



Dental photography in record keeping and litigation

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BDA CONFERENCE

The value of producing high quality dental photographs has been recognised by more and more dental practitioners, both to enhance their patient records and prevent litigation, particularly in the field of cosmetic dentistry and orthodontics. In recent years with the advent of digital photography the necessary camera set ups for clinical use have become easier to use, more available and affordable. With suitable training any member of the dental team is capable of taking high quality and repeatable images.

Philip Wander qualified in 1966 from Liverpool University and attained his MGDSRCS in 1980. He is in part-time dental practice in Salford, Lancashire. He co-authored the BDJ book *Dental photography* with Peter Gordon and together they have lectured extensively on the topic. He will be holding a one day 'hands on' course on dental photography for the BDA Essential series on 9 May at the British Dental Association headquarters, Wimpole Street, London. Further details can be found at <http://england.bda.org/events/1640-training-essentialsclinical-photography-in-the-dental-practicefriday-9-may-2014-.aspx> or you can register at www.bda.org/training.

Traditional dental charting methods have served the profession well for generations, however, they do have limitations. In spite of the recent advent of electronic versions of these charts and computer programs a number of dental clinical conditions and pathologies are extremely difficult to record with charting, words, sketches or diagrams.

These include very early caries, the extent of decay, leaky restorations and marginal deficiencies, tooth surface loss, demineralisation, abrasion, attrition, erosion and abfraction.

Wear, facets, chips and fractures are able to be recorded pictorially, demonstrating the extent of damage as 'one picture tells a thousand words'. With easy camera set ups, any member of the dental team is capable of taking high quality and repeatable images (Fig. 1).

A high quality clinical photograph will 'show' features such as cracks, surface characteristics, pits, fissures and discolouration translucencies and opacities, saving on an enormous amount of written and possibly inaccurate descriptions.

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Dental photographs are of particular value in recording periodontal and gingival conditions. The severity of inflammation, colour and pathology of soft tissues can be seen and used as a reference to compare the results of treatment and motivate patients (Fig. 2).

Clinical photography can transform the quality of clinical record keeping and capture details that would be difficult or impossible to record in any other way. The reconstruction process can be difficult and is made much easier if pre- and post-operative photographs are available to prevent any number of unfortunate situations, misunderstandings and complaints.

It is prudent never to carry out any tooth whitening without a pre-treatment photograph with a shade tab in place, as 'proof of the pudding' that the bleaching has worked, since some patients seem to have short memories and others claim the whitening has 'worn off'.

In dento-legal cases it is vital that we do not rely on our memory alone – not unusually many months or years will have passed between the time of treatment and the moment when the pieces of information are required – remember litigation is a process, not an event.¹ The 'gold' standard series of photographs required by the American and

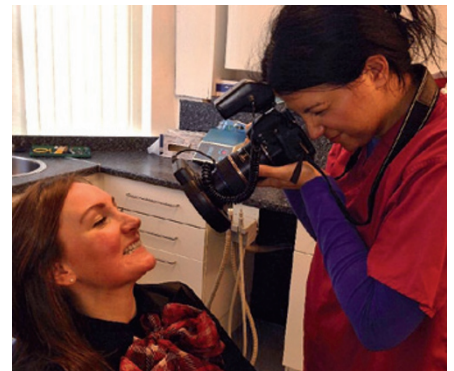


Fig. 1 Point, focus and shoot A typical digital single-lens reflex (DSLR) camera set up in use



Fig. 2 Occlusal views are perfect for recording tooth position and as patients will not have seen their teeth in this way previously, they are excellent in communicating dental problems

British Academies of Cosmetic Dentistry are a good basis for recording the dentition (Fig. 3).

MALPRACTICE PREVENTION

The greatest cause of malpractice losses is inadequate patient records.

Dental excellence, thorough case histories and treatment plans are absolutely essential, and the supplementation of patient records with clinical records can be the difference between celebration and disaster.

As evidence in medico-legal cases involving allegations of malpractice, photographs will provide direct proof as to the condition of the mouth, teeth, gingival condition and soft tissues before and after treatment.

MEDICO-LEGAL REPORTS

When called upon to submit a medico-legal report for insurance, legal or accident cases, clinical photographs that supplement the detailed and accurately documented report act as an invaluable aid to the parties concerned.

These photographs must clearly show the severity and extent of the injuries sustained with proper descriptions to help demonstrate the condition or complexity, to persons who may have little or no knowledge of dentistry.

Communication is the key to avoiding problems and achieving success in dental practice, as well as avoiding disputes and possible complaints with subsequent litigation.

Accurate and comprehensive clinical records are mandatory and supplementary high quality clinical photographic images will go a long way to avoiding or preventing these potentially worrying and costly actions taking place.

PHOTOGRAPHY AND RISK MANAGEMENT

Risk management applications of dental photography:²



Fig. 3 The 'gold' standard series of photographs required by the American and British Academies of Cosmetic Dentistry

- As baseline records, recording tooth position and occlusion
- For recording progress and development
- To improve any referral correspondence
- As part of a clinical audit
- As an adjunct to consent process
- In patient education and communication
- For laboratory communication
- As self-education.

While a decade or so ago it was unusual for the profession to be sued, recently the 'litigation culture' has become much more prevalent in the UK.

It is absolutely imperative to spend time explaining treatment to patients, advising them of problems, and obtaining consent. Suitable clinical photographs provide

an accurate pictorial record of the initial clinical situation. For instance there can be no argument as to how severe the original malocclusion was or what changes have occurred through the progress of treatment.^{3,4}

1. John Makin, Dental Advisor DDU, personal communication.
2. Orr C. *Digital photography. Riskwise edition 32*. London: Dental Protection Ltd, 2007.
3. *Orthodontic Update* 2010.
4. Sandler J, Murray A. *Clinical photography in an orthodontic practice environment*. 2010.

Philip Wander and Peter Gordon will be presenting on this subject on Thursday 10 April 2014 at the British Dental Association Conference and Exhibition in Manchester. Register online at: www.bda.org/conference. Three-day VIP conference passes are free to Extra and Expert BDA members.