

Case 200500814: General Dental Practitioner in Glasgow

Introduction

1. On 20 June 2005 the Ombudsman received a complaint from Ms A on behalf of a woman referred to in this report as Mrs C. Mrs C complained about the treatment she received from her general dental practitioner.

2. The complaint from Mrs C which I have investigated concerned the dentist's failure to treat properly Mrs C's gum infection and the pain in her five remaining teeth.

3. Following the investigation of all aspects of this complaint, I have come to the conclusion that the complaint is not upheld (see paragraph 8).

Investigation and findings of fact

4. The investigation of this complaint involved obtaining and reading all the relevant documentation, medical records and complaint files. I have obtained advice from a dental adviser to the Ombudsman. I have set out my findings of fact and conclusion. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the dentist have been given an opportunity to comment on a draft of this report.

5. Ms A first brought Mrs C's complaint to the attention of the dentist in a letter dated 19 April 2005, in which she said that Mrs C complained of a gum infection which had caused discharge and facial swelling. Her five remaining teeth had also caused her a lot of pain but the dentist had refused to remove them. Alternative treatment had not been discussed with Mrs C despite her expressing an interest in having dentures fitted.

6. In response to Ms A's letter, the dentist said that she had referred Mrs C to a consultant periodontologist (the consultant) about her dental pain several years ago. The consultant had diagnosed atypical facial pain. The dentist believed Mrs C had been reluctant to take the medication prescribed. Since then, Mrs C had complained of pain in a number of different areas of her mouth. The dentist removed some of her teeth that had become infected and constructed partial dentures which Mrs C did not wear. The dentist advised that Mrs C's gums had completely healed and her remaining teeth were free from decay and infection.

The dentist and the consultant had found no evidence of discharge complained of by Mrs C and the dentist further advised that the substance shown to her on a tissue by Mrs C looked like mucus from the back of her throat. The dentist had made a number of appointments to construct new dentures to aid Mrs C's eating but on each occasion Mrs C had declined to have the necessary impressions taken. The dentist was reluctant to remove her remaining teeth because they appeared healthy and she would have no teeth for eating, given Mrs C's problems with dentures. She believed Mrs C's history of atypical facial pain meant that she would continue to complain of pain after all her teeth had been extracted. The dentist had discussed this with Mrs C and had offered again to refer her to a consultant. Mrs C had declined the offer.

7. On examination of the written clinical records, dating from October 2002 to July 2005, the Ombudsman's adviser found the dentist's written notes to be of a high quality. They contained a full and contemporaneous account of Mrs C's visits, which fully documented the clinical advice and treatment given to Mrs C. Mrs C had been seen by the consultant on 17 January 2002 at Glasgow Dental Hospital, who had diagnosed Mrs C with atypical facial pain and indicated that she did not believe the main reason for the pain was periodontal. The adviser could not find any evidence to suggest that the consultant's diagnosis was wrong. Furthermore, four recent radiographs, dated 8 June 2004, 13 July 2004 and two dated 18 November 2004, did not indicate any clinical problems with Mrs C's teeth and the adviser agreed with the dentist's decision not to extract the remaining teeth. In the circumstances, therefore, a further referral to a consultant was appropriate.

The dentist had failed to treat properly Mrs C's gum infection and the pain in her remaining five teeth: conclusion

8. It is the adviser's view that the dentist acted appropriately and applied sound, clinical principles in her treatment of Mrs C. Based on the advice I have received I am, therefore, satisfied that the decision not to extract Mrs C's remaining teeth was clinically appropriate. I am also satisfied that there is no clinical evidence to suggest that Mrs C has a gum infection and that a further referral to Glasgow Dental Hospital for specialised advice is a reasonable and appropriate course of action. Taking all the evidence into account, I do not uphold the complaint. The Ombudsman has no recommendation to make.

28 March 2006

Explanation of abbreviations used

Mrs C	The complainant
Ms A	Officer of the Citizens Advice Bureau acting on behalf of the complainant
The dentist	General dental practitioner responsible for Mrs C's treatment
The consultant	Consultant periodontologist

Glossary of medical terms

Atypical facial pain	Diagnosis which is reached after other conditions have been considered and eliminated. It is characterised by chronic, constant pain in the absence of any apparent cause in the face or brain.
Periodontal	Gum region