## Lack of treatment planning process and record-keeping (02HDC12290, 24 March 2004)

Dentist ~ Inmate ~ Standard of care ~ Record-keeping ~ Communication ~ Rights 4(1), 4(2), 4(4)

A prison inmate complained about the treatment he received from a dentist. The 47-year-old man required replacement work on a bridge he had had inserted many years earlier because of a missing front tooth. The complaint alleged that the dentist took a total of seven impressions of the patient's teeth, all of which were unusable; he inserted two temporary teeth to "push up the gums" and, when removing them, "snapped" the stumps; he did not remedy the situation for several weeks; he did not keep several appointments; and he caused undue stress during the treatment.

The patient saw the dentist many times over a period of months, during which much work was carried out. However, the patient became unhappy with his treatment, claiming it to be painful and incorrectly performed. He changed to another dentist for completion of the work.

During investigation of the complaint, the patient and dentist gave conflicting accounts, and there was a significant lack of documentation in the patient's notes to help clarify the issues.

It was held that the dentist's diagnosis and treatment planning were not of an acceptable standard, in breach of Right 4(1). He failed to take adequate X-rays or make any study models and occlusal records, and did not follow the standards set by the New Zealand Dental Association and the Dental Council of New Zealand.

There were several serious deficiencies in his record-keeping. His notes were not signed, and many were illegible. His last note was written eight months before the treatment ceased, and his records did not contain important information, such as details of consent gained, techniques and materials used, advice given, presenting complaints and relevant history, and dates and times of appointments. This seriously compromised his ability to complete a complex procedure, and fell well below an acceptable minimum standard of care, in breach of Right 4(2).

Regarding the missed appointments, although it was noted that the delays in treatment may not have been solely the fault of the dentist, there was no evidence to suggest that he made any real attempt to remedy the situation. In addition, he did not take adequate steps to ensure that the patient's treatment was conducted in a manner that minimised the stress and pain he was experiencing. This amounted to a breach of Right 4(4).

The matter was referred to the Director of Proceedings, who decided not to issue proceedings but to refer the matter to the Dental Council of New Zealand for a competence review.