

DISPATCH

SPRING ISSUE VOL. 19, NO. 2



Perio Symposium

College commits to
education outreach
to members

Medical Emergencies CD-ROM

College launches its Lifelong
Learning Program



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust



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Dental Surgeons of Ontario
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DISPATCH

Vol. 19, No. 2
Spring 2005

Dispatch is the official publication of the Royal College of Dental Surgeons of Ontario (RCDSO). RCDSO is the regulatory body governing the practice of dentistry in Ontario. *Dispatch* is published four times a year. The editor welcomes comments and suggestions from our readers.

Registrar

Irwin Fefergrad, BA, BCL, LLB

Editor

Peggi Mace

Editorial Assistant

Aurore Sutton

Art Direction and Production

Roger Murray and Associates Incorporated

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Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto ON M4W 1T1

Phone: 416-961-6555

Toll-free: 1-800-565-4591

Fax: 416-961-5814

E-mail: info@rcdso.org

Web site: www.rcdso.org

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ISSUE ENCLOSURES

- Summaries of Recent Discipline Committee Hearings
- PEAK: An Overview: Introduction to the RCDSO Symposium – Oral Health: A Window to Systemic Disease

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Dr. Philip Watson

University of Western Ontario

Dr. Stanley Kogon

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Royal College of Dental Surgeons of Ontario CODE of Ethics

The dental profession holds a special place of trust with society. In a world, society awards opportunities and privileges to the profession that are not available to the public at large. In return, the profession holds a commitment to its members and to the public through standards of ethical expertise and ethical conduct.

The ethical behavior of dentists is one of the most important factors in the provision of quality dental care and recognition of dentists as professionals.

Commitment to the public trust is the dental profession and its role as a profession. It is the responsibility of the profession to the community and to the public to uphold standards of ethical conduct.

These principles are based on the core ethical values of integrity, fairness, benevolence, respect and respect for patient autonomy.

1. Provide unbiased representation of options with associated risks and costs, and obtain consent before proceeding with investigations or treatment.
2. Recognize limitations and refer patients to others more qualified when appropriate.
3. Make the best interest of patients the primary consideration when making referrals to other health care providers.
4. Never misstate or embellish qualifications, including advertising or speech, that could entice a reasonable person.
5. Maintain a safe and healthy office environment for both patients and staff.
6. Accept responsibility for the care provided by authorized dental personnel.
7. Only provide compromised or unorthodox treatment with full disclosure and consent of patients.
8. Only make evaluative remarks about the work of

THE PRINCIPLES

1. The paramount responsibility of a dentist is to the health and well-being of patients.
2. Be lawful, obey the law and provide care with respect for human rights and dignity and without discrimination.

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Medical Emergencies in the Dental Office

Learn anywhere, anytime.
This LifeLong Learning CD-ROM
is visually rich, clinically relevant,
interactive and easy-to-use.

Royal College of
Dental Surgeons of Ontario
CD-ROM

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Letter of Standing Form

Please return your completed form with payment to:
The Royal College of Dental Surgeons of Ontario Inc.

MAIL: 400/401/4024
Attention: Office of Standing

or FAX: 416/593-1024
Attention: Office of Standing



College's LifeLong Learning Program Opens the Door to a Rich, Innovative Learning Experience for Every Ontario Dentist.

Dr. Cam Witmer

The Royal College of Dental Surgeons of Ontario recognizes the importance of continuing professional development. We believe that a lifelong commitment to learning is a necessary component of quality practice.

That is why the College, and especially the Quality Assurance Committee, are so very proud of the launch of our LifeLong Learning program with the release of our first interactive CD-ROM. Called Medical Emergencies in the Dental Office, it was out in the mail to each and every dentist in the province in early spring.

And now the accolades just keep rolling in! Of course, we are all proud of the outstanding work by College staff and our expert Dr. Dan Haas of the dental faculty at the University of Toronto. We are grateful for the support from our private sector development partner and sponsors.

For me, however, the greatest satisfaction is to know that the dentists around this province are open and receptive to new ways of learning. Ontario dentists are definitely not afraid to try something new. The profession is ready for

innovative approaches to learning and professional development.

The aim of the LifeLong Learning program is to encourage and support quality educational experiences for every dentist in the province. Of course, these types of learning packages will never replace the important role of face-to-face learning that takes place in classrooms, conferences and workshops. But they do mean that all dentists have access to quality education anytime, anywhere.

By investing in a delivery system based in the latest technology, we have thrown open the doors of the classroom and the conference hall to welcome all members of the profession.

We hope this is just the beginning of the development of a series of core courses. These courses will relate to the dentists' every day practice, and support you in providing the highest quality of care for your patients.

Our goal is make the College's LifeLong Learning program an important part of the professional life of Ontario dentists. We want to work in collaboration with the profession to support a rich learning

experience. It is all about redefining how we as a profession approach learning. It is all about helping dentists to maximize their opportunities to learn continuously, to constantly expand their professional capacity and knowledge.

The College already has established an excellent track record of educational support to its members with learning packages on medical history recordkeeping, health professions corporations, and the federal privacy legislation. This latest CD-ROM sets a new higher standard.

We aim to maintain that new standard as we begin discussions with our Quality Assurance Committee on the development of the next core course in our LifeLong Learning program. Whatever the topic, you can rest assured that the College will be there with you on this journey to ensure we continue to deliver the highest quality dental care to our patients.

Le programme de formation continue du Collège ouvre la voie à une nouvelle expérience enrichissante pour chaque dentiste de l'Ontario.

Le Collège reconnaît l'importance du perfectionnement professionnel continu. Nous croyons que la formation dentaire continue est indispensable pour assurer une pratique de qualité.

C'est pourquoi le Collège, et particulièrement le comité d'assurance de la qualité, sont très heureux d'introduire dans le cadre de notre nouveau programme de formation continue notre premier cours sur CD-ROM. Intitulé "Urgences médicales dans le cabinet dentaire", le CD a été distribué au printemps à tous les dentistes dans la province.

Et maintenant les accolades affluent de toutes parts ! Bien sûr, nous éprouvons beaucoup de fierté par rapport à l'excellent travail accompli par le personnel du Collège et notre expert Dr. Dan Haas de la Faculté de médecine dentaire de l'Université de Toronto. Nous voulons aussi exprimer notre gratitude envers notre partenaire du secteur privé et nos sponsors pour leur soutien dans la réalisation de ce CD.

Cependant, ma plus grande satisfaction est de voir la réponse enthousiaste des dentistes de l'Ontario face à cette nouvelle méthode d'enseignement. Nos membres n'ont pas peur d'essayer quelque chose de complètement

nouveau. La profession dentaire est prête à tirer parti des nouvelles possibilités en matière de formation.

Notre objectif de base consiste à améliorer et accroître les possibilités de perfectionnement pour tous les dentistes dans la province. Evidemment, ce nouveau mode d'apprentissage ne peut remplacer la formation traditionnelle menée en classe, séminaire ou atelier avec un formateur face aux apprenants. Il permet toutefois à tous les dentistes d'avoir accès à une formation de qualité n'importe où, n'importe quand.

En investissant dans cette nouvelle technologie, nous avons ouvert à tous nos membres les portes de la formation dentaire continue.

Nous espérons passer à une autre étape en développant toute une série de cours fondamentaux. Ces cours répondront aux besoins des dentistes pour les soutenir dans leur pratique quotidienne afin qu'ils puissent continuer de fournir à leurs patients des soins de la meilleure qualité.

Nous visons à ce que le programme de formation continue du Collège prenne une place importante dans la vie professionnelle des dentistes de l'Ontario. Nous désirons travailler en collaboration avec la profession dans le but de favoriser une expérience enrichissante. Il s'agit de redéfinir, en

tant que profession dentaire, notre notion de l'éducation. Nous voulons aider les dentistes en leur offrant davantage de possibilités de perfectionnement professionnel pour qu'ils puissent continuer d'accroître leurs connaissances.

Le Collège a déjà établi d'excellents antécédents dans le domaine de formation continue pour ses membres. Nous avons élaboré des trousseaux d'information sur les dossiers dentaires, les sociétés professionnelles de la santé et la législation fédérale sur la protection des renseignements personnels. Notre dernier CD sur les urgences médicales dans le cabinet dentaire est le reflet d'un standard encore plus élevé.

Notre objectif est de maintenir ce nouveau standard. Nous avons entamé des discussions avec notre comité d'assurance de la qualité sur le développement de notre prochain cours dans le cadre de notre programme de formation continue. Quoiqu'il en soit, soyez certains que le Collège va partager ce voyage avec vous afin que nous continuons de fournir des soins de la plus haute qualité à nos patients.

Call For Multi-Disciplinary Task Force to Consolidate and Disseminate Information Is Consensus Recommendation From College's One-Day Symposium –

Oral Health: A Window to Systemic Disease



There is no question there is ever increasing interest and investigation of the links between periodontal disease and systemic diseases, such as diabetes mellitus and cardiovascular disease, and the effects of periodontal disease in pregnant women on birth outcomes such as preterm low birth weight infants. A causal relationship between smoking and periodontitis was confirmed with the release of the 2004 Surgeon General's report in the United States.

Already it is well-established that periodontal disease poses risk of morbidity and significant societal costs. On its own, it deserves to be treated regardless of the linkages to systemic diseases.

As this research continues, it has never been more important to raise awareness about the importance of preventing, diagnosing and treating periodontal disease within the dental profession and beyond.

The dentist has an important role to play in identifying patients at risk for these diseases, and encouraging them to visit their family physicians for further investigation.

It is no surprise then that the key recommendation from the College's one-day symposium on February 4 was a call for the development of a multi-disciplinary task force. The mandate of this task force would be to work on a collaborative basis across all institutional lines, to consolidate and disseminate information on this important health-care issue to a wide range of audiences, including the dental profession, the medical profession, policy-makers and the general public.

A useful model cited was the teaming of the Ontario Dental Association with the Ontario Medical Association and the Ontario Pharmacists' Association to offer the Clinical Tobacco Intervention (CTI) training program to member health-care providers.

As one of the symposium participants stated, dentists have historically played an instrumental role in the prevention of disease, and this is yet another opportunity for dentists to take an important leadership role.

If the overriding message of the one-day symposium was summed up in one phrase, it would be this: Oral health is integral to general health.

As RCDSO President Dr. Cam Witmer commented: "I know much has been gained as the benefits of this conference continue to ripple throughout the dental and medical communities in the province. The College is proud to have been able to play a role in creating this awareness and momentum."

College Makes Major Commitment to Membership Education on Leading Research into Possible Links Between Oral and Overall Health.

Notable researchers and academics, practitioners and policy-makers, from dental and medical communities on the national and provincial scenes, joined together for an exciting, high-energy day of discussions during the College's one-day symposium, Oral Health: A Window to Systemic Disease on February 4, 2005.

There was a clear consensus that, as research continues in this area, it is important to raise awareness about preventing, diagnosing, and treating periodontal disease within the dental profession and beyond.

Roundtable discussions zeroed in on the need for the dental community to spearhead the development of a multi-disciplinary task force to work on a collaborative basis across all institutional lines in order to consolidate and disseminate information on this issue.

"The College takes its responsibility of this issue very seriously. That is why we are making a significant commitment to educational outreach

for all the dentists in the province," said Dr. Cam Witmer, RCDSO President.

"Beginning with this issue of *Dispatch*, and in each of the following three issues, we will distribute the research papers delivered at the conference to all the dentists in the province," explained Dr. Witmer.

These articles will be incorporated as part of the College's PEAK (Practice Enhancement and Knowledge) membership service that provides Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics, selected from dental literature from around the world.

"We know that this educational effort will raise the profession's awareness about the most current research on periodontal disease," said Dr. Cam Witmer. "This in turn can only have a positive impact on the quality of oral health care that their patients receive."

For more information, contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

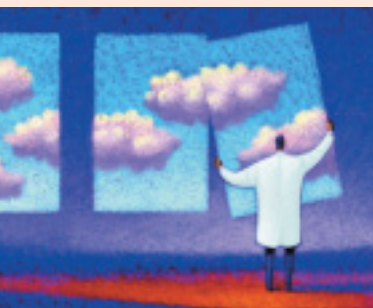
Peggi Mace

Communications Director

phone: 416-934-5610

toll-free: 1-800-565-4591

e-mail: pmace@rcdso.org



Behind The Scenes



RCDSO Councillor Dr. Frank Stechey (centre) caught in discussion with University of Toronto Professor Dr. Christopher McCulloch (left) and University of Toronto Assistant Professor Dr. Michael Glogauer (right). Drs. McCulloch and Glogauer lead off the symposium with an overview of historical background and current research directions, including a critical review of some of the information being presented to both health professionals and the lay public. Both are leading researchers with the Canadian Institutes of Health Research Group in Matrix Dynamics at the University of Toronto.

RCDSO's Practice Advisor Dr. Lesia Waschuk (left) joined University of Western Ontario's Dr. Gillian McCarthy (right) at an animated roundtable breakout session during the afternoon.



