Short-Term Orthodontic Treatment

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Louise has previous experience of working as a General Dental Practitioner and also as a Senior Dental Officer within an NHS Foundation Trust. Within this role, Louise provided education and supervision for dental students as an Honorary Clinical Lecturer for Sheffield University within the student outreach programme.

With an increasing number of cases arising from short-term orthodontic treatment, Dental Protection’s Dr Louise Eggleton describes a case study from which learning points can be derived to help reduce our risk of professional challenge.

A Short-Term Orthodontics Case Study

A patient attended an examination appointment with a new dentist, unhappy with the appearance of her upper teeth. She informed the dentist she had an assessment with an orthodontist a few years ago and was told fixed braces were necessary. The patient wanted a quick result as she was getting married in 6 months and was aware the dentist provided a clear brace treatment system. The dentist carried out some checks using the clear brace treatment system programme and told the patient the costs of the treatment, indicating a good result was possible within 6 months. The patient was happy and was keen to begin treatment.

Treatment continued for 4 months but the patient became increasingly frustrated in each review by the lack of progression. The dentist queried whether she was wearing the aligners for the prescribed periods of time. The patient reassured the dentist she was indeed wearing the aligners for the correct periods of time and was anxious to have the treatment finished due to her wedding drawing near. The dentist continued to reassure the patient and consulted with the clear aligner programme mentor who advised an increasing number of aligners were then necessary.

The dentist relayed this to the patient in the following review who was extremely disappointed. However, she still wanted to continue treatment although accepting this would not be finished by the time of her wedding.

A further 5 months passed and it became clear the case was not proceeding how the patient wished. She also began to experience occlusal problems and then had an anterior open bite. The dentist accepted there had been poor progress and offered to refer her to an orthodontist.

The orthodontist advised due to the patient’s crowding and skeletal profile, tooth extraction and fixed
appliances were necessary in order to correct the treatment. The patient was extremely upset and made a complaint to the dentist for misleading her at the initial examination appointment as to the length of time the treatment would take and type of braces which were necessary in order to achieve the result she desired. She requested the dentist refund the treatment fees and cover further costs to continue her care provided by the specialist orthodontist. The patient was prepared to escalate her complaint to the Dental Council or indeed pursue a claim in clinical negligence should she not receive a fair and satisfactory outcome.

The dentist contacted Dental Protection via the HKDA to seek advice. It was identified by Dental Protection that the dentist’s treatment records neither demonstrated they had undertaken an appropriate examination, nor provided a diagnosis and structured treatment plan. Therefore, the dentist would be vulnerable should the patient choose to escalate her concerns to the Dental Council. The records were also not supportive of the dentist providing any treatment options such as fixed appliances or specialist referral prior to embarking on orthodontic treatment, which amounted to a failure to achieve a valid consent. A specialist orthodontic report concluded due to the patient’s severe crowding, she would always have needed fixed orthodontics to achieve a desirable outcome.

Dental Protection discussed with the member whether they would be prepared to refund the treatment costs in view of the patient’s dissatisfaction which they agreed. It was considered that whilst the treatment was initially an elective procedure, the patient’s occlusion was then unstable and further treatment was necessary.

Having considered the advice offered by Dental Protection, the dentist agreed with the recommended way forward. Dental Protection assisted the dentist in sending a letter of explanation to the patient which offered an apology, recognizing the result both parties had wished for had not been achieved. The case was resolved by a refund of treatment fees and a contribution towards the cost of further treatment provided by the specialist orthodontic consultant.

**Top Tips To Consider**

- Always ensure the patient’s expectations are entirely clear prior to beginning treatment. Are you sure you understand their main concerns/malocclusion?
- Are you realistically able to meet the patient’s demands?
- Is the patient aware the treatment plan/type of appliance may be required to change if the compliance or case progression is not met?
- Will the patient’s lifestyle or occupation fit in with the proposed treatment?
- Do you have access to a mentor or specialist clinician if required?
- Ensure all treatment options and appropriate referral are offered to the patient. Have each advantage and disadvantage been discussed and noted within the records in order to demonstrate a valid consent has been achieved?
- Always work within your professional limitations by assessing each case carefully.
- Do not agree to unrealistic or impracticable treatment time.
- Do not attempt treatment beyond your clinical capabilities, even if the patient demands it.