

Scottish Parliament Region: Mid Scotland and Fife

Case 200501454: A Dentist, Forth Valley NHS Board

Summary

Category

Health: Dental

Overview

The complainant considered that his dentist's poor care and treatment caused some of his teeth to disintegrate and others to need extraction and that the dentist provided a poorly fitting denture.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) the complainant's poor dental state had been caused by the dentist's actions (*not upheld*); and
- (b) the dentist provided a denture that fitted poorly (*not upheld*).

Redress and Recommendation

The Ombudsman has no recommendation to make.

Main Investigation Report

Introduction

1. I shall refer to the complainant as Mr C. On 31 August 2005 the Ombudsman received Mr C's complaint about the dentist.
2. The complaints from Mr C which I have investigated are:
 - (a) the complainant's poor dental state had been caused by the dentist's actions; and
 - (b) the dentist provided a denture that fitted poorly.

Investigation

3. I was assisted in the investigation by one of the Ombudsman's clinical advisers, a senior dentist. His role was to explain, and comment on, the clinical aspects of the complaint. We examined the dentist's complaint file and dental records in relation to Mr C. Where x-rays had been taken, the adviser checked the dentist's comments in the dental notes by comparing them with the x-rays. I am, therefore, satisfied that the evidence has been carefully examined and tested as robustly as possible. I have not included in this report every detail investigated, but I am satisfied that no matter of significance has been overlooked. Mr C and the dentist were given an opportunity to comment on a draft of this report.

(a) The complainant's poor dental state had been caused by the dentist's actions; and

(b) The dentist provided a denture that fitted poorly

4. I shall cover the complaints together as they are linked. Mr C's account is that the dentist's actions caused some of his teeth to disintegrate. Mr C said that a fragment from one of these became mixed with his food and caused the fracturing of a central incisor tooth, which, therefore, needed extraction and that other teeth also needed extraction because of the dentist's actions. Mr C said that eventually, after extracting two teeth, the dentist supplied a poorly-fitting denture but told Mr C that the fit was acceptable. At that point, Mr C refused to make any more payments. He told this office that he wanted a refund of the payments he had already made.

5. The dentist's account is given in his reply of August 2005 to Mr C's complaint. The dentist told him that he saw him in December 2004 because his upper left third molar tooth had broken down and he had fractured his upper left second premolar and upper left central incisor. The dentist reminded Mr C that the only way he could satisfactorily restore the upper left third molar was to fit a crown and that Mr C had refused. He explained to Mr C that, at the December 2004 appointment, he took impressions of Mr C's teeth, explaining to Mr C at that time that he would take out the upper left central incisor and second premolar and put an immediate denture in the gap that would be left by those extractions. (An immediate denture is a temporary one, fitted immediately after tooth extraction.) The dentist said that, at the time, he explained fully to Mr C that, because this was an immediate denture, it would need further work or replacement within six months because two extractions would cause the bone and gum to shrink.

6. In his complaint reply the dentist also reminded Mr C that he had not paid for the denture. The dentist reminded Mr C of his visit to the dental practice in February 2005, complaining that the upper right first premolar and lower right second premolar had fractured and required treatment. The dentist said he had told Mr C that the only appropriate treatment, in accordance with dental regulations, was crowns. Mr C had refused to have crowns fitted and, when asked to pay his outstanding bill, had refused to do so. Mr C was told that he could not have any further treatment until he had paid his bill. Despite not paying on receipt of a further written reminder, Mr C contacted the practice in June 2005, asking again for treatment on the two teeth which had fractured in February. The dentist reminded Mr C that he had told him that he would not see him unless he paid his bill. As Mr C continued to refuse to pay, the dentist removed Mr C from his register of patients in June 2005. Mr C made his complaint to the dentist later that month.

7. Paragraphs 7 to 9 summarise the adviser's comments. The dentist was correct in telling Mr C that he would need further work because gums tend to shrink after teeth have been removed. Therefore, a denture which fitted immediately would be unlikely to fit later. It is noted that Mr C would not accept the dentist's clinical advice about the need for crowns.

8. The dental records for Mr C at this particular practice date from 1982 and clearly show Mr C as a patient with high needs for dental treatment. When teeth

decay, are filled, decay again and are filled again, such continual restoration weakens them. So disintegrating teeth are common in patients like Mr C, who have needed much restoration work over a period of years. The dental records for April 1997 clearly show that at that time two upper central incisors were already in a weakened state, so the likelihood of keeping those teeth was already poor. In 1997 the dentist referred Mr C to a consultant oral and maxillofacial surgeon for more specialist dental treatment, which was an example of good clinical care by the dentist. In early December 2004, the dentist took a first set of impressions to make the immediate denture. The dental records show that the dentist had a custom-made impression tray made from this first set and, later that month, took a second impression. The use of such a tray allows a dentist to take a highly accurate impression of a patient's mouth, so the adviser is satisfied that the dentist took good clinical care in making the immediate denture. When Mr C was examined in February 2005, the records indicate that the lower right second premolar needed a crown and (as far as the adviser can tell from the records) that the upper right first premolar probably needed a crown.

9. In summary, the adviser has said that in cases of high treatment need over many years, it is entirely possible for teeth to disintegrate. There is no evidence that a fragment from one of Mr C's teeth would have caused the central incisor to fracture, and the upper central incisors had been in a weakened state since at least 1997. If crowns are not placed on teeth which have been weakened as Mr C's have been, they will generally need to be extracted. The dentist clearly took appropriate care in constructing the immediate denture. In all, the dentist's care and treatment have been good and there is certainly no justifiable reason for Mr C to continue to refuse payment.

(a) and (b) Conclusions

10. As explained at paragraph 3, I am satisfied that the evidence in this case has been tested as robustly as possible. That includes the adviser's advice, which was unambiguous and was clearly and logically based on the paper evidence (the dental records). Therefore, I accept that advice. The adviser is very clear that the dentist has provided good clinical care and treatment. Therefore, I do not uphold the complaint.

(a) and (b) Recommendations

11. The Ombudsman makes no recommendation.

31 October 2006

Explanation of terms used

Mr C

The complainant