Dr. Howard Tenenbaum (left), Professor and Head of Periodontology at the University of Toronto's Faculty of Dentistry, presented a paper focusing on the association between periodontal and systemic diseases. RCDSO Council members Dr. Larry Parker (centre) and Dr. George Grayson (right) joined him during a coffee break. In his presentation, Dr. Tenenbaum said that while it seems clear that there are epidemiological or statistical associations between periodontal diseases and some systemic diseases, this does not necessarily mean the diseases are linked in a causal manner.

at the Perio Symposium



An important outcome from the session was the key connections made between the dental and medical communities. Dr. Harinder Sandhu, Acting Director of Dentistry, University of Western Ontario (left) is in a thoughtful discussion with Dr. John Parker, Head of the Cardiology Division at Toronto's Mt. Sinai Hospital (centre) and RCDSO Council member Dr. Stan Kogon (right).

Dr. Debora Matthews (right), Chair of Research Development at Dalhousie University, is joined by RCDSO Council member Dr. Frank Stechey (left) after her presentation on the link between periodontal disease and diabetes and the reliability of current information.



Dr. Susan Sutherland (left), Chief of Dentistry at Sunnybrook and Women's College Health Sciences Centre and RCDSO Council member Dr. Elizabeth MacSween (right) discuss Sutherland's presentation that challenged the dental profession to examine the relationship between oral health and general health in the context of both sex and gender differences.



University of Toronto postgraduate students in the Faculty of Dentistry presented a systemic review of the available literature, asking if periodontal disease is a risk factor for preterm low birth weight infants. Their course instructor and mentor is Dr. James Leake, Professor and Head of Community Dentistry (second from left). The participating students were: (left to right) Dr. Sandra Cassolato, Dr. Melissa Sander, Dr. David Chvartzsavid and Dr. Austin Chen.

Applying the RCDSO Code of Ethics to Everyday Dental Practice

ONE OF THE COLLEGE'S REQUIREMENTS IN ORDER TO BE GRANTED A RCDSO CERTIFICATE OF REGISTRATION IS THE SUCCESSFUL COMPLETION OF AN EVALUATION IN JURISPRUDENCE AND ETHICS. THIS EVALUATION TAKES PLACE AT THE END OF THE JURISPRUDENCE AND ETHICS PROGRAM GIVEN BY THE COLLEGE TO ALL PROSPECTIVE MEMBERS, INCLUDING SENIOR DENTAL STUDENTS, QUALIFYING PROGRAM STUDENTS, DENTISTS AND DENTAL SPECIALISTS FROM OTHER JURISDICTIONS, AND NEWLY TRAINED SPECIALISTS.

THE COLLEGE'S NEW CODE OF ETHICS THAT YOU RECEIVED WITH THE WINTER 2005 ISSUE OF *DISPATCH* WAS INTRODUCED AT A RECENT JURISPRUDENCE AND ETHICS PROGRAM. PARTICIPANTS WERE ASKED TO USE THE NEW CODE AS A GUIDE AND TO REFERENCE THE APPLICABLE CORE VALUES AND PRINCIPLES IN THEIR RESPONSE AS TO HOW THEY MIGHT HANDLE THE SITUATION BELOW.

Mary Jones is a new patient in your practice. At her first appointment, she asks you for your opinion about a lower left three-unit fixed bridge that is troubling her. On examination, you find that the margins on the anterior abutment tooth are clearly open and there may be recurrent decay. Your radiographs show that there is separated instrument in the mesial canal of the posterior abutment and a radiolucency at the apex of the root. On further enquiry about the bridge, you learn that her previous dentist placed it within the past year.



Here is how one of the course participants answered this question.

My primary concern is the health and well-being of Ms. Jones.

Ethical Principle #1

#1 The paramount responsibility of a dentist is to the health and well-being of patients.

I would try to get more information about her previous treatment and then inform her that it is not ideal. I would tell her what I have found and what I see on the radiograph.

Ethical Principle #13

#13 Only make evaluative remarks about the work of others after making reasonable efforts to understand the prior treatment history of patients.

I would inform Mary that the bridge may need to be remade but that she will need to see an endodontist first to have the separated instrument removed and the tooth retreated.

Ethical Principles #7 and #8

I would give her other treatment alternatives.

Core Value #1 – Autonomy –

Understanding and respecting patient's rights to make informed decisions based on personal values and beliefs.

#7 Recognize limitations and refer patients to others more qualified when appropriate.

#8 Make the well-being of patients the primary consideration when making referrals to other health-care workers.

I would not criticize the previous dentist's work.

Core Value #4 – Fairness – Treating all individuals, patients, colleagues and third parties in a just and equitable manner.

Ethical Principle #13

#13 Only make evaluative remarks about the work of others after making reasonable efforts to understand the prior treatment history of patients.

Finally, I would be compassionate while prescribing treatment to her and I would be honest in my communication with her.

Core Value #3 – Compassion – Acting with sympathy and kindness to all patients in alleviating their concerns and pain.

Core Value #5 – Integrity – Being truthful, behaving with honour and decency and upholding professional standards.

SUMMARY

This is a good example of how the College's new Code of Ethics can be applied to situations that dentists encounter on a regular basis. When problems are apparent in teeth that have been treated previously by another dentist, patients often want dentists to provide an opinion or judgement about the quality of the work. Dentists should not judge the work of others.

One approach the College suggests is to refer the patient to the practitioner who provided the treatment in question, if the patient has any questions or concerns.

A dentist's duty to the patient in this scenario is to advise the patient of his/her findings, the treatment that he/she recommends and other treatment alternatives, as this student wrote, and the risks, benefits, expected outcomes, and costs. (Ethical Principle #6 – Provide unbiased explanation of options with associated risks and costs, and obtain consent before proceeding with investigations or treatment.)

If you have any questions about this article, the new Code of Ethics or ethical dilemmas that arise in the course of dental practice, contact:

Dr. Don McFarlane

Director, Professional Liability Program

phone: 416-934-5609

toll-free: 1-877-817-3757

e-mail: dmcfarlane@rcdso.org

College makes improvements and enhancements for Health Profession Corporations services

Our College was the first of the province's 21 health regulatory colleges to pass its by-law to facilitate members' ability to obtain Certificates of Authorization in order to practise as Health Profession Corporations (HPC) when the Ontario government passed a regulation in 2002 to allow professionals to become HPCs.

Members have responded to this initiative with great enthusiasm. The College has processed more than 1,200 corporations. The College's process moves quickly if the applications are properly completed.

To make the process even easier, we are announcing a number of improvements and enhancements.

1

ONE

The College is pleased to announce that it has a HPC Name Pre-approval Form that is of tremendous assistance to those forming new HPCs. The name pre-approval is critical, as the government does not check that names comply with the regulation before issuing incorporation documents to HPCs.

In the past, HPCs whose names did not comply with the regulation had to redo the entire process at the Ministry before they could get a Certificate of Authorization. This can be expensive and time-consuming.

This form is now available on our Web site at www.rcdso.org.

2

TWO

We are pleased to announce that the application form for HPCs is available on our Web site at www.rcdso.org for your convenience.

As the forms must be submitted to the College with original signatures, we still request that they be submitted by surface mail only. We cannot accept those submitted by e-mail or fax.

If you are filing a downloaded or photocopied form, a cover letter needs to be included that states that no amendments or alterations have been made to the original form.

3

THREE

More good news on the College front: at no additional cost, the Professional Liability Program provides coverage for dental Health Profession Corporations that hold a current Certificate of Authorization issued by the College.

Naturally, this coverage relates to the performance of professional services and not to ancillary services performed that are not within the scope of the practice of dentistry.

If you have any questions, please contact:

Julie Wilkin

Co-ordinator, Health Profession Corporations

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: jwilkin@rcdso.org

A quick review of common errors on HPC annual renewal process could save you time and money.

Renewal deadline is August 31, 2005.

Revocation and re-application is a cumbersome and expensive process for Health Profession Corporations (HPC) so the College wants to help you avoid any unnecessary problems and delays. The provincial government requires HPCs to renew their Certificates of Authorization on an annual basis.

The College has gone through two renewal cycles with great success. The third cycle is quickly approaching, with renewals due by August 31, 2005.

The government regulation sets out the exact documentation and other requirements for renewal:

- a completed renewal form;
- the renewal fee;
- an original Certificate of Status of the corporation issued no more than 30 days before the day it is submitted to the Registrar;
- a notarized copy of every certificate of the corporation since the application or last renewal;

- a statutory declaration of a director of the corporation executed no more than 15 days before the renewal application is submitted to the Registrar;
- current names and addresses of directors, officers, and shareholders of the corporation and the current address where the corporation carries on business.

Complete your renewal applications carefully with your lawyer. The government's regulation specifically

provides for revocation of an HPC's Certificate of Authorization if it fails to meet any of the renewal requirements.

Here are a few common errors in the initial and/or renewal application process that can be prevented.

STALE DATED STATUTORY DECLARATIONS

Make sure that the Statutory Declaration of the Director(s) is executed no more than 15 days before the application or renewal form is submitted to the College Registrar. Often, the form is invalid because more than 15 days have passed from the time the Statutory Declaration was signed and dated to the time the College received the form. When this happens, it is necessary to complete the entire application again. This can cost you valuable time and money because it directly impacts the validity of your other time-sensitive document, the Certificate of Status. Don't let this happen to you!

STALE DATED CERTIFICATE OF STATUS/NO CERTIFICATE OF STATUS

We receive many inquiries from dentists, as well as their lawyers and accountants, asking why the College requires a

Continued on page 14

IMPORTANT ADMINISTRATIVE CHANGE STARTING WITH 2005/2006 CERTIFICATES OF AUTHORIZATION

In the past, the College corresponded directly with the law firm/accounting firm that submitted the annual renewal forms on your behalf.

However, due to the large number of Health Profession Corporations, the College will no longer be able to extend this courtesy. The College now will be forwarding the 2005 – 2006 Certificates of Authorization directly to the Health Profession Corporation.

The College will continue to correspond with the law firm/accounting firm, as well as the HPC for initial applications.

New College committees start new term with intensive orientations



(left to right) Complaints Committee members Dr. Ted Schipper and Kelly Bolduc-O'Hare



COMPLAINTS COMMITTEE

(left to right) RCDSO Registrar Irwin Fefergrad, Complaints Committee Chair Dr. Hartley Kestenberg and Non-Council Committee member Dr. Les Priemer



DISCIPLINE COMMITTEE

(left to right) Discipline Committee Chair Dr. Philip Watson, College staff Dr. Chris Swayze and Non-Council Committee member Dr. Robert Hindman

A quick review of common errors on HPCs renewals

Continued from page 13

Certificate of Status verifying the existence of the corporation for a newly formed corporation and for an annual renewal.

STAY TUNED!

As a result of recent negotiations between the Ontario Medical Association and the provincial government, there may be further changes to the legislation, including a relaxation of the shareholder/director requirements. As soon as we have more information, we will share it with you on our Web site at www.rcdso.org and in *Dispatch* magazine.

The answer is straightforward. This is a Ministry of Health requirement set out in the regulation, which applies to all 21 regulated health professions. Leaving out this document will delay the application and/or renewal process.

STATUTORY DECLARATIONS NOT PROPERLY WITNESSED OR UNDATED

It is essential that the statutory declarations are completed by the dentist in the presence of a lawyer or other person legally entitled to commission oaths. This is set out in law. You must make sure that these documents are properly dated, as undated sworn declarations are invalid. Ensuring

compliance with these requirements eliminates unnecessary delay in processing applications and renewals.

If you wish to explore whether establishing a Health Profession Corporation is right for your dental practice, you are encouraged to speak with a lawyer or accountant with specific knowledge in this area.

If you have any questions, please contact:

Julie Wilkin

Co-ordinator, Health Profession Corporations

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: jwilkin@rcdso.org

Ontario Government Considering Possible Changes in Rules for Health Profession Corporations.

According to recent media reports, the provincial government is considering an amendment to the current health profession corporations to expand the eligibility for shareholders and directors of a professional corporation.

This would be a major shift in government policy. Up until now, the government's position has been that the health profession corporations would be limited to the profession-specific profession. In other words, dentists could not have dental hygienists or family members as shareholders or directors in their health profession corporation.

On the same day that media reports circulated about these possible changes in the legislation, as part of the province's negotiated deal with the Ontario Medical Association, the College swung into action. College Registrar Irwin Fefergard immediately sent a letter by courier to Minister of

Health and Long-Term Care George Smitherman to express our support for such changes.

As that letter states:

This College has been of the mind that as long as, in the case of dentists, dentists maintain a majority of shareholders and a majority of the Board of Directors, this would be a most helpful vehicle, consistent with commercial activity generally in Ontario and in Canada, and in no way would this jeopardize public interest safety or protection.

"The College continues to monitor this

situation very closely and advocate on behalf of our members," explained RCDSO Registrar Irwin Fefergard.

For more information, contact:

Julie Wilkin
Co-ordinator, Health Profession Corporations
phone: 416-934-5612
toll-free: 1-800-565-4591
e-mail: jwilkin@rcdso.org

Irwin Fefergard
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org



When the Complaints Committee issues a decision, either the member or the complainant has a right of a review by the Health Professions Appeal and Review Board (HPARB) – as long as it is not a referral of specified allegations to the Discipline Committee.

