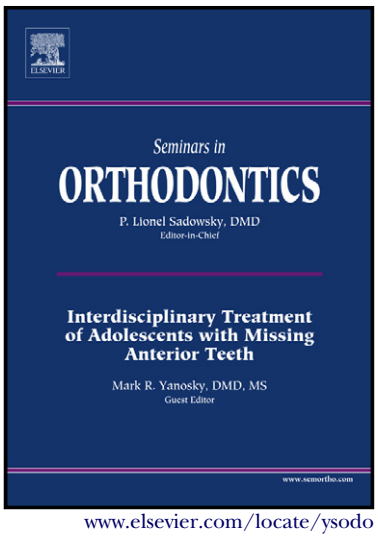

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How To Talk To Patients When Things Go Wrong

Elizabeth Franklin

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HOW TO TALK TO PATIENTS WHEN THINGS GO WRONG

Elizabeth Franklin, Professional Liability Claims Manager

AAOIC

401 North Lindbergh Blvd

St. Louis, MO 63141

800-240-2650

Orthodontists love to create beautiful smiles. You all work hard to formulate effective treatment plans, and treat your patients with diligence and care, working toward a successful outcome. When things go smoothly, your job is easy and satisfying. Life is good! You can go home and sleep soundly. But, what happens when things do not go as completely planned? Suppose your treatment plan is not achieving the result that you expected; or that the treatment itself is not progressing satisfactorily. It could be that the patient is not cooperating in the manner they need to; or, it could just be that physiology is working against you. When these instances occur, and they do, the lack of progressed is experienced by not only you, but by your patient as well; and it is this lack of progress may be causing the doctor/patient relationship to deteriorate. Now, how do you feel? Are you stressed during the work day? Do you carry that stress home at night? Many doctors have reported difficulty sleeping when they encounter patient and/or treatment problems. While these scenarios have kept some doctors awake at nights, others have reported that they feel like they have chosen the wrong career.

Almost every job has some type of problems associated with it. Every interpersonal interaction is subject to misinterpretations and misunderstandings. You spent many years choosing the career path you did, don't doubt your career choice. However, it is possible that you may not be managing the occasional big issues, or even the smaller day to day problems well. This is a skill you can learn. How? By learning to communicate with people and manage these problems so that they do not consume you nor take up more space in your mind and heart than is appropriate.

The following are a few examples of problems that orthodontists have frequently reported to the claims department and they are accompanied by exemplars of how good communications can play a role in alleviating these adverse occurrences.

Case 1: You've been treating a 14-year old female for one year. You are waiting for the maxillary canines to erupt. You take a panoramic x-ray and realize there is a problem. The canines were impacted and they now have moved directly into the roots of the lateral incisors. You estimate there is approximately 30% root resorption of the lateral incisors. How do you tell the patient and her parents?

This is a difficult situation. This teenage girl and her parents will be upset at the long term prognosis that includes the possible loss of the lateral incisors, both from a functional and aesthetic standpoint. Root resorption is an esoteric problem that can occur with or without orthodontic treatment, but when it occurs during treatment, the blame is usually placed on the practitioner who provided and monitored the treatment. Informed consent should have been discussed and obtained at the beginning of every patient's treatment. The possibility of root resorption must be listed in all effective Informed Consent documents. If you covered this potential negative consequence before treatment began, should it ultimately manifest itself, this discussion with the patient and her parents will not be unfamiliar to the family and should be less difficult for all concerned.

Handling: If you are upset at what has occurred, imagine how they will feel when you have to break the news so the first thing to do is to calm down. Understand as much as you can about what has occurred and why and make a realistic determination as to what you believe the consequences will be. Arrange an appointment with the patient and her parents for a face-to-face meeting. Present the facts/details—show x-rays. Explain the problem, its cause, its progression, and tell them what you will do to manage it going forward. If the root resorption is not severe, assure them that as you continue treatment, you will take extra care that the lateral incisors are protected as much as possible from any additional resorption. There is a good deal of support in the literature for the fact that unless roots are resorbed significantly, the likelihood of tooth loss is minimal. Assure them that the teeth will not be lost if that is the case. Explain about resting phases and the possibility that both treatment mechanics and treatment goals may have to altered slightly.

If the root resorption is significant and you know the lateral incisors will be lost, talk to them about possible restorative options. The family will be concerned not only about their daughter's future aesthetic and functional issues, but also about restorative costs they might incur. Do not make promises to pay for the future treatment. The case must be

reported to your professional liability carrier for appropriate investigation. It is appropriate, however to acknowledge the family's concerns and to support them in finding solutions.

