THEORETICAL AND PRACTICAL ASPECTS OF THE CONDUCT OF MEDICAL TEAMS WHEN FACED WITH IATROGENIC DISORDERS IN DENTAL MEDICINE

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Abstract: *Iatrogenesis in dentistry has been and is still a very controversial issue, and at the same time a highly discussed issue. With the appearance of more and more materials in dentistry, as well as the development of revolutionary techniques in this field of medicine, the risk of iatrogenic disorders has also increased. Therefore, in this paper, we propose to address some theoretical and practical aspects of the conduct of medical teams when faced with iatrogenic disorders in dental medicine.*

Cuvinte cheie: *iatrogenie, echipă medicală, medicina dentară*

Rezumat: *Iatrogenia în medicina dentară a fost şi constituie o problemă extrem de controversată, dar în acelaşi timp şi extrem de discutată. Odată cu apariţia tot mai multor materiale în medicina dentară, precum şi a unor tehnici revoluţionare în acest domeniu a crescut riscul de iatrogenii. De aceea, în acest referat ne-am propus să abordăm câteva aspecte teoretice şi practice ale conduitei echipei medicale în iatrogeniile din medicina dentară.*

The advancements made in the field of dental medicine, as well as the large number of emerging materials has diversified and at the same time they have also complicated the activity dental offices. Normally, an increase in the therapeutic requirements of doctors as well as patients also followed.

Under these conditions, the problem of iatrogenesis can be put forward for discussion, and should be even more so, as the conditions, under which dental care has been practiced, have changed significantly, as well as the doctor-patient relationship no longer being overshadowed by the aspect of hidden payments, which is mainly due to the full privatization of dentistry in Romania.

Thus, Iatrogenesis gains more connotations in dental medicine, which in the past were willing to belittle and the patient, who is now more informed, will not only notice these, but will also rise material claims.(1)

General facts

From the outset however, several aspects must be specified, namely: accidents during the course of their activity can happen to any dental practitioner. Such accidents can be: a broken needle in the canal during an endodontic treatment, the appearance of a hematoma after an anesthesia, the appearance of a suppurative process after a root canal, where the allowed distance has been exceeded, or a maxillary sinus opening after an extraction of the upper molar or premolar.

What is important, is that this is noticed by the practitioner, who will then proceed to take the necessary therapeutic measures and simultaneously inform the patient.(1) More specifically, any patient who will be informed of the occurrence and cause of an accident or of complications that appeared during or following a dental treatment will become a contributor in solving these problems and will much more rarely become a claimant.

The mentality of "how things can resolve themselves" is extremely damaging and may lead to clinical law suits, which are much more difficult to solve and can be rightly blamed on the dentist.(2) Often, our esteemed teachers said to a number of graduates that, professionally speaking, they are only initiated in dentistry.

Generally, these statements have bothered, have created feelings of discontent and dissatisfaction, but were ultimately proven right. Leaving collage and going directly to isolated units, where the dental practitioner had no one to talk to about difficult cases, has laid the groundwork for the emergence of serious iatrogenic problems in this field of medicine. At the same time, the need for field-specific information, gained by re-reading courses or lithographed and printed books, as well as course notes, became at one time an almost daily habit, if not a reflex.(3)

Because of this, it became necessary to organize training courses in addition to basic subjects. This however interfered with student activities. Later, these courses became disciplines of their own. With some exceptions, these training courses, which were carried out over quite long periods of time, only repeated notions that had already been learned in collage.

However, after 1990, triggered by the social and economic conditions in which they carried out their work, the mentality of dental practitioners undoubtedly changed. At the same time, basic education has diversified and has greatly evolved due to the natural desire to align with the international standards of this field of medicine. But all these changes do not offer complete, not only theoretical but also practical information to future dentists, nurses or dental technicians. This, however, is not valid for dental practitioners who have spent a respectable number of years in the dental office, not because their education had the necessary quality, but because the progress they made in their field was very rapid.

But what was missing and still is missing in the dental education in Romania is a very firm schooling of the students in regard to the behaviour towards the patient , even though the curricula contains a course on psychology and one with behavioural studies of patients. This is necessary so that they are

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informed about the possible complaints and requests regarding the desired treatment, as well as to inform the patient about the discovered lesions and the possible complications that may arise in case of failing to apply the necessary treatment. At the same time, the dentist should also discuss the treatment plan, treatment progression as well as its cost, in the idea that the patient either agrees or refuses. Informing the patient on possible accidents or complications that may occur during treatment, should also not be overlooked.(4,5)

We all know that a careful clinical examination is necessary to establish a correct treatment plan. The diversity of clinical situations implies a careful individualization of proposed therapeutic solutions. Often, because of the desire to achieve an as favorable as possible level of earnings, clinical elements, which can compromise the established therapy, are neglected.

