Complaints of litigation involving dental treatment provided for children occur less frequently than in many other areas of dentistry, say Dental Protection

When complaints involving dentistry for children do arise, their management is complicated by a number of factors, over which the clinician has little or no control. Dentists, hygienists and therapists can all be involved in the provision of dentistry for children, and many of the problems they face are the same. It is easy to overlook the fact that the treatment of children – particularly, of young and/or nervous children – can be clinically very challenging and highly demanding in terms of time, concentration, and personal skills. Juggling the clinical and personal needs of the child with the sometimes irrational and disproportionate demands of the parent(s) can also be very stressful. Another factor which can arise in private practice, or any clinical setting where fees are charged for the treatment of children, is the imbalance which can arise between the expectations and demands associated with the treatment of children, and the reality of the fees that tend to be charged and/or that the parents find acceptable.

Undercurrents
Cases involving children tend to be affected, to a greater or lesser extent, by factors that can easily be overlooked. Firstly, patients in this group are vulnerable and sometimes apprehensive, and emotional pressures can often influence the progress and outcome of a case, as well as the perception of those involved in it. Secondly, treatment is generally being provided in an ever-changing environment as the child continues to grow and develop; as a result, clinical decisions tend to have immediate short-term consequences and also some broader and longer-term implications. Sometimes, this impacts upon a case in the sense that it is asked how things might have developed if a specific event had not happened, or if a certain treatment which was not provided, had been provided. Thirdly, these cases can often be fraught with conflicts and hidden agendas. Parents are invariably involved in the situation and not uncommonly, responses are clouded by feelings of guilt, or natural parental protectiveness (or over-protectiveness on occasions) of anger and sometimes a single-minded determination to see a dentist “punished” for some actual or perceived act or omission towards the child. One of the classic situations arises when attempting to treat widespread caries in a very young child who is only brought to a dental surgery when the child is in pain (perhaps from an abscess) and acutely distressed. If problems arise during or following the treatment, some parents will be unable (or unwilling) to consider, let alone accept, that the child’s problems might have been avoided altogether, if they had acted differently, or more quickly in the child’s best interests. This can sometimes produce a reaction.
Consent
While this is generally obtained from a parent, the legal situation varies from one country to another. A useful general principle to bear in mind is that while the needs and best interests of the child should always be the paramount consideration, the child's wishes must also be taken into account. This can lead to difficult judgements on the part of a clinician, who must assess the child's capacity to understand the nature and purpose of the treatment being proposed for them. In older children who may not yet have reached the legal age of adulthood/majority, but who are perfectly capable of understanding the issues surrounding a proposed dental procedure, this can create some very difficult situations. This is particularly likely when the child and the parents do not agree as to what treatment should be provided. If in doubt, it is always wiser to postpone treatment than to proceed against the wishes of either the child, or the parent(s).

Key issues
Eight recurring factors tend to arise in cases involving children, often with a single case embracing two or more of them.

Consent
Whereby the parent's wrath is directed at the clinician, perhaps as a means of deflecting any suggestion of blame or responsibility on their own part.

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Summary
Treatment of children carries all the dento-legal risk of treating adults, but is further complicated by a number of other factors. An awareness of these factors should prompt a suitably prudent approach to the treatment of child patients.