Take note: *Tell the family as soon as possible after discovering any problem. Never be the second doctor to give a patient bad news. In many professional liability claims, the patient learns about root resorption from the general dentist, not the orthodontist. When that happens, the family and the general dentist assume the orthodontist not only caused the problem, but failed to apprise them or attempted to cover it up. If this happens, the trust between orthodontist/patient/parents is often irrevocably damaged.*

Case 2: The scenario is similar. You have been treating a 12 year old boy who presented to you with significant crowding in both arches resulting in your decision to extract all four first bicuspids. At some point mid treatment you come to the realization that the extraction spaces are not closing as you had expected. You take a progress panoramic x-ray and see severe root resorption developing on all 4 maxillary anterior teeth. You realize that the treatment must stop immediately to prevent further damage and possible loss of teeth. You will not be able to close spaces.

Handling: Again, first calm yourself down. Make a realistic evaluation of the situation. Research the restorative options that will be available to deal with the remaining spacing. Again, set up a meeting with the patient and his parents at the office and at a time when you will be able to have a somewhat prolonged conversation without being rushed to see the next patient. Show them the x-rays and explain the danger in continuing with active treatment to attempt space closure. Advise them that treatment must be terminated to prevent any further resorption. Refer them to the doctor who will be the restorative dentist. They are likely to express concern about additional costs; do not promise to pay the additional costs. Merely indicate that this will be dealt with once a definitive restorative plan has been developed. This is a matter for the insurer to investigate and handle.

Case 3: A 14 year old male patient has been in treatment for about 18 months during which time he has consistently exhibited poor oral hygiene. You were astute enough to document this on every occasion and you frequently addressed this problem with both him and his mother duly noting all conversations in the patient's chart. You now you believe it is time to terminate this child's treatment before serious caries or decalcification occur to his teeth. You foresee that the patient probably needs about another year to complete his treatment.

Handing: Once again, it is important for you to be relaxed and in control. Arrange a meeting with the patient and his parents. Remind them of the patient's ongoing oral hygiene deficiencies and your continued advisements regarding this. Also, be frank about the potential negative consequences associated with continuing orthodontic treatment under conditions that apparently are not going to change. Tell them that treatment must end, to protect their child's dental health. If they argue, remain firm. Remember, you are the orthodontist; you know what negative consequences can occur if treatment is continued in the face of poor oral hygiene and it is your duty to educate the patient and parent in this regard.

Case 4: You are beginning treatment on a young boy. It is the type of case that you determine would benefit from an atypical extraction pattern. You mistakenly write the extraction note for the first premolars when you meant to have the second premolars removed. The dentist or oral surgeon follows your extraction order. You see that the incorrect teeth were extracted as soon as the patient returns to resume treatment.

Handling: Tell the parents of the *discrepancy* immediately. If you believe you can close the spaces orthodontically with no problem, or with minor impact on the ultimate outcome, explain what you will do. Do not assume that there will be no consequences as a result of the error and therefore you can attempt to withhold the mistake from the family. If down the road, you are unable to achieve a satisfactory result, when you ultimately disclose the mistake months later, it will only anger the parents causing not only a loss of trust but intense negative feelings due to the attempted deception. The AAOIC claims department handled a case based on these facts. The primary impetus behind the ultimate lawsuit was not so much the error but was grounded more on the fact that the doctor had failed to disclose the mistake.

Case 5: For nine months you have been treating a young girl for crowding on a non-extraction basis. At each visit mom is demanding, loud, disruptive, and rude to you and your staff. You and your staff are miserable every time the child has an appointment.

Handling: This situation happens more frequently than practitioners think and can happen for a host of reasons. The bottom line is that If the relationship between the doctor and parent/patient has deteriorated to the point that the parent/patient is hostile, it is totally appropriate to consider terminating the child's treatment. No doctor can or should work under intolerable and abusive conditions as doing so not only creates a poor working

environment but the presence of this type of behavior can easily affect one's professional judgment and negatively impact on the quality of care rendered.

Occasionally an orthodontist will report that the parent/patient is abusing to the staff. It is your responsibility as the doctor to protect your staff from inappropriate behavior by either a patient or a parent. To not do so is tantamount to allowing an adverse working environment to exist. In such situations, early termination of treatment is appropriate. Explain that a good doctor/patient relationship is critical to a successful outcome, that the relationship has obviously deteriorated, the patient/parent has apparently lost trust in the orthodontist/office and that you have decided that the treatment will no longer be continued in your office. Offer to remove appliances if appropriate, and if such was the case, to provide a retainer to preserve the progress to date. Make sure to send an early termination letter, (an example of one can be found in another article in this issue) and advise the family how to locate a new orthodontist.

