



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.

This scenario is an edited version of one case 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

Key Elements of Informed Consent to Treatment

Complaint Summary

The College received a letter of complaint from a patient by e-mail alleging her dentist had placed an unaesthetic crown composed mainly of gold on her upper right second bicuspid (tooth #15) without giving her the option of an aesthetic porcelain crown.

According to the claimant, tooth #15 was prepared for a crown. At the end of the appointment, the dentist placed an enamel-colored temporary crown. The patient stated that she was told that the permanent crown would look the same as the temporary crown.

When the patient returned to the office to have the permanent crown cemented, she noticed that the crown had gold metal showing on one side. The patient had assumed that the crown would be enamel in color. She stated that no one at the office had ever told her that the crown would be showing gold metal. Although uncomfortable with the gold colour, the patient reluctantly allowed the crown to be permanently cemented.

On returning home, the patient examined her crown more closely and was extremely displeased with the metal showing and the overall aesthetics. She called the dentist and explained her concerns. According to the patient, the dentist dismissed her concerns and made her feel vain. On consulting with friends and co-workers, the patient stated that she learned that dentists should always give the

patient the option of selecting the type of material for a crown. According to the patient, she was never given this option.

When the patient requested that the crown be replaced, the dentist offered to do so at a 30 per cent discount. This was not acceptable to the patient. In her letter of complaint, the patient stated that she recognized that the College could not give her money back, however she wanted to express how displeased she was over the fact that she was not given the option of what type of crown she was to receive.

The Dentist's Perspective

According to the dentist, the complainant attended the office for a post and core build-up and crown coverage following endodontic treatment of tooth #15. Due to the patient's aesthetic concerns, the dentist stated that he recommended a porcelain fused to metal crown (PFM) with porcelain on the entire buccal (cheek side) and metal on the inside portion of the crown. This was done for aesthetic reasons, and to allow for the patient's occlusion to be primarily on metal.

The dentist noted that porcelain is abrasive to the opposing tooth and a greater amount of tooth material needs to be removed in order to make room for the thicker porcelain.

On the date of insertion, the patient was given a mirror and asked to examine the crown. After she examined the crown in her mouth, she gave verbal approval of the shape, colour, fit and

general appearance of the tooth. The dentist noted that the patient was given the time she needed to examine the crown on the tooth, prior to the crown being permanently cemented in place.

According to the dentist, when the patient contacted the office again and complained that the metal portion of the crown was visible when she opened her mouth wide, she was informed that if this concern had been raised before the crown was cemented in place, the crown could have been sent back to the laboratory and modified. The patient was informed that, since the crown was permanently cemented, there was nothing that could be done except

remove the crown and fabricate a new one.

The dentist stated in her response that it was unfortunate if the patient was made to feel vain; in no way did she mean to be rude or to make her feel uncomfortable.

Decision of the Complaints Committee Panel

The panel members examined all submitted documents, including the correspondence from the patient and the dentist. They also examined the laboratory models for the crown on tooth #15 and the dentist's records.

In the panel's view, the crown on tooth

#15 was fabricated within the standards of the profession. The panel noted that metal occlusion on a crown might help protect the opposing (lower) tooth from wear by the porcelain, as porcelain is harder and more abrasive than natural tooth structure.

However, in its decision, the panel cautioned the dentist that she did not provide the complainant with all of the available treatment options, and had not explained the risks and benefits of each treatment prior to placing the crown on tooth #15.

The panel noted that the dentist clearly directed the laboratory to fabricate the crown with metal on the biting surface. The panel examined the laboratory model and agreed that it would have been possible for a crown to be fabricated completely covered in porcelain. Although this might have required the removal of additional tooth structure, the decision about what type of crown to be placed should have been made by the patient, and not the dentist.

With respect to the contention by the member that the patient had agreed to the aesthetics of the crown prior to the cementation of the crown, the panel noted that the patient was seated in the dental chair and was given a hand mirror. This may not have given her ample opportunity to evaluate the crown. When she returned home and was better able to view the crown, she immediately called the office to complain. The panel examined pictures of the crown in place and accepted that a significant amount of metal was showing on the crown and, in its view, the patient should have been informed of this fact prior to the crown's permanent cementation.

LESSONS LEARNED

In 1980, as a result of a landmark Supreme Court of Canada decision, the Court redefined the standard for obtaining informed consent. It used to be what a reasonable practitioner would disclose, but this has since changed to a less paternalistic standard. The standard is now what a reasonable person in the patient's position would need to know in order to make an informed decision.

The key elements that need to be communicated to the patient are:

- diagnosis;
- nature and purpose of the recommended treatment;
- benefits and risks of the recommended treatment;
- treatment alternatives and the benefits and risks of each;
- the consequences of no treatment;
- the cost of the various treatment options.

In the case discussed in this article, it seems that the dentist took it upon herself to decide what was best for the patient, even though she knew, from the outset, that the patient was concerned about aesthetics.

Care needs to be taken to ensure that patients fully understand the treatment being recommended, and that they have been an integral part of the decision-making process. Without such discussion, and the recording of it in the patient record, it would be difficult to show that informed consent had been obtained.