Under the *Regulated Health Professions Act*, HPARB hears appeals and reviews decisions made by the self-governing regulatory agencies of the 23 regulated health professions.

The following summaries of some HPARB reviews are published in *Dispatch* as an educational resource for both members and the public. Institutional parties may be named, but individual parties will not.

If you would like a full version of any of these decisions, contact the HPARB at 416-327-8515 or RCDSO at:

Petula Widyaratne
Co-ordinator, Complaints
 phone: 416-961-6555, ext. 5311
 toll-free: 1-800-565-4591
 e-mail: pwidyaratne@rcdso.org

On Appeal

CASE 1

The Complaint

The complainant had four wisdom teeth extracted under general anaesthetic by an oral and maxillofacial surgeon.

There was a pre-consultation three weeks before the surgery, when the member reviewed the procedures, possible risks and fees. The patient signed the appropriate consent forms. In addition, the member's charts and records were detailed.

The patient arrived 30 minutes late for the surgical appointment. Prior to the procedure being performed, the patient was asked for a credit card to prepay for the surgery. This was part of the office's protocol which was set out in written information. The surgery proceeded uneventfully.

Following the surgery, the plaintiff complained stating that there was not proper consent, the surgeon refused to speak to the complainant, and the patient had not been given information concerning the anaesthetic use. In addition, the complainant stated that the member had forwarded the results of the procedures to the wrong dentist.

The Complaints Committee was of the

view that there was informed consent, documentation was done properly, and all financial matters were explained well in advance. If the surgeon appeared to be somewhat pressed on the day of the surgery, it was because the patient was apparently half-hour late. It was through inadvertence that the office had erroneously sent the report to the wrong dentist.

Complaints Committee

The Committee ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. The Board reviewed the adequacy of the investigation and the reasonableness of the decision. The Board was satisfied that there was a proper protocol for the informed consent, and was satisfied that the Complaints Committee "reasonably concluded that the release of the patient's post-operative report to the wrong dentist was unintentional and the result of an administrative error." The Board therefore confirmed the decision of the Complaints Committee.

CASE 2

The Complaint

The complainant alleged that the member had overcharged for dental services and that the account had been altered several times. The patient required the placement of several teeth in both arches as part of her ongoing treatment, and was anxious to proceed with the fabrication of the upper and lower dentures prior to receiving predetermination from her insurance company. Ultimately the predetermination was sent in and forwarded to the insurance company. The member submitted the statement that was for \$10 less than the predetermination forwarded to the insurance company because the lab charge was \$10 less than anticipated. The patient was of the view that she was fully covered. In any event, there was a shortfall of some \$300 between the services rendered by the dentist and the insurance coverage.

While the patient was satisfied with the work of the dentist, the patient declined to pay the bill and complained to the College.

The Committee reviewed in its entirety the records and statements forwarded to the insurance company by the member.

There appeared to be no discrepancy. The different estimates referred to by the patient were the member's estimate for work and the estimate for work plus the associated lab fees.

The Committee concluded that the patient erred in interpreting her level of coverage, and therefore, her financial obligation. There was no evidence of overcharging by the member.

Complaints Committee

The Committee ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision to the Board. The Board reviewed the investigation materials, including the dental records of the patient, as well as the copies of the estimates forwarded to the insurance company and the insurance company's responses. The Board was satisfied with the investigation.

There was nothing in the College's investigation to suggest that there was overcharging, or that there had been any tampering with the documents. Therefore, the Board confirmed the decision of the Complaints Committee.

CASE 3

The Complaint

The patient's general dentist referred her to a prosthodontist for evaluation and treatment. Treatment plans were discussed and finally agreed upon. The denture was fitted in December and in the middle of January it appeared all was well. In March of that same year, the prosthodontist moved the six anterior teeth down one millimeter after the patient complained that the teeth were too short. In the following February, the patient complained that food was getting caught in the denture and adjustments were made. Five years later, the patient asked another dentist to make new dentures and she was upset that her original prosthodontist would not pay for the new dentures.

Complaints Committee

The Committee was of the view that all work was done appropriately. The Committee observed that several years had passed before the patient complained to the College about the denture that the patient had already worn for several years. The panel concluded that the member's work involving implants and the denture met

the professional standards of practice at the time. The Committee ordered no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied with the decision and challenged the reasonableness of the Committee's decision. Essentially, the thrust of her complaint was that the member's work should have lasted much longer.

The Board accepted that the member attempted to achieve good functions and did four try-ins until the patient was satisfied. It appeared to the Board that the patient was dissatisfied with the esthetics. The Board was satisfied that the dental materials and technology, while having improved at the date of the HPARB review, at the time that they were inserted were perfectly within standards.

The Board confirmed the Committee's decision to take no further action.

MARK YOUR CALENDAR



MAY 12, 2005
RCDSO Council
NOVEMBER 10, 2005
RCDSO Council
Westin Prince Hotel
900 York Mills Road
Toronto

Seating is limited so if you wish to attend please let us know in advance by contacting:

Angie Sherban
Senior Executive Assistant
phone: 416-934-5627
toll-free: 1-800-565-4591
e-mail: asherban@rcdso.org

RCDSO Council meetings are open to the public, with the exception of any in camera portion dealing with personnel matters or other sensitive or confidential material. Meetings begin at 9:00 a.m. The agenda is available either at the meeting or in advance on request.



LETTERS OF APOLOGY

Committee has accepted the following letters of apology for publication from the following members.

The RCDSO Executive Committee regularly reviews office newsletters, brochures, newspapers, and other advertising by dentists that have been brought to the College's attention. The

If you have any questions about the issues raised in these letters, please contact:

Dr. Fred Eckhaus
Assistant to the Registrar, Dental
phone: 416-934-5624
toll-free: 1-800-565-4591
e-mail: feckhaus@rcdso.org

Dr. Edward Gelfand

After receiving notification by our local newspaper, the *Guelph Mercury*, that our office was voted "Favourite Dental Office," the caption was published under my picture in this paper, which included a reference to my specializing in complete dental services. Furthermore, in an ad placed by me to thank the readers, my office was referenced as "The Best Dentist in Town." Information in the ad included references to the fact that my associates and I "actively participate in local community, volunteering their time to educate children in schools."

Unfortunately, some words used in this ad are inaccurate/misleading, and some of the information published may be regarded as suggestive of uniqueness or superiority over the other members, and therefore, they are considered inappropriate to be included in advertisements by dentists.

I should have made sure that I carefully reviewed these ads prior to their publication. I am also aware that dentists can call, fax or e-mail the College to have their advertisements reviewed prior to their publication and distribution.

Dr. Roland Di Gregorio

In the recent advertisement in our local paper, my practice was described as one that offers "top notch general dentistry." In addition a reference was made that "parties who pay for services out of pocket can be assured of good value for their money."

I apologize to the public and to my colleagues who may have been offended by such remarks. I did not intend to convey uniqueness or superiority, or to make comparisons with other dentists or dental practices.

Dr. Carol Waldman

In my advertisement in the November 2004 edition of the *Bayview Post City Magazine*, I included the statement that "As incoming President of the Toronto Academy of Cosmetic Dentistry, Dr. Carol Waldman is a leader in the Toronto Cosmetic Dental Community and lectures to dentists on the technical advances of cosmetic dentistry."

I understand now that dentists should not include their membership in associations and/or organizations in their advertisements. Furthermore, making a reference to my position in the organization, and maintaining that this makes me a leader in the Toronto cosmetic dental community, may be regarded as making comparisons with another practice or member. This may reasonably be regarded as suggestive of uniqueness or superiority over another practice or a member, contrary to the advertising regulations and the College's guidelines pertaining to advertising.

I sincerely apologize for including in my advertisement the reference to my position in the Toronto Academy of Cosmetic Dentistry, and making a connection between this and my position within the cosmetic dental community.



On Providing Dental/Legal and Expert Reports

When a patient initiates a lawsuit in relation to oral injuries sustained in a car accident, the patient or the patient's lawyer will often contact the dentist for copies of the patient's record.

The College regulations and the College's Guidelines on the Release and Transfer of Patient Records require dentists to provide copies of any required patient records to the patient or to his/her authorized representative upon the patient's signed request. The College's Guidelines on the Release and Transfer of Patient Records are available on our Web site at www.rcdso.org under Guidelines.

In addition, the regulations speak to the provision of a report relating to an examination or treatment performed, upon the patient's request. In some cases, the patient or lawyer may ask a general dentist or dental specialist to provide an expert report, letter of opinion or dental/legal report on the need for treatment resulting from injuries sustained in a car or other accident. This is a different report than the one referred to in the regulations. Dental specialists are also sometimes asked to provide an expert report, written opinion or dental/legal report on dental treatment provided by another dentist when a patient initiates a civil action against a dentist for allegations of negligence.

A dentist is not obliged to provide an expert report, a letter of opinion or a

dental/legal letter. If a patient or the patient's lawyer approaches a dentist to provide such a document, the dentist can decline.

If the dentist is willing to provide the document, he/she is entitled to charge the patient for the time spent in preparing the document. The College advises dentists to discuss their estimated fees for the preparation of documents at the time when they agree to do so.

The dentist should discuss with the patient's lawyer whether or not the dentist will be required to appear in civil court as an expert witness, the expected time commitment that will be required, and his/her fee for appearing. This fee may be based on the amount of time that the dentist anticipates he/she will need to spend, and should have a rational basis for calculation, such as the hourly billing rate, office overhead or amount of time the office will be closed.

If a dentist is subpoenaed, he/she must appear in court and is only entitled to the modest per diem rate described in the regulations made under the *Courts of Justice Act, 1990*.

If you need more information, or have a specific question, please contact:

Dr. Lesia Waschuk

Practice Advisor

phone: 416-934-5614

toll-free: 1-800-565-4591

e-mail: lwaschuk@rcdso.org



Some Common Questions about the Impact of the Provincial Privacy Legislation on your Dental Practice



W

With Ontario's *Personal Health Information Protection Act, 2004 (PHIPA)* now in force, the College continues to receive questions from members about compliance and the impact of the legislation on their practice.

The October/November 2004 issue of *Dispatch* contained a special insert called 5 EASY STEPS: The Guide for Dentists to Implement Ontario Health Privacy Requirements and Policies to assist every dentist in the province in making the transition to the Ontario health privacy regime. Of course, as time passes, some topics need more clarification. That's why from time to time, *Dispatch* will revisit the issue of privacy legislation to provide more guidance to members.

Q Can I transmit patient charts or information by e-mail or fax?

Dentists are Health Information Custodians (HIC) as defined by Ontario's health privacy legislation that came into effect in November 2004. Under this legislation, HICs are required to adopt and maintain information practices relating to the collection, use, disclosure, storage, and destruction of patient health information. These information practices must ensure that the privacy of the information is protected and there is no unauthorized access.

That being said, dentists are not prohibited from transferring confidential patient information by e-mail or fax. However, these types of transmission typically have a very low level of security. Accordingly, if sending information by e-mail, the dentist should ensure proper security measures are in place, such as encryption.

Also, it is always prudent to advise patients of the methods used for transmission of information, whether e-mail, fax or direct submission to insurance, etc., and obtain consent to the transmission in advance.

More detailed guidelines on e-mail encryption and fax transmissions can be found on the Web site of Ontario's Information and Privacy Commissioner's at www.ipc.on.ca.

Q When I am contacting a patient, can I leave a message on voice mail or with the person who answer the telephone?

Great question! When contacting patients, you may leave messages but you should be prudent as to the information contained in the message. Messages should not contain any details about the scheduled treatment, medical condition, test results, etc., unless you have the patient's explicit consent to do so.

Your office privacy policy should advise patients that it is your practice to call to remind patients of appointments and that you may leave messages. That way, if a patient objects, he/she can advise you and you can make a note to alter your practice for that patient.

Q If I am involved in a lawsuit, can I provide patient information to substantiate my claim or defend myself?

The College has received a number of inquiries related to this topic. While each situation is quite fact-specific, and members involved in lawsuits should get advice from their own lawyer and from the College, the governing principle is to exercise extreme caution about any patient information becoming a matter of public record in a lawsuit.

Some situations, such as a court order, a duly issued warrant or patient consent allow for information to be disclosed. In other situations, dentists may ask the court to receive confidential patient information in a manner that preserves confidentiality, such as in camera or sealed.

There are some provisions in PHIPA that speak to this issue that must be considered, in addition to the professional misconduct regulation made under the *Dentistry Act* which makes it an act of professional misconduct to disclose patient information without consent.

Since situations are unique, and the implications are serious, the College encourages dentists to seek proper advice before proceeding with any disclosure.

