatment is undertaken.

As such, well-informed patients must decide for themselves whether they should choose implants, a bridge or endodontic treatment as their best course of action. Only then will they be able to give their full consent for whatever treatment they choose. Consent is so vitally important that in some areas of the United States, dentists actually film their patients giving consent for treatment. In the United Kingdom the dentists are put under more and more pressure to take responsibility for the outcome of their treatment.

‘Before treatment, patients will usually want to know whether or not the procedure will be painful, how long it will take and what it will cost.’

Aside from these three factors, any more information tends to make patients nervous and often only serves to massage the practitioner’s own ego rather than put the patient at ease. In our quest to appear intelligent and credible, we could unwittingly do more damage than good by focusing on the minutiae of each aspect of a patient’s potential treatment. Too much information can really be less than helpful. Let’s face it, if you read the warning leaflet that comes in a box of aspirin, you’d never want to take a painkiller again.

A good team

Having the right staff is also fundamentally important. If the practitioner has not explained a procedure as effectively as possible to the patient, they will usually turn to other members of staff for reassurance which could potentially lead to mixed messages being given. Fortunately, I myself have never been let down by a member of staff. It is vital that you have that confidence in your team (as they should in you) to act in a professional and considerate manner with all patients who set foot in the practice.

Practitioners should remember that the very best communicators possess the knack of making seemingly complex subjects simple. In my opinion, this is a skill all dentists should work on if they are to get the best response from their patients both before and after surgery has taken place. Try to avoid the urge to impress the patient in the chair with your comprehensive knowledge. A warm, empathetic chairside manner is enough to show you care. My motto has always been: treat patients as friends and friends as family. This way, patients will be armed with sufficient information to enter into treatment confidently but realistically.

Listen to your patients and provide them with all the information they need.

About the author

Dr Michael Sultan BDS MSc DFO is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Barts and The London in 1996. He worked as a general dental practitioner for five years, before commencing specialist studies at Guy’s hospital, London. He completed his MSc and in Endodontics in 1999 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastman CPS, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega Dental Fraternity. In 2008 he became clinical director of EndoCare a group of specialist practices. Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by the articles on michael@sultan endopro.co.uk or call 020 7224 0999.