Overtreatment

Allegations of overtreatment take many different forms, but the majority of such allegations usually imply an improper motive on the part of the clinician.

Consent

Whenever any kind of professional service is being delivered to a member of the public by someone who is highly trained and knowledgeable in a professional field, an almost inevitable feature of the relationship that develops will be an inequality in the levels of knowledge and understanding between the professional on the one hand, and the lay person on the other. Patients are more likely to assume, for example, that treatment either needs to be carried out or it does not; as a result, they can find differences in clinical opinion very difficult to understand.

In the healthcare setting this imbalance has fundamental consequences for the patients’ ability to decide for themselves whether or not to proceed with any particular treatment that has been suggested to them. The provision of medical and dental treatment is a very personal experience, and often the procedures are irreversible. Healthcare providers have a very privileged relationship with the patients under their care; patients have the right to expect that their best interests will be served, but they also have the responsibility to ensure that the treatment is necessary and that the patient is making an informed decision.

The New Dentist

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There are many possible explanations for this, some of which are easier to justify than others. A dentist who sees a patient for the first time has no means of measuring how quickly or slowly a situation has been developing (periodontal disease, for example, or a carious lesion), nor whether a clinical situation (for example, an area of periapical radiolucency) is getting worse or getting better.

Some clinicians tend to intervene more than others, some are more cautious than others. Some prefer to allow time for more minimalist and preventative procedures to work (eg, remineralisation), while others might tend to intervene more quickly and perhaps more aggressively and irreversibly.

Fig. 1

Suggesting or providing treatment which is not necessary, or not justifiable, is often linked by patients, by investigatory bodies and by the media, to the clinician’s desire to generate additional fees. Overprescribing of dental treatment can of course occur in any clinical setting, but when it takes place in a private practice it often becomes difficult to separate the sometimes subjective clinical judgements as to what is and is not necessary from the financial/commercial issues. This introduces an unpleasant additional dimension to any clinical consideration.

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