If you have questions about the implementation of the privacy legislation in your dental practice, please contact:

Dr. Robert Carroll
Manager, Professional Practice
phone: 416-934-5611
toll-free: 1-800-565-4591
e-mail: rcarroll@rcdso.org

Dr. Lesia Waschuk
Practice Advisor
phone 416-934-5614
toll-free 1-800-565-4591
e-mail: lwashuk@rcdso.org



Retention of Dental Records in the Real World

IN THE REAL WORLD, IS THE RETENTION OF DENTAL RECORDS FOR 10 YEARS AFTER THE LAST ENTRY OR 10 YEARS AFTER A CHILD REACHES AGE 18 SUFFICIENT?

WHAT ARE THE PROS AND CONS OF FILE DESTRUCTION AT THE 10 YEAR MARK VERSUS RETENTION FOREVER?

The clearest way to answer these important questions is to look at the situation from the point of view of regulatory issues and Professional Liability Practice (PLP) issues.

Regulatory (Complaints/Discipline) Issues

Dentists who kept records for the prescribed period, which is 10 years after the last entry period or 10 years after a child would have reached 18 years of age, and then disposed of them in a secure and confidential manner, would be in full compliance with the RCDSO's recordkeeping requirements. There would be no risk of prosecution by the College in the event a complaint was lodged and the records were no longer available.

While it is very unlikely that a complaint would be lodged beyond the 10-year period, it could happen since there is no limitation period for filing a complaint. If this were to happen, the College would have to do the best it could in conducting an investigation. If this was not possible because of the

absence of records, the patient would be informed of the situation.

Dentists can take comfort in knowing that they would not be faulted for not keeping the records longer than the period prescribed by the College.

PLP (Malpractice Claim) Issues

Effective January 1, 2004, the limitation period for commencing lawsuits against dentists and other health-care practitioners changed.

Previously, the *Regulated Health Professions Act (RPHA)* legislated a one year limitation period from when the patient knew or ought to have known of the facts that gave rise to the claim.

The new provincial *Limitations Act, 2002*, states that a patient must commence a lawsuit within two years of discovering the act, omission or error that gives rise to their claim. Unless proven to the contrary, there is a presumption that a patient knows something has occurred on the day of the incident. However, it is anticipated that most limitation periods will not start running until a patient has had an opportunity to consult with another dentist and discovers the error.

Similar to the former provisions of the RPHA, there is a reasonable person test to protect potential defendants. It is not just when the patient found out about the error, but also whether a reasonable person under the same circumstances would have made the discovery.

A new provision in the *Limitations Act* provides a 15-year ultimate limitation period. This means that if a person has failed to discover an act, omission or error within 15 years of the date of the incident, their claim would be out of time.

This raises the question as to whether or not, from a risk management perspective, it is prudent to consider keeping records for 15 years after the last entry. If after 15 years, whether a patient knew or did not know that an act, error or omission had occurred with respect to his/her dental treatment, any lawsuit would be barred by statute. Fifteen years after treatment was rendered is the drop-dead or ultimate date for the commencement of a lawsuit. In the previous

Limitation Act, no such date existed.

The College's PLP Committee has considered the merit of advising dentists to consider keeping records longer than the periods prescribed by the RPHA. The Committee decided that two different periods would be too confusing for the profession.

At present no such recommendations have been made by the College or PLP.

Summary

Provided dentists retain patient records for the minimum time periods prescribed by the College, they would not be in contravention of any of the legislated recordkeeping requirements.

In the real world, keeping records forever might be the ideal, but it is not practical. While it may be prudent to consider retaining records for a slightly longer period in order to take advantage of the ultimate limitation period set out in the *Limitations Act*, this is a decision to be made by individual dentists.

In deciding on the length of time records are kept over and above the legislated requirements, it might be a worthwhile exercise to consider retaining those records where the treatment was extensive and complex, or where the results were less than ideal.

With the growing number of dentists using electronic recordkeeping, it will be possible in the future to retain patient information electronically for longer periods without impinging on the limited storage space available in most dental offices.

For more information, contact:

Dr. Lesia Waschuk

Practice Advisor

phone: 416-934-5614

toll-free: 1-800-565-4591

e-mail: lwaschuk@rcdso.org

Orders for Medical Care College of Respiratory Therapists of Ontario

Several of the regulated health professions in Ontario are required by their profession-specific legislation to have an order from another regulated health professional before they can perform some or all of their controlled acts.

Four of these affected professions include pharmacists, registered nurses, respiratory therapists, and of course, dental hygienists. The legislators who drafted and approved the *Regulated Health Professions Act, 1991*, and the various profession-specific acts viewed this requirement as in the public interest.

Excerpts were taken from the document called *Orders for Medical Care* that was published in November 2004 by the College of Respiratory Therapists of Ontario (CRTO) to answer the following questions.

When is an order required?

The *Respiratory Therapy Act, 1991* (RHPA) requires an order for all acts authorized to respiratory therapists (controlled acts) except for suctioning. This applies to all practice settings, including the hospital, long-term care facilities or the dental office.

If the activity being contemplated by the respiratory therapist is not a controlled act, then it is considered in the public

domain and does not require an order, subject to other legislative requirements, such as the *Public Hospitals Act*.

Who can respiratory therapists take orders from?

An order for a controlled act authorized to respiratory therapists must be from one of four regulated health-care professionals who are members of the following regulatory colleges:

- College of Physicians and Surgeons of Ontario
- Royal College of Dental Surgeons of Ontario
- College of Midwives of Ontario
- College of Nurses of Ontario (and who hold a certificate of registration in the extended class (RN/EC))

Respiratory therapists are not permitted to accept orders to perform a controlled act from any other health professional.

What constitutes a valid order?

According to the CRTO, an order is the authority to undertake an intervention if the circumstances are appropriate and, in the respiratory therapist's professional judgement, if it is appropriate to undertake the intervention. CRTO recommends that if a respiratory therapist receives an order that in his/her professional judgement is not in the best

interests of the patient, it is up to the respiratory therapist to question the order.

Once it has been determined that an order is required to undertake an activity, the respiratory therapist must ensure that the order is valid. A valid order or prescription must be clearly written, must include the information such as the date the order is given, who the order is for, who gives the order (prescriber), and details of the intervention.

Respiratory therapists can also work under protocols or medical directives but in both cases the criteria for a valid order must be met.

What is the relevance to my dental practice?

RCDSO's Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice, recently sent to all Ontario dentists, allow for the use of a respiratory therapist or registered nurse to administer nitrous oxide-oxygen conscious sedation in the dental office while dental hygiene procedures are being performed.

These guidelines require that a dentist first establish the appropriate initial

Continued on page 31



Beware of Advertisers' Claims

Earlier this year, an American court case against Pfizer, the maker of Listerine, received substantial media coverage. US District Court Judge Denny Chin, who presided in this case, ordered Pfizer to stop its advertising campaign that claimed rinsing with Listerine was as effective as flossing against plaque and gingivitis.

This court case is important to highlight for Ontario dentists for two reasons:

1. Dentists should be prepared to deal with patients' questions arising from advertisements for oral care products, media coverage of issues related to oral health, such as the possible links between oral and systemic diseases, and health information that they have seen on the Internet.

These sources of information may often not be scientifically credible, but they can influence patients' beliefs, compliance with, and requests for specific dental treatment and products. They can also cause patients to question dentists' current or past treatment recommendations.

2. Dentists are inundated with promotional material containing claims from suppliers and manufacturers of dental products and pharmaceuticals and must be able to assess the validity of these claims when deciding on new treatment methods to incorporate into their practices.

Dentists are reminded that any treatment recommendations must be based on science and not manufacturers' claims or media reports.

Also, these same promotional claims by suppliers and manufacturers are not appropriate for inclusion in the dentists' own advertisements about their practice.

If you have any questions regarding this article, please contact:

Dr. Lesia Waschuk

Practice Advisor

phone 416-934-5614

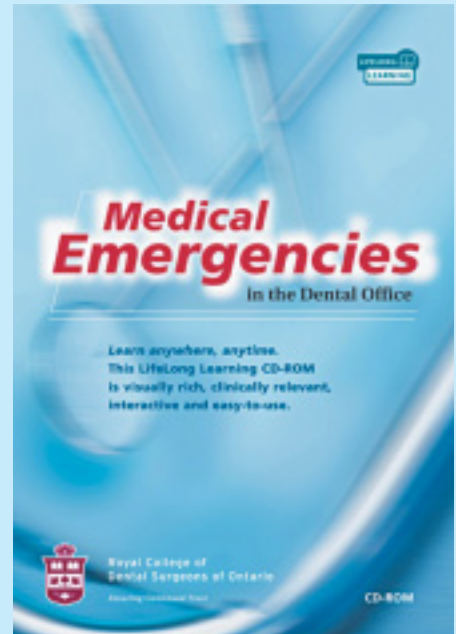
toll-free 1-800-565-4591

e-mail: lwaschuk@rcdso.org

Unique

Guaranteed
Effective

The Reviews Are Rolling In. It's A Winner!



The College's first interactive learning package has made a big and very favourable impression with members.

"Members have clearly welcomed the chance to take charge of their own education," commented RCDSO President Dr. Cam Witmer. "They are impressed with the outstanding quality of the product. They appreciate the control they have over when and where the learning takes place. They recognize that this CD format is a pretty empowering educational tool.

"I am very proud that our Quality Assurance Committee and our Council understood the challenges facing today's busy dentist," said Dr. Witmer.

"Continuing education formats must evolve to meet the growing demands upon the dentist's professional and personal life. We believe we have more than met that challenge."

As Dr. Witmer emphasized, "...by combining CD-based learning with the excitement and energy of in-person conferences and workshops, dentists have a winning combination. We want to help dentists make lifelong learning a part of their regular routine."

Here's a Sample of What Members Are Telling Us!

Better than an all-day seminar. More please!

DR. MARK D. PUS
Kitchener

Thank you! A good motivator device.

DR. MARTIN R. THOMAS
Kingston

CD-ROMs is ideal for continuing education. The information was very organized with good graphics and scenarios. It was very easy to navigate.

DR. ALLAN HARRIS
Toronto

Definitely would like to see more programs developed using this format.

DR. J. WILLENBURG
Pickering

This will certainly enhance our abilities as clinicians.

DR. ALBERT RACO
Guelph

I think this program is a great idea. I look forward to more in the future.

DR. MARK R. BOSTOCK
Georgetown

Hope it wasn't too expensive to develop this program. However, it was money well spent.

DR. MARK YUE MAN YEUNG
Scarborough

This is a brilliant initiative and I look forward to the next issue.

DR. PRAMOD GANDHI
Brampton

Absolutely would like to see more programs in the future. They are excellent teaching tools for dentists and staff.

DR. ROBIN GALLARDI
London

I found the CD-ROM informative and presented in a way that was easy to follow. Producing these CDs on a regular basis is an excellent adjunct to continuing education.

DR. ABE GABEL
Etobicoke

Please continue doing the same good work.

DR. MARIAN CATALIN PISTOL
Toronto

It was absolutely educational and was done in a great format. I would love to see more of these programs. I have to admit that I am speechless. Bravo! Bravo!

DR. SHAHRAD MAVANDADI
Brantford

Wonderful format. Loved it!

DR. ART TUPPER
Burlington

This was fun! I could stop and start throughout the day. A lot of thought was placed into this program. It is the best I have seen.

DR. WILLIAM JANUSHEWSKI
Simcoe

Thank you very much. This makes good use of our money.

DR. DAVID M. RAPAICH
Sarnia

The emergency CD ROM.... WOW... Brilliant! This is the type of thing that the College should keep doing! Congratulations.

DR. HOWARD TENENBAUM
Toronto

I love the convenience of being able to learn at my own pace and without having to drive to conferences and courses. I feel much more confident about dealing with medical emergencies after going through the CD-ROM.

DR. MOHAMAD SALAMÉ
St. Catharines

I just received the RCDSO's new format educational course on medical emergencies. What a brilliant idea!!! I spent my lunch hour studying two segments and answering the questions.

I must commend everyone connected with this project. It is a wonderful synthesis of all kinds of ideas and technologies to achieve a very valuable objective: to make continuing education as simple as possible.

This modality of presenting continuing education offers many advantages:

- It can be studied at the member's own pace.
- It can be reviewed frequently, or whenever needed.
- It offers MCDE points equivalent to an entire day out of the office, but doesn't require anytime away from the office.
- It is a very worthwhile "perk" provided by our annual membership fee.

I am looking forward to going through this course in the next few days, and to learning a great deal. Please pass these comments to everyone concerned.

DR. WILLIAM KLEIN
London

I really like the chance to replay certain sections when I needed. It allowed me to take in more than if I was attending a lecture.

DR. MARTIN CANN
Beamsville

A very useful project, should have a library of these if RCDSO produces them. Would consider paying extra for this kind of education backed by RCDSO.

DR. ANDREW KAHIN LEE
Toronto

This was a very informative video. I have shared it with all the staff in the office and we have reviewed how we will handle emergencies in the office from now on.

DR. ALI NABAVIEH
London

Maybe it was the novelty factor, but it was refreshing and exciting to use my home computer in my continuing education! Working part-time and taking care of two young children, it is challenging to schedule a full-day seminar. With this program, I feel that I received very useful information in a compact form and in a short interval.

