



Just Say No: How to Handle Demanding Patients

By TDIC Risk Management Staff

Patient satisfaction is the ultimate goal of any dentist and most will do whatever it takes to keep their patients happy, confident and pain-free. But what happens when a patient's expectations are unrealistic? What if a patient is impossible to please? At what point should you say "enough is enough"?

Patients often walk into a dental office with specific ideas about how their care should be delivered and how the end result should look. When those expectations are not met, dentists can be left with an uncomfortable choice: try again or throw their hands up in defeat.

This is especially common with restorations. All too often, patients have unrealistic expectations regarding the size, shape and color of their teeth. Patients don't always consider the technical and clinical limitations of restorations, yet they expect dentists to deliver nonetheless.

The Dentists Insurance Company reports a case in which a dentist made an anterior bridge for a patient. The patient was extremely particular and was unhappy with the shade, so the dentist remade the bridge at the patient's request. The patient was still not satisfied, so the dentist attempted to remake the bridge for the third time. Although the patient initially approved the esthetics of the bridge, she did so only verbally. There was no written approval.

While the permanent bridge was being fabricated, the patient reported that her provisional bridge was in need of repair. She made an appointment to have it fixed, but was an hour late to her appointment and failed to call the office in advance. The dentist was unable to see her due to other appointments. The patient became angry and left the office without scheduling another appointment. The patient called the next day and demanded a full refund, stating she wasn't coming back. The dentist was willing to provide a full refund in an attempt to resolve the matter and avoid further escalation.

Had the dentist obtained the patient's written approval at the delivery of the bridge, this situation could have been avoided. TDIC recommends dentists get written esthetic approval on all restorations, including bridges, dentures, partials, crowns and veneers. A verbal approval is not enough. In addition, a written form demonstrates that the patient accepted the restoration. Dentists should abide by the assumption that "if it's not documented, it did not occur." TDIC has sample esthetic approval forms available at tdicinsurance.com.

"During the initial appointment, it is important to determine whether the patient is realistic in his or her treatment expectations," said Taiba Solaiman, senior Risk Management analyst with TDIC. "Look for red flags, such as a patient bringing in pictures of celebrities or photos of the patient's high school graduation 20 years earlier."

Another case reported to TDIC illustrates the importance of heeding red flags. In this case, a 40-year-old patient presented to a general dentist for a consultation regarding full mouth reconstruction. The patient had provisionals placed by another dentist but refused to go back to the treating dentist due to the dentist failing to meet his esthetic demands.

The general dentist agreed to treat the patient, dismissing his concerns that the patient already revealed a prior failed doctor-patient relationship. The treatment coordinator went over the treatment plan and financial arrangement with the patient and the patient paid the entire treatment fee up front.

The dentist worked with a reputable lab, but the patient couldn't agree with the wax-up. The patient eventually agreed to the wax-up and the lab fabricated the provisionals. When the lab was unable to meet the patient's esthetic demands, the patient proposed switching labs to the one that his previous dentist worked with. The dentist agreed, despite not having any prior experience of working with this lab.

In the meantime, the patient was becoming impatient with the amount of time involved to fabricate the provisionals and demanded the treatment to be provided at a discount. The dentist tried working with yet a third lab, but that lab was also unable to meet the patient's expectations. At this point, the patient was adamant about receiving all of his money back, as he had lost confidence in the dentist. TDIC reviewed the history of the case with the dentist and agreed that the best approach would be to refund the patient's money. TDIC provided the dentist with a release of liability form confirming the agreement and suggested the patient continue treatment elsewhere.

Turning away overly-demanding patients is the best way to avoid these scenarios in the first place. Don't be influenced by the potential income that could be derived from a case; consider the possibility of losing money in the long run. You are not obligated to accept every patient who walks through the door. Establish boundaries, clearly outline the process, and be upfront with patients about what is and isn't possible.

"At the beginning of the case, ask yourself, 'Is this patient a good candidate for the treatment he or she desires? Can I achieve the results the patient is anticipating? Will the outcome mirror what the patient wants?'" Solaiman advises. "Answers to these questions will help determine the patient's treatment expectations, if treatment is appropriate and if you should accept the case."

Questions? Call TDIC's Risk Management Advice Line at 800.733.0633.

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