



## Intoxicated Patients: To Treat or Not to Treat?

By TDIC Risk Management Staff

Many patients suffer from dental anxiety, and they each have their own way of addressing their unease. Anxiety management techniques run the gamut, from conscious sedation to deep breathing to simply toughing it out. Sometimes, patients use alcohol or drugs to relax. Whether they turn to the bottle to ease anxiety or simply enjoy a three-martini lunch, dentists are left with the uncomfortable dilemma of whether or not to provide treatment.

The Dentist Insurance Company reports numerous calls to its Risk Management Advice Line regarding the treatment of intoxicated patients. In one case, a patient presented to his appointment visibly intoxicated. In fact, he admitted to office staff that he had indeed been drinking. Staff rescheduled him to come in at a time when he was sober, but he arrived to the second appointment intoxicated as well.

The dentist contacted the Advice Line for guidance on how to proceed and whether he could be held liable should the intoxicated patient cause a car accident upon leaving the practice. The analyst advised the dentist that he could in fact be held liable if a personal injury claim was brought against him for failing to take reasonable actions to prevent the patient from driving.

“It is important to take proactive measures in these situations,” said Carla Christensen, senior Risk Management analyst. “You should attempt to prevent the patient from driving and encourage him or her to remain on the premises until alternate transportation can be arranged.”

These measures are often easier said than done. Should a patient refuse to hand over the keys and insist on getting behind the wheel, the police should be notified. As mandated reporters, dentists are obligated to notify the appropriate authorities when they feel a patient may be a danger to themselves or others.

Documentation is key in these cases and can protect a dental practice should a claim be filed. It is important to note every detail, including the patient’s behavior, comments and your actions to prevent the patient from driving.

It’s not just patients driving under the influence that can cause liability concerns for dentists. There are clinical risks as well. Dentists should not treat intoxicated patients for the following reasons:

- They cannot give accurate medical histories.
- They are more likely to forget post-operative care instructions.
- They cannot be given certain medications due to potential interactions.
- They are more likely to become belligerent, abusive and in some cases, violent during treatment.

Patients who exhibit signs of being impaired, such as slurred speech, lack of coordination and unsteady gait, should be asked whether their behavior could be caused by an underlying medical condition. Some conditions, including diabetic ketosis, mimic the signs of intoxication, so it is essential to document only the known facts: observable actions and comments made by the patient. Do not editorialize.

TDIC recommends practice owners develop a policy regarding the treatment of intoxicated patients. The policy should clearly outline that intoxicated patients will not be treated, and any patient who presents while under the influence of alcohol, drugs or other intoxicating substances, including prescription drugs, will be asked to reschedule and return when sober. Staff will encourage the patient to remain onsite and will make alternative transportation arrangements, such as calling a taxi or ride-share service, or will notify the emergency contact listed on the health history form and ask them to pick up the patient. Should the patient become belligerent or abusive, security or law enforcement will be notified.

TDIC also reports calls to the Advice Line in which dentists inquired about the risks associated with providing alcohol to patients in order to help them “take the edge off” and lessen their dental anxiety. Dentists are reminded that serving drinks to patients prior to treatment carries significant risk. Claims could range from slip-and-fall injuries to sexual harassment to questions of informed consent should a patient not understand or recall discussions relating to the risks, benefits and alternatives related to treatment. In addition, dentists could be held liable should an underage child ingest alcohol while their parent is in the operatory, or if staff members indulge in alcohol while the dentist is busy at work.

Alcohol isn't the only intoxicant that has been making an appearance in the dental office. In another case reported to TDIC, a patient was suspected of using recreational drugs prior to arrival. She was being treated for temporomandibular disorder and the dentist had fabricated an appliance for her. The treatment involved a number of visits, but at every visit, the dentist and staff suspected that the patient was under the influence of drugs. She appeared to be disoriented, have impaired coordination and trouble speaking coherently. On a few occasions, there was evidence of powder on her nose.

At each visit, the patient's behavior seemed to worsen. Although she was in need of additional treatment, the dentist wasn't willing to proceed due to his concerns about her abnormal behavior. The doctor contacted the Risk Management Advice Line for guidance.

The Risk Management analyst advised the dentist to reschedule the appointment and to explain to the patient that if there was no improvement in her behavior, he would have no choice but to dismiss her from care following a formal dismissal protocol.

While dental anxiety is a common occurrence, it is no excuse for a patient to present while impaired. As healthcare facilities, dental practices should remain professional at all times and dentists should proceed with caution when patients are suspected of using substances that can impair their judgment. Failing to do so can set the stage for a liability claim.

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

For use by the California Dental Association components, the Arizona, Hawaii, Nevada, New Jersey, North Dakota and Pennsylvania dental associations, the Alaska Dental Society and the Illinois State Dental Society. **If you reprint this article, please identify TDIC as the source.**

TDIC requires this article be used in its entirety. If you need to edit, expand or reduce this article, please call Taiba Solaiman beforehand at 800.733.0633, ext. 5360 or fax your suggested changes or additions to 877.423.7949.