DR. DINA KATSAVELOS
Scarborough

This is great. Excellent educational tool. Very good for dentists who do not live near large cities like Toronto or London.

DR. LARRY SODEN
Sarnia

A wonderful surprise! The graphics were very helpful in really understanding the material.

DR. PAOLO GIULIANI
Campbellford

Thank you for your letter of April 5, 2005, and for providing me with a copy of Medical Emergencies in the Dental Office, which I have reviewed with interest and forwarded to Ministry staff.

I am delighted to be back at the Ministry of Health and Long-Term Care, and look forward to working closely with colleagues as we continue to work together to improve health care in the province.

RON SAPSFORD
Deputy Minister
Ministry of Health and Long-Term Care



Roadshows 2005

Too Little... Too Much... Just Right!

RCDSO staff are hitting the road again to meet with members. In the new edition of this popular continuing education program, experienced dentists from the College will cover a number of key topic areas with a view to providing practical advice on how to avoid and/or minimize many of the common practice-related problems seen at the RCDSO.

There is no fee for the course and coffee breaks and a light lunch will be provided.

DATES AND LOCATIONS

The specific location of each session will be chosen at a later date. Please indicate your interest by completing the form below and returning it to the College. We will send you more details by mail closer to the date. Future dates and locations will be announced in upcoming issues of *Dispatch*.

RCDSO MEMBERS ONLY

Please note that these sessions are offered as a membership benefit to College members. Attendance is strictly limited to Ontario dentists only.

CANCELLATIONS

Due to the popularity of these programs and the limited space available at each location, please notify us if you are unable to attend. This will allow dentists on the waiting list to attend.

CREDITS

All attendees will receive a certificate indicating that six MCDE credit points were awarded for their attendance at this full-day event.

Two Ways to Register

By fax: Use the registration form below and fax it to 416-961-5814.

Register on-line: Go to our Web site at www.rcdso.org and click on the Roadshow bus.

Any Questions?

Please contact: **Aurore Sutton**, Communications Assistant

phone: 416-961-6555, ext. 4303 toll-free: 1-800-565-4591

e-mail: asutton@rcdso.org

Check your choice below. You will receive a confirmation notice with the meeting location and map by mail closer to the date.

DATE	LOCATION	DATE	LOCATION
<input type="checkbox"/> JUNE 3	WINDSOR	<input type="checkbox"/> JUNE 24	TORONTO EAST

NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Are You Interested In Possibly Renewing Your Membership Registration On-line?

The College is constantly evaluating its services to members to look for improvements. As a pilot project, we are considering the option of on-line membership renewals for some members who want a faster and easier way to renew their registration. Before we proceed, we want to hear from you.

During this pilot project, this electronic Web-based option would be available only to those members

who have no changes in their information and who are paying by credit card. This service would not be available to members who have changes in their information about their home or practice addresses, information about a change in conduct, or having an amalgam separator.

So let's us hear what you think. Just go to the College Web site at www.rcdso.org and share your views. Look under the What's New heading right on the home page. You can send us your views via a special e-mail message by clicking on the words Members' Feedback.



From the Ontario Privacy Commissioner: Here's what health professionals are asking about Ontario's health privacy legislation.

BY ANN CAVOUKIAN, PH.D.
Information and Privacy Commissioner/Ontario

This article was supplied to the College by the Office of the Information and Privacy Commissioner of Ontario. The College is pleased to note that the advice given by the Commissioner supports the information in the College's publication, *5 Easy Steps – The Guide for Dentists to Implement Ontario Health Privacy Requirements and Policies* distributed to all dentists in Ontario in October 2004.

Since the *Personal Health Information Protection Act* (PHIPA), came into effect on November 1, 2004, my office has received more than 3,000 calls and e-mails from professionals in the health sector with questions regarding the implications and implementation of PHIPA.

One of the most common questions over the past few months has been: "Why is PHIPA necessary when we already have the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA)?"

While the federal Act was designed to regulate the collection, use and disclosure of personal information within the commercial sector, PHIPA establishes a comprehensive set of rules about the manner in which personal health information may be collected, used, or disclosed across Ontario's health care system. PIPEDA was never designed to address the intricacies of personal health information.

In the near future, I anticipate seeing a

final exemption order recognizing the substantial similarity of Ontario's PHIPA to the federal PIPEDA, so that health information custodians covered by PHIPA will not also be subject to PIPEDA.

We have received queries that cover a wide range of scenarios under PHIPA – issues that range from the extent of patient information being shared between health information custodians to whether a parent can obtain information about what prescriptions his daughter is obtaining from a pharmacy. Here is a short sampling of the questions we have received since PHIPA came into effect.

One caller was a physiotherapist who works at a health club and who shares patient information with non-regulated health professionals. He wanted to know if staff, such as personal trainers and fitness instructors, would be considered health information custodians and if he would need to get written consent from patients to share their information with such staff members.

Our response was that, generally, the non-medical staff of a health club would not be considered to be health information custodians. The Act requires that consent to the disclosure of personal information by a health information custodian to a non-custodian must be express, and not implied. The physiotherapist would need express

Continued on page 32



ACROSS THE NATION

from their publications or have been submitted by the regulators themselves.

Across the Nation provides a snapshot of activity highlights of the dental regulators across Canada that may be of interest to dentists in Ontario. They are gleaned

If you have any questions about this column, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Across the Nation

Alberta

TMD Practice Guidelines

The Alberta Dental Association and College is updating its practice guidelines on TMD and reviewing the impact of recent changes in the *Alberta Insurance Act*. Dr. David Mock of the University of Toronto is acting as the consultant on this project.

Saskatchewan

Centennial Celebration

In 2005, the College of Dental Surgeons of Saskatchewan and its members celebrate 100 years of service to dentistry and the public.

Québec

The Ordre des dentistes du Québec continues its outstanding public and dentist education campaigns on smoking cessation in both French and English. In February 2004, with the assistance of the Québec Ministry of Health and Social Services, they published a 46-page, full colour supplement to their magazine on how dentists can make a difference in the early detection of oral cancer. That has been supplemented with special brochures for both the public and dentists.

Check out their Web site at www.odq.qc.ca.

The FDI Annual World Dental Congress is being held in Montreal from August

24 to 27, co-hosted by the Canadian Dental Association and the Ordre des dentistes du Québec. This is Canada's largest dental event in 2005.

Nova Scotia

New Registrar

Dr. William McInnis is the new Registrar of the Provincial Dental Board of Nova Scotia. He succeeds Dr. Donald Bonang who was Registrar for more than 17 years.

Dr. McInnis was the Dean of the Faculty of Dentistry at Dalhousie University for 10 years, is a past president of the Nova Scotia Dental Association, and a past president of the Association of Canadian Faculties of Dentistry.

Orders for Medical Care College of Respiratory Therapists of Ontario

Continued from page 24

dosage and the respiratory therapist or registered nurse can then continue with the administration and monitoring while the preventive services are being rendered by the dental hygienist.

There is a requirement that the dentist must be immediately available in the office in the event of an emergency. At subsequent appointments, the dentist does not have to re-establish the dosage for the nitrous oxide-oxygen conscious sedation.

The profession-specific acts for respiratory therapists and dental hygienists both require that the details of

the order that is used is recorded in the patient record.

If you have questions about this article, please contact:

Dr. Robert Carroll
Manager, Professional Practice
phone: 416-934-5611
toll-free: 1-800-565-4591
e-mail: rcarroll@rcdso.org

Dr. Lesia Waschuk
Practice Advisor
phone: 416-934-5614
toll-free: 1-800-565-4591
e-mail: lwaschuk@rcdso.org

From the Ontario Privacy Commissioner: Here's what health professionals are asking about Ontario's health privacy legislation.

Continued from page 30

consent to pass on personal health information to staff such as personal trainers and fitness instructors.

As well, a non-custodian who receives personal health information from a custodian may, in general, only use that information for the purpose for which the custodian was authorized to disclose the information.

Obtaining consent at the beginning of the process would enable the physiotherapist to share information, as needed, with his co-workers.

The manager of a long-term health-care facility wrote us to ask if physicians who have admission privileges and are contracted for medical services – but who are not staff – should be asked to sign confidentiality agreements the same as staff, volunteers and other agents.

While PHIPA does not contain any provisions that relate specifically to a requirement to sign confidentiality agreements, it does state that health information custodians are required to take steps that are reasonable to protect the personal health information in their custody. Additionally, PHIPA also states that a custodian is required to handle records in a secure manner, so having confidentiality agreements in place is just one of the steps that custodians could take to help protect the information in their custody.

In this specific instance, the physicians that are contracted to provide services in the facility would likely be considered agents of the facility. Under PHIPA, the custodian's contact person is required to ensure that all agents of the custodian are appropriately informed of their duties under the law, which may include the signing of confidentiality forms.

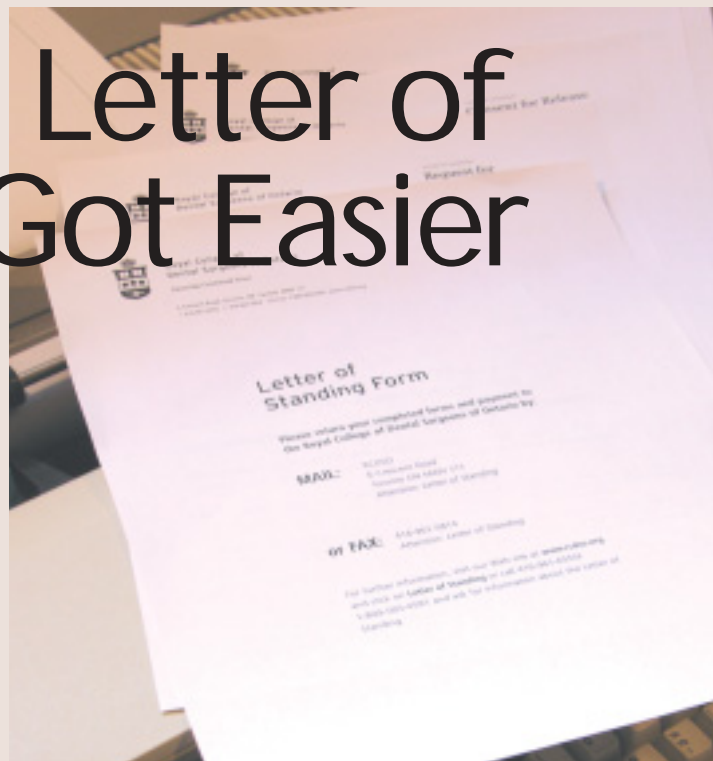
One of the more challenging questions was from a pharmacist who wanted to know what his responsibilities were in a case where the cardholder of a prescription drug plan wanted to know the details of drug usage by a family member covered under the drug plan. Would the family member need to give permission or sign a consent form?

This would be a case of disclosure of personal health information by a health information custodian to a non-health information custodian, which, generally, can only be done on the basis of express consent.

Accordingly, a best practice would be to seek consent from the other family member or members who are covered under the cardholder's health plan. This is definitely the case if the information to be disclosed is that of an adult, such as a spouse, or children 16 or older. In the case of children under 16, information may be released without consent to the custodial parent, with certain exceptions. For example, if the child is capable and disagrees, then the child's decision prevails.

If you, or your office staff have a question regarding the Personal Health Information Protection Act, 2004, please do not hesitate to contact us at info@ipc.on.ca. You can also find many useful publications about PHIPA on our Web site, www.ipc.on.ca.

Applying for a Letter of Standing Just Got Easier



The process for applying for a Letter of Standing is now much more streamlined and user-friendly. With a major redesign, the forms are clearer and easier to understand. They are accessible directly from the home page of our Web site at www.rcdso.org. You can download them quickly, with just a few clicks.

That's not all. If you do not have Internet access, there is now a special recorded message on our phone system for those people who call in with a request for Letter of Standing forms. You can get the basic information you need and at the same time leave a message in a special dedicated voice mailbox. We will send the forms out to you by mail. If you have questions, let us know that too, and your call will be promptly returned.

Dentists are often asked for a Letter of Standing from the College if they are moving to a different province or country or are seeking hospital privileges.

The Letter gives information about member's professional conduct. It answers questions such as when you registered with the College, whether you have a general or specialty degree, if you have ever been before the Discipline or Fitness to Practice Committees, and it gives any other information that the Registrar believes is relevant.

Letters of Standing are generally sent directly to the organization, dental board or hospital that is requesting the information. Letters have the Registrar's seal on them. The sealed envelope from the Registrar's office ensures the letter is authentic.

Letters of Standing can take up to three weeks to process. If your hospital privileges are soon expiring, or you are planning to change jobs in the near future, do not wait until the last minute to apply.

Once you have received your forms from the College by mail or downloaded them from our Web site, here are some handy hints about filling out the forms.

1. On the first form, fill in the name, address, and a contact person of the organization, dental board or hospital that has requested the Letter of Standing – not your own contact information.
2. Then, read and sign the consent for release of information form. A witness is required. The witness does not have to be a lawyer, anyone over 18 years of age is fine.
3. For recordkeeping purposes, it is helpful if you fill in your own contact address and phone number. This helps us to ensure that our records are up-to-date.

