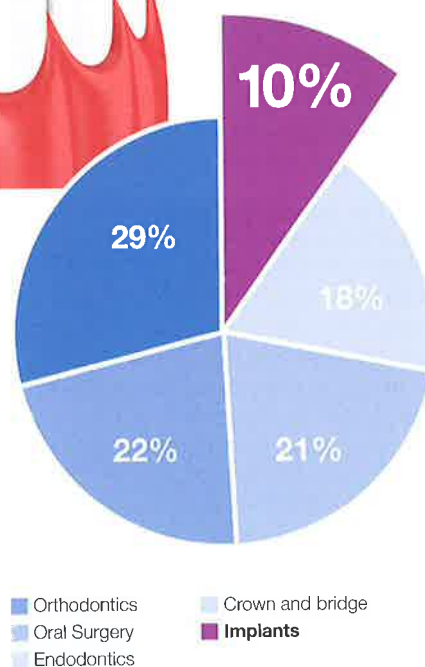




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This is the final in a series of five articles which have appeared monthly in the NSW Dentist this year. As with the previous four, this article identifies a single area of clinical practice based on data analysis of patient complaints/legal claims received during the preceding year. To recap, the five most represented areas of practice in patient complaints/legal claims during 2018 were...



## THE TOP FIVE complaints AGAINST DENTISTS

# No 5

**T**he aim of presenting the current data set is to get you thinking about those areas of practice where you might be at risk. By understanding issues common to the profession in general, you might consider how best to strategically mitigate problems or, better still, become aware enough to be able to avoid the pitfalls altogether.

At the outset, it is important to acknowledge that:

- A.** given the exponential uptake of this treatment modality in recent times, and
- B.** considering the complexity, cost and surgical nature of implant treatment, the volume of complaints related to implant treatment is reassuringly low. Having said this, the dollar value associated with defending implant claims is almost always high and the time taken to resolve the issues which arise can be lengthy. For these reasons, practitioners

responding to implant-related complaints often find the process to be harrowing, stressful and emotionally-charged.

### Common issues:

As with any clinical modality, adverse outcomes can arise as a result of incorrect or incomplete diagnoses (poor case selection), poor treatment planning, poor treatment execution, procedural complications and/or a lack of post-treatment maintenance. Specifically, when examining restoration of edentulous spaces with implant-supported

protheses, the professional regulatory body in NSW (the Dental Council), has regularly and repeatedly raised the following concerns in relation to implant cases:

- The use of mini-implants in situations where they are not clinically indicated. This includes inappropriate design of the prosthesis, inappropriate loading of the implant/s and also gives rise to consideration of scope of practice issues - whether the clinician is sufficiently trained for the procedures being undertaken
- Failing to consider relevant medical and/or social factors. As with any surgical procedure, it is necessary to take into account the patient's habits and their past and present **medical and medication histories** when evaluating whether treatment is likely to

