



CONSENTING TO COMPLEX DENTISTRY

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Consent to Medical Treatment and Palliative Care Act 1995

Introduction

The Office of the Public Advocate ('OPA') has been made aware of persons with a disability receiving complex dental care that has gone very wrong.

To assist people who are asked to consent to complex dental treatment, our Office requested Dr Mark Gryst, a Specialist in Special Needs Dentistry, to provide information as the basis for this information sheet. We are grateful for Mark's dental expertise, and endorse his recommendation for patients and decision makers to ask questions of professionals and to take time to make a decision.

Definitions:

Third Party Consent – if a person has impaired decision making capacity in respect of a particular decision a substitute decision maker or person responsible can be sought to give or refuse to give consent. (See OPA Information Sheet Number 9: Consent to medical and dental treatment for people with impaired decision-making capacity)

Complex Dentistry – can be loosely described as any dental treatment beyond basic fillings, extractions, cleaning and simple dentures. Complex dental procedures includes the placing of crowns, bridges, implants, or implant borne crowns, bridges or dentures.

Background Information

Complex dentistry requires a high level of oral hygiene

A usual requirement for complex dentistry is a high level of oral hygiene.

For any individual in the community with the ability to maintain their own oral hygiene to a high level, these solutions are quite appropriate. However if that person's oral care declines due to age, infirmity, onset of a debilitating illness (Stroke, Parkinson's Disease, Dementia, etc) the decline in oral care places these complex treatments at a high risk of failure.

Some people who have an intellectual impairment or a significant mental illness may have difficulty with oral hygiene. There are times that oral hygiene can be improved for a period of time but usually it will revert to the former level of care. If the person's oral hygiene is poor or performing oral hygiene on that person is difficult, you need to be very cautious when considering any complex dentistry.

Complex dentistry is not a case of 'place and forget, problem solved', it requires good quality daily maintenance.

Office of the Public Advocate

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If failure occurs it can be difficult to resolve

With any complex dental treatment, any failure is likely to be difficult to resolve and as a result the patient may be worse off than before the treatment. For instance, with a three tooth bridge joining two teeth (the abutment teeth) to replace a missing tooth in the middle, if either of the abutment teeth fails, the bridge and abutment tooth usually need to be removed. With the use of multiple implants to retain bridges or dentures, if any of the implants fail, either all need to be removed or expensive alternative procedures need to be considered. Complex dental solutions for missing teeth require high standards of oral care. Resolving the problem of failing Complex Dentistry is often made very difficult due to decreased compliance, increased frailty, medical conditions and medications.

Questions to ask your dentist

Very few dentists have extensive experience treating patients with intellectual disability, mental illness or the frail elderly. Dentists without this experience may be very competent carrying out complex dentistry. They may also believe complex dentistry is the best solution for the dental problems of the person for whom you give consent. However you should ask questions such as:

- “How much experience have you had treating patients with (give impairment details about the potential patient)?”
- “What is the average lifespan of the work you are planning to carry out?”
- “How will poor or less than perfect oral hygiene affect the long term outcome of the work you are suggesting?”
- “What will you be able to do if something you plan to do fails at a later date?”

Take time to consider the decision

Some professional people do not like being questioned and many people in the community are embarrassed asking questions of a professional person. However, as you are giving consent on behalf of another person, it is your responsibility to ask more questions than you might if treatment were for you. Do not make the decision immediately - take time to think about it, ask for a copy of the treatment plan and ideally, seek a second opinion. Even if the dentist giving the second opinion is inexperienced in the impairment the patient has, they may be able to assess if the treatment plan seems excessive or futile.

Remember simpler treatment plans are less likely to fail, and if they do fail, they are less likely to do more harm to the patient. It may be more appropriate to simply maintain what the patient already has.