4. There is a \$35 processing fee for all Letters of Standing. This fee can be paid by cheque, money order, Visa or MasterCard. Simply include the cheque or money order with your forms when you return them to the College or complete the Method of Payment form.
5. If you are resigning at the same time that you are requesting a Letter of Standing, complete the renewing/resignation form.
6. You do not have to resign if you are moving to another province or country. If you are not resigning from RCD SO, there is no need to return the form.

To request Letter of Standing forms, please contact:

Stephanie Bickford
Registration Assistant

e-mail: sbickford@rcdso.org
phone: 416-961-6555, ext.4346
toll-free: 1-800-565-4591

NOTE: When phoning in, ask for the Letter of Standing voice mailbox.



AN OUNCE
OF
PREVENTION

This feature in *Dispatch* has been prepared by the College's Professional Liability Program (PLP) to offer guidance to members

regarding the prevention of malpractice claims or the minimization of the magnitude of an existing claim.

Daily Progress Notes - Details Make the Difference

Professional, ethical, and legal responsibilities require that detailed patient records documenting all aspects of each patient's dental care be maintained. A crucial component of a patient's record is daily progress notes.

Progress notes describe the treatment rendered for a particular patient. However, in addition to a concise and complete description of all services rendered, the progress notes should also document all recommendations, instructions, advice given to the patient, and any discussion with the patient regarding possible complications and/or outcomes.

In general, dental progress notes usually contain adequate information about treatment rendered. Often though, there is little or no recorded detail of discussions with the patient regarding his/her treatment. Dentists often comment that it is too time consuming to document details of discussions with patients. Remember that short forms are acceptable, provided the dentist is able to provide a key to the short forms.

To assist in the understanding of the chart entries, explanations of the short forms used in the examples are listed:

PT	PATIENT TOLD
RD	RUBBER DAM
IC	INFORMED CONSENT
LA	LOCAL ANAESTHETIC
N/A	NEXT APPOINTMENT
WCU	WILL CALL US
S/N	SHORT NOTICE

HAVE ANY QUESTIONS?

If you have questions about how to handle a particular situation with a patient, call PLP and one of our claims examiners will be happy to assist you.

phone: 416-934-5600
toll-free: 1-877-817-3757
e-mail: plp@rcdso.org
fax: 416-934-5600

CASE STUDY

Endodontic File Separates in Canal

During endodontic treatment, an endodontic file separated in a lower molar. From the progress notes, it was clear that the patient was adequately informed of the separated file and of the recommendations and possible consequences associated with it.

DAILY RECORD ENTRY

Aug. 15/04

1.8 ml Citanest (1:200,000 epi) – mand. block, RD

Cont'd RCT tx 46. Filed D to #30 @ 21mm.

File sep in MB canal. Unable to bypass. PT file separated, unable to seal canal, should see endodontist for file removal and finish RCT. PT if endo can't remove file, might need surgery. Pt agreed. Refer to Dr. G. Percha – appt. made for September 8, 3pm.

Record entry clearly shows the patient was informed that:

- A file had separated in a canal.
- The endodontic treatment could not be completed.
- Referral to an endodontist was necessary for the removal of the file.
- Additional treatment might also be required.

CASE STUDY:

Consultation for Wisdom Teeth Extraction

Below are the details of a consultation appointment where extraction of teeth 18 and 48 is contemplated. The progress notes clearly show that informed consent for the extractions was obtained.

DAILY RECORD ENTRY

Nov. 12/04

C/C: pain O/E: 48 partially erupted, pericoronitis. PA – impacted, tipped M against 47. Roots not close to mand. canal. Recom exo 48, 18. Disc'd optn: leave as is but 48 will not erupt due to position. Symptoms will persist, inf'n may develop. If leave 18, will likely overerupt. Disc'd procedure, risks/conseq, as per surgical IC form, provided cost est. No questions. IC obtained.

N/A: 4u – exo 48, 18 LA

Record entry clearly shows that:

- The extraction of 48 was necessary.
- The patient was warned of risks and possible consequences of surgery.
- Options were discussed, consequences of no treatment were discussed and a consent form was provided.
- The treatment procedure was discussed.
- Costs were discussed.
- Informed consent was obtained.



CASE STUDY

Non-compliant Patient with Periodontal Disease

This is an example of a non-compliant periodontal patient. The progress notes, over an 18-month period, clearly show that the dentist informed the claimant of his poor oral health, warned him of the consequences of periodontal neglect, and tried to convince the patient to schedule appointments for treatment and to see a periodontist for evaluation.

DAILY RECORD ENTRIES

Feb 3/03

Perio exam: Mild-mod bone loss in BWs, deep pockets esp post. OH poor. OHI. Discussed perio disease. PT needs referral to perio. Will think about it. N/A 4u scale

Feb 24/03

S/N cancel'n. WCU to rebook.

March 25/03

Called pt. Busy at work right now. WCU when not so busy.

Sept. 24/03

Pt. presents for "check-up." Reminded did not come back for cleaning. Ging. puffy, red, deep pockets in post. PT must come back ASAP for cleaning and needs to see periodontist. Expln'd if perio cond'n not brought under control bone loss will likely cont and teeth could be lost! Promises to book hyg appt. today.

Oct. 27/03

No show for hyg. appt. Called – N/A. LM to call.

April 30/04

Pt. presents on emerg. C/C pain 46. PA.-bone loss to furc'n. Told pt MUST see perio. Pt agreed. Refer to Dr. Scaler for complete perio evaluation.

June 4/04

Dr. Scaler's office called. Pt. did not show for appt. Called pt. Forgot. WCU to rebook.

Sept. 15/04

TCF Dr. Scaler's office. Pt. did not rebook appt.

Called pt. Home #NIS Called work, no longer works there-moved to BC.

Record entries show that:

- Complete periodontal charting was done.
- The patient was advised of periodontal condition.
- The patient was referred to a periodontist.
- The patient was told of consequences of failure to treat periodontal condition.
- Patient was non-compliant.

Claims often arise when a patient, who has been non-compliant and who has periodontal disease, becomes the patient of a new dentist. When the second dentist advises the patient of his/her poor periodontal condition, the patient looks for someone to blame. Detailed progress notes demonstrate that the patient was aware of his/her condition and is responsible for the periodontal deterioration that occurred over time.



CASE STUDY

Deep Restoration

DAILY RECORD ENTRY

Oct. 12/04

NP emerg. C/C pain to sweet, cold LL (points to 34-35 area). PA-deep recurrent decay 35D, no PA path. PT decay very close to nerve, may need RCT. If RCT, post/core/crown also nec. If no RCT other option is exo. PT RCT not always successful, may need add'l tx and/or surg. Pt understands, wants RCT if nec. Discussed costs of all.

1.8 ml lido (1:100,000epi) mand blk RD Deep DOV decay but no exposure. "X" liner & "Y" comp. PT decay very deep, RCT may still be req. Call if symptoms.

Nov. 2/04

Emerg. C/C spont. pain 35, up all night last night. O/E 35 P+++ , H+++ . Dx: irrev. pulpitis PT needs RCT as disc. last appt. PT can start today. Need another appt to complete.

1.8 ml lido (1:100,000 epi) RD Pulpectomy. File to #20K @22m. 1PA NAOCl, dried. Closed with cotton, cavit.

N/A 3-u complete RCT 35

Record entries show that:

- The initial treatment was required.
- The patient was told decay was deep and RCT might be required.
- The tooth subsequently became symptomatic and RCT was necessary.
- The option of extraction was discussed.
- The patient was told post/core/crown would be required following RCT.
- The patient accepted revised treatment plan.

IN SUMMARY

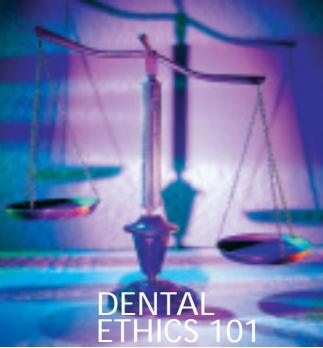
Courts usually take the view that if there is nothing in the chart to support a dentist's contention that a certain action took place, such as "patient informed of certain risks," then that action is deemed not to have taken place.

For this reason alone, it is vitally important that all interaction with patients, discussion, information provided, advice/instructions given – treatment recommended or performed – be clearly set out in the progress notes, and that all entries be dated and attributable to the treating practitioner.

The examples given demonstrate that it is relatively easy to record detailed, accurate, and timely progress notes that will serve the dentist in good stead, if or when a complaint is lodged, or a lawsuit commenced.

If you have questions or comments about this article, please contact:

Dr. Judi Purvs
Dental Advisor
phone: 416-934-5605
toll free: 1-877-817-3757
e-mail: jpurvs@rcdso.org



Ethical Dilemma Case Study

I Don't Want to Lose My Tooth

What would you do?

M Mr. Howard Glover is an emergency patient who has come to your office because of a bad front tooth. He is a 30-year-old man who has an unremarkable health history and has had regular dental care until he lost his job one year ago.

Mr. Glover is unemployed and admits to your receptionist that he will be unable to pay for expensive dental treatment.

Six months ago, Mr. Glover slipped on the ice and bumped his front teeth on the pavement. He explains that the teeth were loose initially but now seem to be firm. But, one tooth, his maxillary right central incisor, has turned slightly darker than the other teeth and there is a slight swelling under his lip. He has had only mild pain for which he had taken Advil for the few days after the injury.

Your clinical and radiographic evaluation reveals that the clinical crown and root were not injured by the fall and the 2mm periapical radiolucency at the apex of the tooth in question and the draining sinus tract confirm the diagnosis of pulpal necrosis. The tooth is restorable and a porcelain veneer crown is the treatment of choice because of existing mesial and distal composite resin restorations. Overall, his oral health other than a generalized mild gingivitis seems stable.



There are only a few posterior occlusal amalgams, no obvious caries, and his occlusion is stable.

As you explain your findings to Mr. Glover with the recommendations for non-surgical root canal treatment and a porcelain veneer crown, he becomes distressed. As you discuss the cost, he exclaims, "I don't want to lose my tooth, but I told your receptionist that I am

unemployed and can't afford expensive treatment. I have always taken care of my teeth and until I lost my job, I have always had regular check-ups. What can I do? I don't want to lose the tooth, but I can't afford the root canal treatment and crown!"

You are now faced with an ethical dilemma. Choose the course of action you would follow.

1. Perform a pulpectomy, instrument the canal, and dismiss the patient.
2. Recommend the extraction of tooth 11.
3. Refer Mr. Glover to a local dental clinic that does low cost dental treatment.
4. Complete the root canal treatment for Mr. Glover and have him pay what he can over time. Delay doing the porcelain crown until he is able to pay.
5. Complete the root canal treatment and crown for Mr. Glover. Have him pay what he can over time.
6. Dismiss Mr. Glover from your practice.

Now turn to page 42 to find the case study discussion of this ethical dilemma.

Printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

Oral Health: A Window to Systemic Disease



During his presentation at a 1997 conference on the possible link between oral and systemic diseases, research periodontist Dr. Raul Garcia playfully flashed a slide with the words “Floss or Die.” The phrase immediately caught the attention of the Associated Press and it spread like wildfire. Since then, the media has deluged the public with similarly dramatic headlines: “By gum, your life is in danger;” “Are my bad teeth killing me?” and “Gum disease raises death risk in diabetics.” But just how strong is the evidence...and what should we be telling our patients?

In May 2000, the United States Surgeon General published the first ever report on oral health in America, and highlighted the bidirectional interactions between oral and systemic health.

The profession should welcome the public's increased awareness of the potential impact of dentistry on overall health, but it is important to recognize that the existing evidence is still circumstantial and does not paint a very clear picture for members.

On February 4, 2005, the College held a one-day symposium entitled Oral Health: A Window to Systemic Disease to explore the various issues with this important topic. The symposium included presentations by respected researchers and academics to illuminate the current state of the evidence for possible associations between periodontal and systemic diseases.

PEAK (Practice Enhancement and Knowledge) is pleased to announce that

starting with this issue of *Dispatch*, it will provide members with a series of four original articles written by the presenters at the symposium, including:

- Drs. Chris McCulloch and Michael Glogauer – Report on the RCDSO Symposium Oral Health: A Window to Systemic Disease
- Drs. Howard Tenenbaum, Avi Shelemay, Michael Goldberg and Jim Lai – Cardiovascular and Heart Diseases: Where's the Link?
- Dr. Debora Matthews – Periodontal Health and Diabetes Mellitus
- Dr. Susan Sutherland – Issues in Women's Health: Does Sex Matter?

With this issue of *Dispatch*, PEAK offers members the first article by Drs. Chris McCulloch and Michael Glogauer, which serves as an introduction to this important topic and the series. The article notes that pathobiological mechanisms have been advanced to explain the potential associations between periodontal and systemic diseases. While the article cautions members that future research is needed to clarify these possible links, it also emphasizes that optimizing our patients' oral health may result in significant benefits for their overall health and well-being.

