

Case 200903339: A Dentist, Lothian NHS Board

Summary of Investigation

Category

Health: Dental

Overview

The complainant (Ms C) attended her dentist (the Dentist) with toothache. She believed the pain was coming from a particular tooth, but the Dentist removed the neighbouring tooth. She said the pain continued until a dentist at another dental practice removed the one which she considered should have been removed. She felt this was proof that the Dentist had taken out the wrong tooth.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) the examination of Ms C's mouth was inadequate (*upheld*); and
- (b) the record-keeping was inadequate (*upheld*).

Redress and recommendations

	<i>Completion date</i>
The Ombudsman recommends that the Dentist:	
(i) apologises to Ms C for the shortcomings identified;	16 July 2010
(ii) ensures adequate investigation of patients with toothache; and	completed ¹
(iii) improves his record-keeping to the standard described in this report.	completed

The Dentist has accepted the recommendations and will act on them accordingly.

¹ The Dentist has provided satisfactory assurances about how he will carry out recommendations (ii) and (iii).

Main Investigation Report

Introduction

1. The complainant (Ms C) attended her dentist (the Dentist) with toothache. She believed the pain was coming from a particular tooth, but the Dentist removed the neighbouring tooth. She said the pain continued until a dentist at another dental practice removed the one which she considered should have been removed. She felt this was proof that the Dentist had taken out the wrong tooth.

2. The complaint from Ms C which I have investigated is that the examination of Ms C's mouth was inadequate.

3. As the investigation progressed, issues were identified concerning the Dentist's record-keeping. The Dentist and Ms C were, therefore, informed that the investigation would additionally consider whether the record-keeping was inadequate.

Investigation

4. My Complaints Reviewer was assisted in the investigation by a dental adviser (the Adviser), a senior dentist. They examined the complaint correspondence between Ms C and the Dentist, Ms C's comments, and the dental records. In line with the practice of my office, the standard by which the events were judged was whether they were within a range of what would have been considered to be reasonable, acceptable, dental practice in the circumstances. The purpose of the investigation was to use the information from Ms C and the Dentist to try to establish what happened and then to consider whether what happened fell within this range of reasonable practice.

5. I have not included in this report details of letters which are known to Ms C and the Dentist, details which are not in dispute or details which do not have any particular relevance to my conclusions. However, I am satisfied that no matter of significance has been overlooked in the investigation. Ms C and the Dentist were given an opportunity to comment on a draft of this report.

(a) The examination of Ms C's mouth was inadequate

6. I turn now to complaint (a). Ms C considered that the toothache was coming from a particular tooth (tooth A), especially as she said she could see a hole in tooth A. She said the Dentist looked at her teeth and, when he told her

a tooth needed extracting, she assumed he meant tooth A. When she came back on a later date for the extraction, she said the Dentist looked again at the area of the pain. She added that the anaesthetic meant her mouth was too numb to know which tooth he was removing but that she assumed it to be tooth A as it was obvious the Dentist was working in that part of her mouth. On arrival home, Ms C saw that tooth A's neighbour (tooth B) had been removed instead. Six days later, she returned to the Dentist because the original toothache was still present. She said that he explained that tooth B had had to come out as it was decayed, that he looked again at her mouth and that he confirmed that tooth A did need extraction. Because she had lost confidence in the Dentist, Ms C went to another dental practice, where tooth A was removed, following which Ms C said the pain stopped. She considered that, having looked at the area of pain twice, the Dentist should have noticed that tooth A needed extraction.

7. Ms C felt that tooth A had been proved to be the source of the toothache because the pain stopped when the other dentist removed it. In her complaint letter to the Dentist, she also said that, if both teeth had had to be removed, he should have removed them at the same time. This was particularly important to her because of her nervous state when getting teeth extracted. She reminded the Dentist in that letter that, when he had told her she needed a tooth taken out, she had asked if she could have a general anaesthetic because of her nerves. (She then felt she had to agree to a local anaesthetic as the pain was too great for her to wait the possible six months that the Dentist said could be needed for treatment under general anaesthetic.)

8. In his complaint reply to Ms C, the Dentist said that his examination showed tooth B to be so badly decayed that it could not be saved and that it was his opinion that 'it was causing, or at the very least contributing to' the pain. He said that, with hindsight, removal of both teeth together would have been better but that, at the time, his plan was to remove tooth B, as the main suspect, and to examine Ms C's teeth again at a later time. He explained that it could be difficult to identify the source of a toothache. In other words, pain may be coming from one tooth but may feel as though it is coming from a different tooth. He added that removing every tooth in an area of pain could lead to unnecessary tooth loss.