Case 6: A 60 year old adult female patient, a professional woman, presented for treatment with minor upper and moderate lower crowding. She wanted limited treatment which was successful. A short time after her braces were removed, about six months into retention, she reported that her lower incisors had relapsed to some degree. She wanted her teeth moved back into alignment. Although her retreatment was going well; the orthodontist felt he should stop as soon as possible because he perceived that the patient was developing some periodontal issues. The patient assured the orthodontist that she was periodontically sound, her bones and gums were fine, and she insisted that her treatment continue. At this point, the patient's demeanor was becoming demanding and aggressive. Treatment continued until periodontal issues ultimately became to be a significant problem. The patient sued the orthodontist. How do you convey to a middle aged high powered professional woman with exceptionally high expectations for the outcome of her treatment, that she must forgo her anticipation of perfect teeth/smile in order to preserve her oral health?

Handling: Explain the periodontal concerns/issues to the patient. Refer her to a periodontist immediately. At this point you need to communicate with the specialist. If it appears to you and the periodontist that orthodontic treatment should not continue, advise the patient. Explain that the important issue is to prevent any further damage to her teeth and gums. If restorations will be necessary, refer her to a prosthodontist, or general dentist

who can provide the best care. Recognize her critical needs—to look good when dealing with the public while maintaining maximum dental health. If the patient does not consent to terminating the treatment, advise that you will not continue and that she will need to seek treatment elsewhere. The patient may allege practice below the standard of care, but if so, any damages suffered will be less than if treatment were to be continued, her periodontal disease progresses, and tooth loss occurs.

All of these scenarios carry a similar message; that being. once you know there is a treatment or patient issue or situation with which to deal, how should you handle it? Do you react quickly, aggressively, defensively; or, do you apologize and make promises, even if you do not believe you are to blame? Do you send your office manager to handle problems because you do not like conflict? None of these approaches is particularly fruitful.

Listen and empathize. When there is a problem and bad news to convey, first consider the issue carefully. Attempt to discover what went wrong and why. Performing your own mini root cause analysis can help you both better understand the problem at hand and benefit you in terms of developing protocols for your office to try to minimize similar future occurrences. Next, you must anticipate how you believe the patient will take the news. Put yourself in the patient's or parent's place in an attempt to understand what they might be hearing and feeling? For example, if you tell mom that her teenage son has developed caries and decalcification due to the poor oral hygiene which you continually reported to both of them, mom may have a myriad of feelings; among those are: 1) She may feel guilt because she was unable to change her child's behavior. 2) She may feel that you are criticizing her parenting skills—even if you are not. 3) She may feel financial fears because she will be faced with large restoration charges.

The better you can empathize, and understand the underlying factors in her situation, and from her perspective, the better the message will be relayed. Can you assure her that you understand her frustration with the situation and that you recognize she attempted to manage the problem? Can you acknowledge the negative consequences she is facing? Can you suggest alternatives that may make handling the problem easier and less overwhelming to her? Many of the communication breakdowns that we find in claims actually developed as a result of the bad news having been conveyed thoughtlessly, without regard to the other person's feelings and without acknowledgement of his or her situation. Most people do not need their problems fixed as much as they need them acknowledged.

Are you afraid of conflict? Are you uncomfortable conveying bad news? Do what you must to get over it. You cannot expect that in a career involving intense personal service, that at some point in time you will not have to give someone bad news. Do not delegate the task to a staff person; you are the doctor. It is your patient and your responsibility. Decide what you need to say and do, then say it and do it -- with confidence and firmness. If the cause of the problem was not yours, state that, but be supportive in assisting the patient to find a solution. There may not be one that suits the patient, but your job is to do all you can under the circumstances. Do not be so frightened and apologetic that the patient or parents feel they can manipulate you into giving them free dental treatment for themselves, for others, providing refunds or paying for future required care. If you need an assertiveness course to manage this, do yourself a favor and take one.

If the bad news is clearly due to your own fault, do not beat yourself up. Again, in the fields dealing with providing personal services, it happens. No one is perfect and errors in judgment, technique, diagnosis and the like happen. Call your professional liability carrier to report the claim. The insurer will assist you in handling all of the details going forward. The insurer, who in reality is an agent for you, will investigate the claim, determine and recommend an appropriate resolution.

Be detailed and thorough in your treatment planning and case handling. Take good initial records including photos, cephs, models, and beginning, progress, and ending radiographs. Obtain a thorough health history. Read and review all records carefully and regularly. Always have an informed consent discussion and have a form signed to document it. If there are multiple treatment options, discuss each one with the patient, and document the chosen one. Completing all of these details will minimize the potential for problems. They will also often provide the necessary support if you need to give the patient bad news. Remember, effective communication is the key. Silence and avoidance are not appropriate. While in some circumstances, silence is indeed golden, in the arena of professional practice it is merely pyrite having little if any value.