Key points to consider:

- The potential links between periodontal and systemic diseases are, as yet, not completely understood. While the evidence is accumulating, it is still circumstantial.
- Current evidence suggests that inflammatory mediators are a

contributing factor to the development of cardiovascular diseases. This provides a hypothetical model for the possible association with periodontal diseases, which are inflammatory in nature.

- Current evidence suggests that effective treatment of periodontal diseases in diabetic patients has a beneficial effect on their glucose control.
- Optimizing our patients' oral health may result in significant benefits for their overall health and well-being.

PEAK is a College service for members, whose goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the dental literature around the world. It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of member dentists. If you have any suggestions for subjects to be addressed by PEAK, or questions about this membership service, please contact:

Dr. Michael Gardner

Assistant to the Registrar, Dental
phone: 416-934-5616
toll free: 1-800-565-4591
e-mail: mgardner@rcdso.org.



COMPLAINTS CORNER

Complaints Corner is designed as an educational tool to help Ontario dentists and the public gain a better understanding of the current trends observed by the College's Complaints Committee.

These scenarios are an edited version of some

of the cases dealt with by the Committee. The law does not allow for either the dentist or the complainant to be identified.

If you have any questions about this column, please contact:

Irwin Fefergrad
Registrar
phone: 416-934-5625
toll-free: 1-800-565-4591
e-mail: ifefergrad@rcdso.org

Complaints Corner

CASE 1

The complainant, a 53-year-old woman, filed a formal complaint with the College about the alteration of insurance claims and charging of excessive fees.

During a series of appointments for the replacement of upper and lower cast partial dentures, the dentist provided her with a written estimate for the procedures and the manufacturing of the dentures. After she made the final payment of her account and received her dentures, she requested a copy of the original estimate. She noticed there were several alterations. As a result, she believed that she had been overcharged for the services and that the submissions to her insurer had been falsified.

In the member's response to the complaint, he indicated that, as a long-time patient of his practice, the patient was well aware of the procedures around payment of account.

He explained that when the patient had come to his office requesting replacement of both her upper and lower cast partial dentures, he had prepared both a written estimate for the required treatment and a predetermination that was forwarded to the patient's insurer. When the patient received the results of the predetermination, she contacted the dentist's office and indicated her insurer would reimburse \$1,500 towards treatment costs. The patient declined to

give the dentist a copy of the predetermination. She then entered into a payment plan with the dentist for the outstanding balance.

After the last payment, the dentist took final impressions and inserted the completed denture. When the claim was submitted to the patient's insurer, the dentist received reimbursement at only half the rate indicated by the patient. The member forwarded an account statement to the patient for the outstanding balance. The patient then alleged that the member had made an error in her level of coverage and had altered the original estimate and other supporting documents forwarded to her insurer.

COMMITTEE DECISION

The Committee, having reviewed the patient records, believed that the dentist had not charged excessively for the treatment performed. The fees charged by the member were in accordance with the Ontario Dental Association Suggested Fee Guide. The panel failed to find any indication that the member had altered his fees since providing the original estimate to the patient.

In addition, both the predetermination submitted to the complainant's insurer and the extended payment plan agreement entered into three months later indicated the same amounts. The Committee also noted that it was the

patient who advised the dentist of her level of coverage and failed to provide him with a copy of the predetermination.

It was the Committee's belief that the patient erred in interpreting her level of coverage and her financial obligations. The Committee believed that what the patient took as alterations were actually additions made to a photocopy of the original estimate by the dentist to show the differences in amounts owed due to the difference in the patient's level of coverage. Therefore, the final decision of the Committee was that no further action would be taken.

CASE 2

A patient filed a formal complaint with the College concerning her dentist's failure to accept the return of bleaching materials and for the performance of unnecessary procedures. She said that the dentist attempted to obtain her consent for unnecessary and unsuitable procedures for no purpose other than to boost his income. She said that she purchased whitening products at the dental office. At the time she expressed uncertainty to office staff about following through on their use, however she said she was never advised that these products could not be returned.

In the dentist's response to the complaint, he indicated that the patient had been referred to his office for the treatment of decay, replacement of missing teeth, and to change upper anterior crowns.

At the initial appointment, an examination was conducted and radiographs were taken. The patient's initial complaint of pain was addressed and various treatment options were

discussed. The complainant consented to the replacement of upper anterior crowns and the placement of a precision partial denture. She also agreed to home bleaching to lighten the colour of her teeth. The dentist prepared a treatment plan, gave the patient a copy, and forwarded a copy to the insurer for predetermination.

At a subsequent appointment, the patient received the bleaching trays and detailed instructions on their use. At this time, the complainant expressed uncertainty about performing the bleaching procedures at home. The dentist's office manager advised her that once these products were removed from the practice, they could not be returned. However, the complainant insisted on taking them home. The dentist indicated that the patient returned a few weeks later and requested a refund for the unused portion of the bleaching materials. The patient was advised that the products could not be taken back. However, as a goodwill gesture, the dentist billed for only one half the cost of the bleaching materials in order to cover his costs.

COMMITTEE DECISION

The Committee, after reviewing the complainant's records, believed that the procedures performed by the dentist were required, met the standards of the profession, and were done only after an informed consent was obtained from the patient. The Committee decided that no further action should be taken.

The Committee supported the dentist's position that whitening products could not be accepted for refund. The Committee' view was that to accept these products for refund and then to redispense them would be unethical and

could pose an unacceptable risk to another patient as the safety seal would be broken.

However, the Committee was unable to determine which version of events about the sale of the whitening products was the most accurate. In the Committee's view, to make a decision without any evidence to support it was unfair to all parties involved. The final decision of the Committee was that no further action would be taken.

Big Thanks to Members!

The College would like to thank all the members involved for their prompt attention to the facility permit renewal deadline of March 31. This was a new requirement, and members responded promptly. Your support is greatly appreciated.

As you may recall, facility permits must be renewed on an annual basis, and failure to obtain the necessary permit is a contravention of the professional misconduct regulation.

"It is always encouraging to see our members take these matters so seriously. This kind of response speaks volumes about their commitment to the safety and protection of their patients," said RCDSO Registrar Irwin Fefergard.

If you have any questions, please contact:

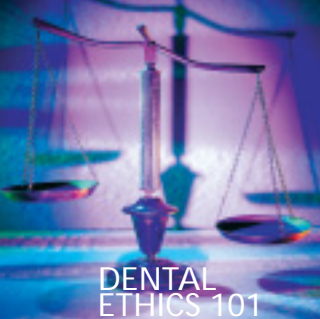
Julie Wilkin

Co-ordinator, Health Profession Corporations

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: jwilkin@rcdso.org



Case Study Discussion What Should You Do?

I Don't Want to Lose My Tooth

When a patient cannot afford to pay for urgently needed dental treatment, there are a number of ethical questions that come into play. In this particular situation, these questions include:

What are the therapeutic options and the associated benefits and harms for Mr. Glover?

Are dentists obligated to treat emergency patients without payment?

In discussing these questions, there are three important ethical aspects to consider:

1. What are the issues of aesthetics and function in this case?
2. What do our professional codes say about our obligations to treat patients?
3. Is dentistry a service or a profession?

Aesthetics and Appropriate Function

Mr. Glover's plight is that he is unable to afford the recommended treatment that would restore aesthetics and maintain appropriate function. As revealed in the assessment of risks and benefits of alternative treatments, his case intermixes aesthetics and appropriate function.



Extraction would predictably remove the nidus of infection, resolve the chronic sinus tract, and prevent possible complications such as cellulitis. If the dentist extracts the tooth without prosthetic replacement, both esthetics and appropriate function are compromised, along with Mr. Glover's hopes for future employment.

His plight is intensified as the extraction contradicts the principle of nonmaleficence or "above all or first, do no harm." The extraction, although expedient, is an unattractive alternative.

If the tooth were extracted, it may be possible to restore it prosthetically with treatment alternatives such as temporary acrylic denture, a fixed or removable partial denture or an implant and crown. These alternatives have additional fees and laboratory costs that the patient may be unable to afford.

Root canal for Mr. Glover's condition has a good probability of success with less potential post-operative complications due to the draining sinus tract. Although delaying the porcelain crown may have possible deleterious effects, such as further discoloration of the tooth or possible fracture, Mr. Glover may prefer these risks to the certain disadvantage of extraction.

Professional Codes and the Obligation to Treat

Professional ethical codes are an important source of understanding the values and norms of a profession. What do our professional codes say about the

dentist's obligation to accept patients, especially those that are unable to pay?

The American Dental Association's Code of Ethics states that dentists "may exercise reasonable discretion in selecting patients for their practices" and that they "may choose whom to serve." The ADA code prohibits discrimination because of a "patient's race, creed, color, sex or national origin." For emergency patients, not of record, such as Mr. Glover, the ADA code states that dentists are obligated to "make reasonable arrangements for emergency care."

Two of the core values of the new RCDSO Code of Ethics are:

- Compassion – acting with sympathy and kindness to all patients in alleviating their concerns.
- Beneficence – maximizing benefits and minimizing harm for the welfare of the patient.

The College Code of Ethics also speaks to the following ethical principle:

The paramount responsibility of a dentist is to the health and well-being of patients.

The debate about what a profession is supposed to be has been as perplexing for dentistry as it has been for medicine. Health-care reform has prompted an intense introspection about professional norms and the values, particularly in regards to the interrelationship of the health professions with the larger community. Is dentistry a service that should be provided freely by its members or a commercial agreement as any business, an autonomous profession?

Mr. Glover's case allows us to briefly explore three professional models that delineate some of the issues involved in the debate.

These professional models are:

- the service model
- the commercial model
- the interactive model

The first professional model is the service model in which dentists approach their profession with a "nearly selfless devotion, often sacrificing personal and familial needs in favour of serving their patient and the public at large." Salvatore Durante, a dentist, has referred to the term *servant* in this context to literally mean to be a slave.

A second model has been described as the commercial model where the dentist has "products and services to sell to patients" and the "doctor/patient relationship is a function of marketplace exchanges, with neither party having obligations to the other until a contract is agreed upon." In other words, "we offer a highly valued service, but we are still, in essence, traders – like anyone else in the free society."

The third model has been described as the interactive model where "decisions made by the dentist and patient together involve a subtle meshing of the expertise of the professional with the choice of the patient, based on the patient's own values, priorities, and purposes" or simply described as a partnership of equals.

Conclusion

Mr. Glover's case asks us to consider our obligations to patients generally, and specifically to those who are unable to pay. Although professional codes do not articulate specific responsibilities in these situations, this case provides a glimpse of various professional models that are worthy of debate and scrutiny.

A reasonable ethical solution for this case would be to attempt to help Mr. Glover

by providing some care such as providing root canal treatment and having him pay over time. In this way, we would be seen as caring and fair in our contact with patients.

Taken in part and reprinted with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

A WORD ABOUT SETTING DENTAL FEES

Dentists are expected to set a fair value for the professional services that they render, whether it is their usual and customary fee, one related to a particular fee guide/schedule, or a fee appropriate to the circumstances of a particular patient (e.g. financial hardship, family considerations, friend or relative of the dentist.) In the latter case, a dentist may decide to carry out the treatment at no charge.

It is important to remember that an integral part of the dentist's informed consent discussion with patients, and/or with their guardians, is a discussion regarding the fees to be charged for the recommended procedure, and for ancillary services such as root canal treatment, post/pin build-up and final restoration. All too often, for example, patients are only made aware of the fee for the root canal treatment without mention of the necessary ancillary treatment and fees. In order for patients to make an informed choice, they need to have all of this information brought to their attention rather than being surprised later on.



MAILBAG

We want to hear from you. We welcome your feedback on anything that you read in *Dispatch* or on any of the College's policies, programs, and activities.

Sometimes a letter may not be printed with the author's name on request or due to its confidential nature. All letters

printed in Mailbag are used with the author's permission.

The College reserves the right to edit letters for length and clarity. Due to space limitations, some letters may not be printed.

Please send your letters to:

Peggi Mace
Communications Director
Surface mail: RCDSO, 6 Crescent Road, Toronto, ON M4W 1T1
fax: 416-961-5814
e-mail: pmace@rcdso.org



Thank you very much for writing to me on behalf of the Royal College of Dental Surgeons of Ontario regarding the Ontario Health Pandemic Influenza Plan and for enclosing a DVD produced for the 44th annual CEOs and Registrars Conference. It was a pleasure to hear from you and I regret that I was unable to respond sooner. I also appreciated your kind words of support.

Our government looks forward to continuing to work with the Royal College in our efforts to protect the health and well-being of all Ontarians. Thank you again for sharing your views and for providing me with this information on this vital issue. Your input is valued and always welcome. Please accept my warm regards and personal best wishes.

Dalton McGuinty

Premier of Ontario



I would like to take this opportunity to thank the Royal College of Dental Surgeons and staff for the excellent job you did investigating and reviewing the complaint against myself and my colleagues.

I was impressed by how professionally you treated me, answering my questions and explaining the complaints process thoroughly. I appreciate that you were

respectful and approachable which helped make this event less stressful.