9. I summarise here the Adviser's advice:

'I do not consider that the Dentist adequately examined Ms C. Patients in pain need to have the cause diagnosed and treated. The dental records are very sparse. For example, the records for the first visit do not record the type of pain Ms C was experiencing, and there is nothing about tooth A, such as its decayed state. Indeed, there is no indication that the Dentist looked at tooth A or wondered if it might be causing the toothache. This is important because, as the Dentist said [see paragraph 8], it can be difficult to identify which tooth is the cause of pain. In other words, that difficulty makes it particularly important for a dentist to take care in reaching a diagnosis and to be sure before taking action such as removing a tooth. It is also surprising that the Dentist did not take an x-ray to help him consider an appropriate course of action. The Dentist should have identified other possible causes, instead of assuming that tooth B must be the culprit simply because tooth B was decayed. He should then have advised Ms C – before taking out tooth B - that tooth A might also require removal. She could then have made an informed decision about what to do. For example, her nerves (see paragraph 7) might have made her decide to have both teeth removed at the same time.

A proper investigation at the first consultation would have included:

- taking a detailed history from Ms C about the pain;
- doing a 'vitality' test. This could have helped to establish whether various teeth were alive or not, because loss of vitality can suggest infection;
- doing a thorough examination of all teeth in the area of the pain, including tooth A; and
- taking x-rays.

I note the Dentist's explanation that simply removing teeth that may possibly be the cause of pain can lead to unnecessary tooth extraction. I consider that to be irrelevant in this case. That is because, when Ms C reappeared, still in pain, six days after tooth B's extraction, the Dentist recorded that examination on that later date showed tooth A to be decayed. In other words, tooth A must have been decayed at the consultation six days earlier, yet the Dentist had only noticed the decayed tooth B. We are, therefore, talking about two teeth that needed extraction, not one that needed extraction and one that might have turned out to be an unnecessary extraction.

I also note the Dentist's letter to Ms C [see paragraph 8]: he acknowledged that tooth B might only be contributing to the pain, rather than be the sole cause. In other words, he did not have a clear diagnosis.

I accept the entries in the dental records that tooth A and tooth B were decayed and needed extraction. I consider it likely that tooth A was the cause of the pain: this is because, according to Ms C, the pain disappeared after another dentist removed tooth A. It is not possible to be sure about this. However, the point is that the need for extracting tooth A, because of its decay, should have been identified at the first consultation. Ms C should then have been given the chance to decide whether she wanted them both removed together.

To summarise, it is clear to me that, at the first consultation, the examination of Ms C's mouth was inadequate. The Dentist extracted a tooth without proper investigation of the reason for the toothache, and it is unacceptable for a dentist to notice one decayed tooth but not its decayed next-door neighbour'.

10. In letters to my office, the Dentist said he had not examined Ms C's mouth more closely because there was such a strong likelihood that tooth B was the culprit. And if a patient continued to have pain, he would do a further examination, which is what happened in this case, when Ms C reappeared after six days with continuing pain. In response to the Adviser's criticisms, he said that vitality testing was not necessarily accurate and that, as he had considered that tooth B was the cause of the pain, an x-ray would not have been necessary and that he would not have exposed a patient unnecessarily to x-rays. He accepted that his record-keeping required improvement. In considering these points, the Adviser agreed that vitality testing was not always accurate but that it should be done, as one element amongst other elements (as set out at paragraph 9), all designed to reach a diagnosis. Likewise, one would not do x-rays unnecessarily - but, in this case, it would have been clinically appropriate as one of the elements to help establish a diagnosis and confirm the source of pain. The point is that the elements at paragraph 9 would have enabled the Dentist to do that, whereas the Dentist's own approach meant that he was unable to do so and that Ms C, a nervous patient, had, therefore, to have a second dental extraction on a later date.

(a) Conclusion

11. I accept the Adviser's advice. That means I accept that the Dentist did not adequately investigate the cause of the toothache and, because of this, did not notice, at the first consultation, that there was not one, but two, decayed teeth, which could have been extracted at the same time – especially given Ms C's nerves. I uphold complaint (a).

(a) Recommendations

12. I recommend that the Dentist:	<i>Completion date</i>
(i) apologises to Ms C for the shortcomings identified; and	16 July 2010
(ii) ensures adequate investigation of patients with toothache.	completed

(b) The record-keeping was inadequate

13. I have mentioned the record-keeping at paragraph 9. Dental records are fundamental to the delivery of dental care, contributing to the diagnosis, planning and correct carrying-out of treatment. Their main purpose is to form an information base, and they are an essential part of good dental practice. Records should be legible, accurate, reasonably detailed and written at the time (ie rather than later). They should include a note of diagnostic tests done (including x-rays), a treatment plan, and notes about the diagnosis, the options for treatment and discussions with the patient. The Adviser considers that the Dentist's records are below an acceptable standard.

(b) Conclusion

14. I consider good record-keeping to be important. I accept the Adviser's advice about the record-keeping and uphold complaint (b).

(b) Recommendation

15. I recommend that the Dentist:	<i>Completion date</i>
(i) improves his record-keeping to the standard described in this report.	completed

16. The Dentist has accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Dentist notify him when the recommendations have been implemented.

Explanation of abbreviations used

Ms C	The complainant
The Dentist	Ms C's dentist
The Adviser	My office's dental adviser
Tooth A	The tooth which Ms C thought should have been removed
Tooth B	The tooth which the Dentist removed