We can speak about a dental specialist skilled in many different areas of practice. However, even if he is a specialist or a general physician by contest , considering the diversification of the therapeutic methods, the emergence of new materials and the introduction of modern means of investigation, it is impossible for the same specialist, in addition to current dental , prosthetic or dento-alveolar surgical therapies, to also solve periodontal treatments, orthodontic treatments effective on adults as well as the more demanding surgical treatments in oral implantology or prosthetic implant restoration etc.(6)

However, to avoid iatrogenesis, it is required to have a certain amount of skill, which means having more then a certificate of participation for a symposium on these issues. It is an unanimously accepted idea , that a comprehensive , and at the same time effective training requires , in addition to theoretical aspects, very concise , practical demonstrations .

During the presentation of theoretical issues as well as during practical demonstrations it is also necessary to present the possible accidents and complications that may occur. In particular, special attention must be granted to the accidents and complications which can be solved in the dental office as well as to those situations , which the dental practitioners are required to refer to a more informed specialist in that field .

There were not and are not few cases, where the clinical diagnosis and the therapeutic solutions are difficult to decide upon. There was a time when interdisciplinary consultations were practiced, but lately, these are practiced less often , mainly because the practitioner either believes that such a consultation would be a prejudice to his authority and professional competence , or he believes that he could lose the patient.

If during the first consultation or during treatment meetings signs of local-regional, infectious, tumorous or systemic afflictions are observed, consulting a specialist in that field is a requirement. Professional conduct requires referring the patient to a specialist for consult, without this being labelled by anyone as incompetence. A lack of dialogue with the patient before he is examined, can lead to extremely severe accidents. A complete examination of the oral cavity of patients is necessary, regardless of their therapeutic requests.

Another issue that has to be addressed in this paper is iatrogenesis in relation to the practitioners' competence. Thus, trade and industry organizations in this field, both in our country and in other countries, with the purpose of avoiding iatrogenesis, hold periodically, usually every weekend, courses which provide information over some issues, which they consider important. There is no withholding on the part of the participants to ask questions, express their opinions, even if these do not match those of the lecturer. These contradictory discussions often reflect not only the differences of opinion, but are also an incentive for participants to continue to look for information regarding this particular field. The difference of opinion should no longer be regarded as an unfriendly or noncollegial behaviour towards the lecturer, but as a natural reflection of their own experience, which can be a different.

In the same context we should also consider the question: "to what extent participation in a course can offer expertise in that particular area". Though, even until today we could not figure out, whether residency training, with different stages in various specialized fundamental disciplines, provides sufficient education, to offer enough proficiency so that no iatrogenesis can occur. We believe that this is in relation to the interest that the doctor has expressed towards his training, towards self-appreciation as well as towards a comparison with other colleagues.

Addressing poorly known areas should be preceded by a thorough theoretical and practical information and if unforeseen clinical elements appear, which he can not solve, it is necessary that he is able to stop and send or even accompany the patient to a specialist. The reserve some practitioners show towards sending a patient, who had an accident or complication, to a specialist, is unjustified. For example, a higher molar root rest, pushed into the maxillary sinus, must be removed within 24 hours of the patients' appearance, especially if the patient is accompanied by the dentist or dental-alveolar surgeon to whom the accident occurred.

Unfortunately, quite often, some colleagues can not help it and make comments, which are downright offensive when faced with a situation of assessing an arguable therapeutic act made by others. Sometimes, these comments are even made in the presence of the patient.

In these cases, matters become more complicated. The possibility exists, that it may indeed be true, that the therapy used by the criticized colleague is wrongly designed, incorrect and could cause serious side effects, which may fall in the category of iatrogenic disorders.

We believe that in these cases, a high degree of caution is required. We do not argue for covering committed errors, especially in cases where we realize that these mistakes were made in ignorance, shallowness or the desire to gain money at any cost. We believe though, that informing the colleague of the committed error should be done calmly, after the emergency has been resolved, either directly or even by the patient, which is going to continue the treatment, while also advising the patient not to become a claimant.

We must acknowledge, that over the years there have been few cases, where this medical and material responsibility in relation to therapeutic wrongdoings, was resolved against the doctors, as it happens in other countries. Those who were called to judge such cases, preferred settling the conflict, rather than applying sanctions. Also, we have never heard in dentistry, at least not until today, that an insurance society would honor its obligations, stemming from a malpractice insurance policy, towards a doctor who was wrong. These policies can be considered quite high for dentistry and dento-alveolar surgery and they are mandatory for medical personal, but there no longer is any obligation on the part of insurance companies, when claims must be paid to doctors who have wronged.

However, we must not forget that, through the introduction of the "Health Insurance System", dental care is no longer free, with patients being forced to bear most of the cost of this service.

Patients with multiple rows of prosthesis have almost completely disappeared and in their place, patients have appeared who have increased requirements, who analyze every detail of the manner in which the dental treatment is carried out and is finalized.

Conclusions:

Finally, we must mention that it is the dentist who collects the charge for the service and as such, incriminating the dental laboratory, the material used or how some material was prepared, can no longer be used as an excuse for the poor quality of the final workmanship. As a consequence, during the recent years, lawyers have also emerged in Romania, who specialize in the recovery and compensation requested from dental practitioners, in relation to incorrect treatment.

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