My legal representative also complimented the Royal College's thoroughness and hard work at the Health Professions Review and Appeal Board hearing.

With this event now behind us, I feel it is appropriate to thank you for your hard work and professionalism.



Thank you for your letter of January 13, 2005, advising of the RCDSO's support of Bill 133, the *Environment Enforcement Statute Law Amendment Act*. I also appreciated receiving a copy of the report, *A Study of the Fate of Mercury from the Placement and Removal of Dental Amalgam Restorations*.

I read with interest your organization's recent success story on improving the environment, and I want to express heartfelt congratulations to the RCDSO for their proactive work and interest in protecting the environment.

We know that the vast majority of Ontario companies are meeting our requirements and want to do what they can to help protect our common natural heritage. However, we also know that there are exceptions. That is why Bill 133 was introduced, which would require those who threaten our environment and health to compensate affected communities.

Once again, thank you for your support for this very important piece of

legislation, and for the RCDSO's dedication in supporting a clean environment.

Leona Dombrowsky

Ontario Minister of the Environment



I wish to express my sincere appreciation for your assistance in writing a letter to the Sheriff that resulted in the successful deferral of the date of my summons to jury duty.

Your letter expressed well my unique circumstances and the difficulties I would face at this time if I were to properly fulfill my civic duties.

Your promptness in replying to the Ministry of the Attorney General had made the process uncomplicated and almost worry-free.

A special thank you to the staff person that I called for such sensitivity and attentiveness to this matter.

Dr. Lan Phan Nguyen

Toronto



I want to thank the College staff for the hard work and dedication to my case and for helping guide me during the process. I find comfort in the fact that some justice was served. It is unfortunate though that nothing could be done about the forgery issue, but it has taught me to be more careful with documentation that requires my signature. Thank you again for everything that you have done.



Due to a change in my personal situation I must regretfully submit my resignation as a public member on the Council of the Royal College of Dental Surgeons of Ontario.

It has been an honour and a privilege to represent the general public on Council for the past three years, and to be associated with such a fine group of dedicated individuals.

The Ontario public can rest assured with the knowledge that the dental profession, under the guidance of the RCDSO Council and the outstanding leadership of President Dr. Cam Witmer and Registrar Irwin Fefergrad, will continue to deliver the best possible care with the highest degree of standards and professionalism.

Robert Marr
Mississauga



I was just at the RCDSO to write the jurisprudence exam. Please extend my compliments to the staff running this program. I was very impressed with the standards that the College aspires to in promoting the dental profession in Ontario and Canada. I am currently doing my residency training in oral and maxillofacial surgery in Boston. As a Canadian-trained dentist, I felt very pleased and proud of the way dentistry is being promoted as a profession, and as a health-care service in Ontario and Canada. I hope that the trend will continue.

My compliments and regards to the RCDSO family.

Dr. Basel Sharaf
Boston



Just saw the new Code of Ethics. It looks good. Nice and lean with broad guiding principles for behaviour, rather than trying to address the endless possibilities that we struggled with in the earlier drafts. I especially like the well-articulated core values. I look forward to including it as a resource for my ethics course. Congratulations.

Mary McNally, MSc, DDS, MA
*Department of Dental Clinical Sciences
Faculty of Dentistry, Dalhousie University*



Cam, I was very pleased to learn of your historic election to a second term as President of the RCDSO.

Congratulations. Your College registrants and other provincial members of the CDRAF will benefit from your leadership and common sense approach to regulation as demonstrated in your first term as President of the RCDSO.

There is an expectation that I will seek the presidency of the College of Dental Surgeons of BC in the coming election, and if so, I will look forward to continuing our friendship and mutual respect for reasonable and principled regulation of dentistry in this country.

Peter M. Lobb, DDS
Victoria, British Columbia



I was at the RCDSO road show in Oshawa and I wanted to let you know how impressive it was. It was an excellent program. Well done, truly well done!

I thought I would congratulate you (the Registrar) on your leadership and what you have done for our College. Thank you so much for everything.

Dr. Mahdokht Daemi
Whitby



On behalf of the University of Toronto, thank you [RCDSO Registrar Irwin Fefergrad] very much for your recent communication and for supporting our call for increased provincial investment in Ontario's universities. We appreciate your willingness to lend your name to this effort.

We are expecting the provincial budget sometime in April and are hopeful that the government will heed the calls of the many Ontarians who expressed their belief in the post-secondary system generally, and the University of Toronto in particular.

Honourable Frank Iacobucci
Interim President, University of Toronto



Thank you for your letter of March 31, 2005 enclosing a copy of the final report of the College's leadership conference Oral Health: A Window to Systemic Disease.

We were extremely impressed with the roster of invited speakers and the quality of information that was presented at the conference. We would like to extend our congratulations to the College for organizing such a successful event and for its efforts to keep its members current on dental research and literature.

Marilyn Wang
*Director, Health Professions Regulatory
Policy & Programs Branch
Ministry of Health and Long-Term Care*

Review of Eligibility Requirements for Elections

From time-to-time we get questions on eligibility of dentists to serve either on Council or as non-Council members on committees.

While the next election is not until December 2006, we thought it would be prudent to let members know well in advance of the eligibility requirements.

In the event that you are thinking of running or submitting your name for selection as Council, the following information will assist in your planning.

The Regulations and the College's by-laws state:

8(1) A member is eligible for election to the Council in an electoral district if, on the deadline for receipt of nominations,

i) the member is and has not been during the previous three years,

I a director or other member of the board of directors, governing council or other governing body of;

II officer of; or

III Executive Director, Chief Administrative Officer or other appointed official of the Canadian Dental Association, Ontario Dental Association, a national or provincial dental specialty association or organization or other like national or provincial association or organization.

Anyone who is the subject of a pending discipline hearing or fitness to practice hearing, or has a term condition

or limitation on his/her certificate is ineligible.

Any member who is a member of the Board of Directors of the ODA or the CDA during the three years preceding the election, either as a member or as a substitute, is ineligible.

Any member who is involved at their local society level, but is not a member or a substitute of the Board of Directors of the ODA or the CDA, is eligible.

The same requirements apply for non-Council.

As the Election Committee reported to

Council in May, during the December 2004 election of the new Council, there were contests in six of the 12 districts, and in some cases, multiple candidates running. In addition, the College enjoyed the largest number of people expressing interest to serve as non-Council members.

If you have any questions about this article, please contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

New Study Indicates Periodontal Significantly Increases Risk of

BY PAUL TAYLOR

The Globe and Mail, Friday, March 25, 2005

Pregnant women could soon be facing another bit of public health advice: Make sure to thoroughly brush and floss your teeth.

A new study has linked gum disease to an increased risk of pre-eclampsia, a high-blood-pressure disorder that can cause serious harm to both the developing fetus and the mother.

Gums can become chronically inflamed as a result of a buildup of bacterial plaque.

Left unchecked, this condition can lead to periodontal disease and damage the gum tissue and bone that hold the teeth in place.

And now, research by Israeli scientists suggests periodontal disease could also make pregnant women vulnerable to pre-eclampsia. The scientists found that elevated levels of immune cells, called cytokines, circulated in the bloodstreams of pregnant women with high blood pressure.

What Is the Impact of the “Big Ideas” From Current Research on Periodontal Disease in Shaping the Knowledge Base and Actions of Dentists?

Continued from page 48

Of course, the foundation of initial education and training are irreplaceable. The challenge is that dental knowledge didn't come to standstill on the day you were registered to practise. With our legislated mandate “to develop, establish and maintain programs and standards of practice to assure the quality of practice of the profession,” the College has a responsibility to work in partnership with the profession to support you in keeping on top of the growing and changing body of dental and medical knowledge.

That is why the College has organized events like the session on access to dental care in the long-term sector, and

our most recent symposium on periodontal disease. It is why we initiated our PEAK (Practice Enhancement and Knowledge) membership service that brings you a wide range of clinical and non-clinical topics from dental literature around the world. It is why we have launched our LifeLong Learning program with the CD-ROM on Medical Emergencies in the Dental Office.

We know that dentists struggle with intense professional demands that make it challenging to stay current. We are trying to respond to that challenge with flexible access to high quality professional development – learning

at a pace and time that suits you.

Your positive response to our first interactive CD-ROM based learning package is very heartening. I was in Sault Ste. Marie a month or so ago at a local society meeting. The positive response to the CD-ROM was just overwhelming. It is hard to describe the gratitude and appreciation of members there for our efforts to reach out to make quality learning accessible, easy, and inexpensive. We have also been inundated with calls telling us how great it is to learn in the comfort of your own home. You're putting a lot of pressure on us – you're asking us when you can expect the next one!

It's feedback like that tells us we are on the right track. This positive response to our first interactive CD-ROM based learning package tells us we are on the right track. In fact, discussions are getting underway for our second learning package. Topics under consideration include informed consent, jurisprudence and ethics, and the latest on biomaterials. As our plans are firmed up, we will report to you in *Dispatch*.

Of course, it is important to constantly look for better ways to do things. That is why your feedback is so important. We are always willing to listen to new ideas and suggestions, and we always appreciate hearing from you.

Disease In Pregnant Mothers Preterm Birth or Low Birth Weight

These same immune cells were also associated with infected gums. The researchers speculate that the cytokines linked to gum infection could play a role in pushing up blood pressure.

The study was published in the *Journal of Periodontology* and more research is needed to firm up the findings. But this is not the first time infected gums have been implicated in other maladies. A growing body of evidence suggests that poor oral health could contribute to heart disease and strokes.

According to one theory, oral bacteria enters the bloodstream and then sets about damaging blood vessels, thereby worsening cardiovascular disease.

The best way to prevent these potential problems is to get rid of bacterial plaque (the sticky colorless film that constantly forms on teeth) by regular flossing and brushing, along with routine professional cleaning by a dentist or hygienist, says the American Academy of Periodontology.

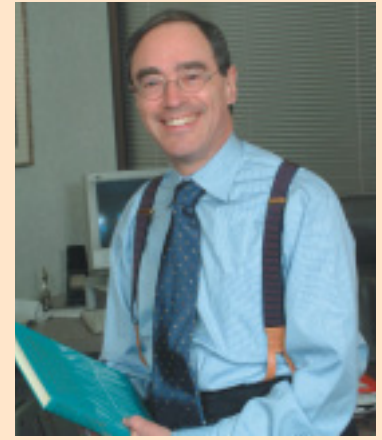
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What is the Impact of the

“Big Ideas”

from Current Research on

Periodontal Disease in Shaping the Knowledge Base and Actions of Dentists?



IRWIN FEFERGRAD

I know you have already read elsewhere in this issue of *Dispatch* about the outstanding success of our recent symposium on periodontal disease, and have also seen the first of the series of four PEAK articles covering the research papers delivered at the perio symposium. The College is delighted to share these tangible results with you.

The symposium has raised many issues and questions and challenges to dentists and dentistry, about the way dentistry is taught, and the way it is practised. How does a dentist at the chairside respond and adapt his or her practice to leading edge research? How does a dentist know what is fact or fiction? What tools, information, advice and education should we be providing to students and dentists?

Early research evidence is often quickly popularized into catchy slogans like “Floss or Die” that begin to have a life of their own in the media. But how soon, if ever, should the dental professional get on the bandwagon? So when even a roomful of medical and dental experts grapple with these basic questions, just what is a general dentist to do? It is often difficult for even the most experienced

professional to understand the latest scientific studies, the impact of the research at the chairside, and just what messages to convey to patients.

That was the impassioned question at the perio symposium from RCDSO Council member Dr. Elizabeth MacSween who is a general practitioner in Ottawa. Dr. MacSween eloquently described a situation that many dentists face: educated 30 years ago at the University of Toronto, she is now the professional at the chairside who has to decide on treatment plans for patients. How much currency should she be giving to new research findings about links between periodontal disease and other systemic diseases that differ with what she was taught at dental school?

I have no doubt that the College, through our Council and Quality Assurance Committee, will be looking at ways to assist dentists in these new concerns. It is interesting to note that these same kind of questions are being asked in other jurisdictions too.

The California Dental Association in its January 2005 magazine has as its lead story on the cover, The Perio-Medical Link. Inside is a huge feature story by

journalist Janyce Hamilton entitled, *The Links Between Periodontal Disease and Systemic Diseases: State of the Evidence*. After reviewing a wide range of articles on this topic, Ms. Hamilton concludes that dental practice will change dramatically if research confirms that periodontal disease is a true risk factor for systemic diseases. Closer to home, at the end of March there was a story in *The Globe and Mail* (reprinted on page 47) that discusses a new study just published in the *Journal of Periodontology*. The findings of this study indicate periodontal diseases in pregnant mothers significantly increase the risk of subsequent preterm birth or low birth weight. Other articles have appeared in Mosby's respected *Journal of Evidence-Based Dentistry* that suggest as more research is done, more of a causal link is established.

I have to leave the answers to these questions to others much wiser than I am. But what I do know is that dental organizations like the College, and individual dentists too, have a responsibility to engage in the world of “big ideas.”

Continued on page 47