

Documenting Informed Consent in Dental Practice

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The issue of informed consent arises repeatedly in dental cases. More often, the key factor is not the consent process and what was or was not communicated, but rather what was documented in the contemporaneous clinical notes.

It is not unreasonable to indicate that the recording of the consent details is just as important as the process itself...If it isn't written, perhaps it didn't happen.

Informed consent implies that treatment options, along with the advantages and limitations of such are presented, understood and recorded. Certain treatment options have risks that can be recognised and categorised as short and long term. For example, endodontic treatment may have short term risks including the inability to locate and instrument a canal, the risk of instrument separation or the risk that pain may not resolve. But even with successful treatment, the longer term risks of coronal fracture or root fracture also require consideration.

In the case of implant dentistry, the short term risks, such as failure to integrate are commonly mentioned. However, the longer term risk factors do not always receive the same attention.

Peri-implantitis, along with restorative complications, is an accepted long term implant complication. The precise prevalence is difficult to define, as is the relative importance of several potential risk factors. The key element, particularly if risk factors (eg smoking, past history or periodontitis) are present is to discuss the issue with the patient and document this discussion. The importance of this last element may only be significant some years down the track, but if problems arise the records will be critical.

As with longer term endodontic failure, peri-implantitis can often result in the need for further costly and protracted management. This could be remedial treatment (eg endodontic re-treatment) or a different treatment modality (eg implant removal and an alternative prosthesis). In either event, the patient is now faced with further costs and often does not recall any discussion - sometimes years earlier - about risks or complications. If such risks were either not mentioned or not recorded a claim for remedial treatment costs can be difficult to defend, despite all due care and clinical competence on the part of the treating practitioner.

MIPS urges all members to take a moment and reflect on their consent process. Should the need arise, the fact that full and proper consent was obtained and documented in the patient records will be a pivotal issue in the successful defence of any claim.
