

The importance of communication between members of the dental team

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CASE SCENARIO

A patient, accompanied by the daughter with whom she lived, visited a dentist for extraction of her six remaining lower teeth. She had last been to the practice two years earlier, when two teeth were extracted without incident. She had since suffered myocardial infarction and was receiving regular anti-coagulant therapy.

On arrival at the dental surgery, the daughter requested the receptionist to inform the dentist and dental assistant that her mother was currently taking anti-coagulant drugs. Unfortunately the receptionist omitted to convey this message and neither did the patient when she entered the surgery. The daughter remained in the waiting room. The dentist extracted four teeth under local anesthesia and when haemostasis was achieved, dismissed the patient with the usual post-operative instructions.

Subsequently, bleeding resumed and the patient's doctor was called just after midnight. He found the patient, who lost a considerable amount of blood, in shock. He immediately arranged for the patient to be admitted to hospital, where the sockets were sutured and a blood transfusion administered.

COMMENTARY

This scenario highlights the need for clear communication at all levels – between patient, practitioner and the entire dental team. Communication is a reflection of respect for patient autonomy. Rendering good clinical care, (beneficence), requires effective communication. Failure to communicate can result in harm to the patient (maleficence). This in turn, can have legal consequences (justice).¹ The dentist's communication skills affect not only what patients reveals about their experiences, but also what sense the patients make of those experiences.²

The single most important diagnosis we make in general practice, is the ability to distinguish between aspects of the patient's condition which can be treated, from those that are not. This requires skilled history taking to obtain patient information from and offer tailored management to suit patient needs.³ History taking and empathetic communication are two important aspects in successful

dentist-patient interaction. Gathering important information from the patient's medical history is needed for effective clinical decision making, while empathy is relevant for patient satisfaction.⁴

Biomedical knowledge and understanding the pathophysiology of diseases, often allows the practitioner to formulate an appropriate hypothesis, which subsequently prompts further questions to thoroughly explore a patient's history.⁵ However, studies have found that patient satisfaction is linked to the structural aspects of patient-centered communication, such as signposting, summarisation and repetition, as well as⁶ friendliness and empathy of the practitioner.⁷ One should aim to take a patient-centered history⁸ to gain a vicarious sense of the patient's experience,⁹ also responding to cues from the patient.¹⁰

A medical history should be taken at every visit. Obtaining a history is the dentist's responsibility and one needs a patient's informed consent together with medical history. Although one is expected to take a detailed history during first consultation with all patients, a shorter customised medical history must be taken at all follow-up visits. Medical records must be customised to account for a history on the initial and on follow-up visits. Information on new medication and recent hospitalisation is crucial. Some duties in a practice may be delegated, but responsibility for clinical assessment rests with the dentist. Patients often do not know which information is important to the practitioner to exercise clinical reasoning. They do not volunteer information as they may not realize that it is important or necessary to their management. Hence, questions in medical history taking are usually developed from the chief complaint.⁴ While we need to have respect for autonomy of the patient, we recognise that the patient also has responsibilities as enunciated in the National Health Act No 61 of 2003, Chapter 2 Item 19: "Duties of the User (Patient)":¹¹

- Adhere to the rules of the establishment when receiving treatment or using the health services or health establishment;
- Subject to Section 14, provide the healthcare provider with accurate information pertaining to his or her health and co-operate with healthcare providers when using health services;
- Treat the healthcare provider with dignity and respect; and
- Sign a discharge certificate or release of liability if he or she refuses to accept recommended treatment.

Every practice needs to have clearly visible notice of the Charter of the Department of Health on Patients' Rights and Responsibility, in the practice where it can be seen by all.

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If there was a failure in obtaining a thorough medical history and this led to an adverse event for the patient, we need to ask the following questions:

1. Was harm caused to the patient?
2. Was the harm foreseeable?
3. If yes, what would a reasonable person have done to avoid the harm?
4. Were these steps taken?

If these steps were not taken, there was negligence on the part of the dentist. Good communication is the key to negotiating and resolving the many difficult ethical problems in dentistry. Good communication in context of the dentist-patient relationship, is an ethical requirement.

Another important issue arising from the above scenario is, "How much can a dentist rely on a dental assistant and/or receptionist?" In the course of patient care, duties are often appropriately delegated to dental auxiliaries. Pressure to increase practice efficiency however, can potentially affect a dentist's decisions regarding use of auxiliaries. Eliciting a medical history and taking responsibility for crucial decision-making issues, are the dentist's duties. When delegating duties, practitioners need to consider how trained their support staff are, with regard to informed consent, confidentiality etc. Two important questions should be asked:

1. Does the use of an auxiliary for the delegated task, comply with prevailing laws and regulations?
2. Is the quality of care to patients maintained when duties are delegated to auxiliaries?

If the answers to both questions are "yes," then the delegation of duties may be considered. However, since effective practitioner-patient communication has been observed to improve patient health outcomes,¹² the concurrence of high quality information gathering and empathy is of great importance and should be taken into account in staff training initiatives. Furthermore, duties should not be delegated at the expense of quality. The dentist must be aware of laws and regulations governing the ambit of permitted duties and delegation of such duties.

Readers are invited to submit ethical queries or dilemmas to

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