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Defensive dentistry

A relatively new term, defensive dentistry marks an apparently, potentially serious threat to the way in which we think about and deliver treatment to our patients.

It denotes the practise of providing dentistry which presents as few risks as possible to the practitioner from a patient complaining, or more seriously taking up a legal case as a result of an action or omission by the practitioner. Although acknowledged far more widely in the USA, for example, where the society as a whole is far more litigious than in the UK, the thinking behind being defensive and protecting one's own back is likely to become more prevalent as the number of cases brought by patients continues to rise.

Let us take an example. Suppose you are thinking, as part of a treatment plan for your patient, of suggesting an implant to a young man who has lost an upper central incisor in a sporting accident and currently wears a small partial denture. But, suppose too, that the patient is a smoker. It would be sensible, indeed some would argue mandatory, to inform him that the proposed implant would be less likely to be successful if he continues to smoke. This we know from now well established research. If he accepts the information but continues to smoke then he has effectively also accepted the risk that he runs.

All this seems complex and takes time and relies on up to date knowledge, so the easiest course of action would be to adopt a defensive posture and not mention the implant option at all. If you don't actually provide implants in the practice then it makes life even easier still, since you don't have to be fussed with referrals and the associated paraphernalia of letters and appointments and subsequent restorative solutions, all of which might go wrong themselves anyway.

Essentially then, what defensive dentistry seems to be attempting is not to reduce the practitioner's exposure to litigation but to circumvent the full process of

disclosure to the patient in the apparent interests of simplicity. Surely though a better policy is to explain all the risks as fully as possible to the patient in the first place, and record on his or her notes that you have done so? Similarly, the patient's response and decision as a result of receiving the information should also be recorded. All those working for the protection and defence organisations will tell you that thorough, contemporaneous records give the highest chance of successfully defending a case, should one arise.

However, a lot of these points omit one crucially important element and that is the trust that exists between dentist and patient in a successful relationship. When that relationship works we trust that our patients believe that we are doing our best for them, providing the best advice for their individual needs based on our knowledge, skill and experience, because we are. Reassuringly, that belief by the patient and the inherent trust cements an understanding that can be remarkably forgiving. As well as the advice on keeping good records, dento-legal advisors can also regale you with the most amazing stories of where matters have gone awry but the patient has resisted every attempt to drag them into complaining or to legal redress because they just don't believe it was their dentist's fault. On a minor level it is perhaps illustrated by the prosthetics patient who comes back for a check a week after having full dentures fitted and apologises for having rubbed an ulcer under 'your lovely new dentures.'

As an undergraduate I remember being told that the essential need to join a protection organisation was not to protect me from my patients but to protect my patients from me. I believe it was good advice and, as the only sensible way of regarding such cover, it is probably as defensive as we need to be.

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