A return to old-fashioned values
Managing patient expectations is crucial, says Michael Sultan

It has recently been reported in the press that private dental treatment complaints received by the Dental Complaints Service (DCS) for the year May 2011 to April 2012 have risen by 17 per cent. Of these complaints, the most frequent concerns raised by patients were unclear information, not being made aware of the treatment prognosis or alternatives, and being ignored when concerns were raised.

Though the DCS figures are of course shocking, I must say they are not really surprising, especially when we consider the changing nature of our profession, the way we are perceived by the public, and of course, the current economic climate.

Like it or loathe it, times have changed in dentistry, and we work in a profession now that is no longer solely occupied with the treatment of pain. With a broader range of treatments now available to patients than ever before, so our range of fees is equally broad. While a simple hygiene visit may cost a patient less than £40, some of the treatments at the very highest end of the spectrum can cost in excess of £100,000!

While I do not doubt for one moment that we should be able to offer these kinds of high end treatments to patients should they so choose (and should they be able to afford it!), when one considers the nature of our modern consumer-driven society, the expectations of the patient, even for a treatment that costs only a few hundred pounds, need to be carefully managed in order to avoid complaint or litigation.

And it is here I fear we find the problem. In the case of private dentistry in particular, patients are far less “patients” these days, than they are consumers. They have rights as consumers, and they are often keen to express their rights. When the cost of treatment starts to soar, so too do patient expectations, to the point where if a treatment costs £20,000, a patient will (with some justification), expect the world.

For the young or inexperienced dentist, this whole area is a minefield, and even the more experienced dentist can easily be caught out. Ethical consent has, and always will be a point of much debate in dentistry as it is in all areas of the medical profession.

While ethical consent has, and always will be a point of much debate in dentistry as it is in all areas of the medical profession, it is crucial to managing patient expectations. Careful management of these expectations can prevent complaints and litigation, and help to ensure a positive patient experience.

‘Ethical consent has, and always will be a point of much debate in dentistry as it is in all areas of the medical profession’

A return to old-fashioned values
Managing patient expectations is crucial, says Michael Sultan

It has recently been reported in the press that private dental treatment complaints received by the Dental Complaints Service (DCS) for the year May 2011 to April 2012 have risen by 17 per cent. Of these complaints, the most frequent concerns raised by patients were unclear information, not being made aware of the treatment prognosis or alternatives, and being ignored when concerns were raised.

Though the DCS figures are of course shocking, I must say they are not really surprising, especially when we consider the changing nature of our profession, the way we are perceived by the public, and of course, the current economic climate.

Like it or loathe it, times have changed in dentistry, and we work in a profession now that is no longer solely occupied with the treatment of pain. With a broader range of treatments now available to patients than ever before, so our range of fees is equally broad. While a simple hygiene visit may cost a patient less than £40, some of the treatments at the very highest end of the spectrum can cost in excess of £100,000!

While I do not doubt for one moment that we should be able to offer these kinds of high end treatments to patients should they so choose (and should they be able to afford it!), when one considers the nature of our modern consumer-driven society, the expectations of the patient, even for a treatment that costs only a few hundred pounds, need to be carefully managed in order to avoid complaint or litigation.

And it is here I fear we find the problem. In the case of private dentistry in particular, patients are far less “patients” these days, than they are consumers. They have rights as consumers, and they are often keen to express their rights. When the cost of treatment starts to soar, so too do patient expectations, to the point where if a treatment costs £20,000, a patient will (with some justification), expect the world.

For the young or inexperienced dentist, this whole area is a minefield, and even the more experienced dentist can easily be caught out. Ethical consent has, and always will be a point of much debate in dentistry as it is in all areas of the medical profession, though now the idea of consent has just as many financial implications as it does ethical and legal. After all, if a patient has a complaint, often it is easier to settle than it is to drag out the process and risk bad publicity, even if you aren’t necessarily in the wrong.
Tied in closely with this notion of patient expectations is the way practices market themselves to the world. As we have seen, the range of treatments now available to the modern dentist is far beyond anything that could have been imagined half a century ago, and our society has also changed dramatically in that time.

There are just so many dentists out there now, all competing for patients and offering different things, that marketing has become an increasingly important element to any dental practice’s activities. In the last few years especially we’ve seen a massive rise in the number of spa practices filling the high streets, offering “smile makeovers” or “life changing” treatments, but I fear very often the core messages we need to be delivering to patients get lost in translation.

From my (perhaps old-fashioned) perspective, dentistry should always be about delivering exceptional quality of care. This isn’t necessarily just about delivering the most dazzling smile, but is about how well you deal with the patient in your chair, and how you make their journey with you as comfortable as possible. After all, most people don’t like visiting the dentist, and so a visit is nearly always a stressful occasion.

Sometimes in the rush for beauty, as a profession we forget about the “essentials” such as good old-fashioned empathy. Sometimes in the rush for beauty, as a profession we forget about the “essentials” such as good old-fashioned empathy, and sometimes we forget that our patients just don’t understand dentistry like we do. They haven’t done the years of study; they haven’t read the papers; they don’t spend each working day dealing with teeth. As such we need to be completely open and honest with them through every step of the way. We need to be careful and considered in our approach, and we should make sure patients don’t get too caught up in the marketing.

There can be no doubting that modern dentistry is a fine balancing act. On the one hand we all need to attract patients and pay the bills, but we also need to be responsible with how we sell our treatments to patients, and we also need to have the courage to be able to take a step back when work falls outside our comfort zone, and refer to a colleague if so needed.

Though marketing is unquestionably an essential part of modern dentistry, there can be no beating a warm and honest approach. While honesty may well lose you the odd patient keen for perfection, an open and honest approach will ensure you don’t become another DCS statistic.

About the author

Dr Michael Sultan BDS MSc DFO FICD is a Specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy’s hospital, London. He completed his MSc in Endodontics in 1995 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 CFD, 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.