



## Addressing Misinformation in the Dental Office

The wealth of health information available online can be beneficial for patients, but only if that information is accurate. Although recent issues on misinformation have been related to the COVID-19 pandemic, misinformation has been a problem in many other areas related to wellness and healthcare, such as dieting, community water fluoridation, and vitamins and supplements. Although misinformation isn't new, the internet and social media have supercharged the ability for it to spread.

Dentists and other members of the dental care team have the power to counteract misinformation, but first, they need to understand the nature of the problem and why people may be inclined to believe information that is not grounded in science

### Misinformation overview

Two definitions help better understand this issue. *Misinformation* refers to claims that conflict with the best available scientific evidence. *Disinformation* refers to a coordinated or deliberate effort to spread misinformation for personal benefit, such as to gain money, power, or influence. An example of misinformation is the false claim that sugar causes hyperactivity in children. An example of disinformation is a company that makes false scientific claims about the efficacy of their product to boost sales. This article focuses on misinformation.

People increasingly seek health information online through sources such as search engines, health-related websites, YouTube videos, and apps. Unfortunately, misinformation can occur at all these points, as well as via blogs, social media platforms, and user comments on articles or posts. Even when not actively seeking health information, people can be exposed to it through media outlets such as print, TV, and streaming networks.

**Misinformation:**  
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### Why do people believe misinformation?

Several factors can lead to people accepting misinformation:

**Health literacy.** Health literacy refers not only to the ability to read and understand health information, but the appraisal and application of knowledge. People with lower levels of health literacy may be less able to critically assess the quality of online information, leading to flawed decision-making. One particular problem is that content is frequently written at a level that is too high for most consumers to fully understand.

**Distrust in institutions.** Past experiences with the healthcare system can influence a person's willingness to trust the information provided. This includes not only experiences as an individual but also experiences of those in groups people affiliate with. Many people of color and those with disabilities, for example, have had experiences with healthcare providers where they did not feel heard or received substandard care, eroding trust. In some cases, healthcare providers have lied, as was the case with the Tuskegee syphilis study of Black men; the men were not told they had the disease or offered treatment. In addition, some people have an inherent distrust of government, leading them to turn to alternative sources of information that state government-provided facts are not correct.

**Emotions.** Emotions can play a role in both the spread and acceptance of misinformation. For example, false information tends to spread faster than true information, possibly because of the emotions it elicits. During a crisis when emotions are high, people tend to feel more secure and in control when they have information—even if that information is incorrect.

**Cognitive bias.** This refers to the tendency to seek out evidence that supports a person's own point of view while ignoring evidence that does not. If the misinformation supports their view, they might accept it even when it's incorrect.

### How to combat misinformation

Recommending resources, teaching consumers how to evaluate resources, and communicating effectively can help reduce the negative effects of misinformation.

**Recommendations.** In many cases, patients and families feel they have a trusting relationship with their healthcare providers. Dentists can leverage that trust by recommending credible sources of health information. Before making a recommendation, dentists should consider the appropriateness of the source. For example, a source may be credible, but the vocabulary used may be at too high a level for the patient to understand. And someone who prefers visual learning will not appreciate a website that is dense with text. Researchers Kington and colleagues suggest using these foundational principles when evaluating sources:

- **Science-based:** The source provides information consistent with the best scientific evidence available and meets standards for creation, review, and presentation of scientific content.
- **Objective:** The source takes steps to reduce the influence of financial and other forms of conflict of interest or bias that could compromise or be perceived to compromise the quality of the information provided.
- **Transparent and accountable:** The source discloses limitations of the provided information, conflicts of interest, content errors, or procedural missteps.
- Each principle has specific attributes, which are listed in the article available for download [here](#).

Another tool for evaluating sources of health information is the **CRAAP** test (**C**urrency, **R**elevance, **A**uthority, **A**ccuracy, and **P**urpose), which focuses on evaluating the accuracy of research. It consists of multiple questions in [each category](#). For a more concise tool, dentists can turn to the algorithm, developed by Kington and colleagues, for assessing the credibility of online health information.

Although the tendency is to recommend government sources such as the Centers for Disease Control and Prevention and National Institutes of Health, as noted earlier, some people do not trust the government. In this case, patient/consumer sources such as MedlinePlus, Authority Dental, the American Dental Association's *Mouth Healthy*, or the Academy of General Dentistry's [KnowYourTeeth.com](#), and condition-specific nonprofit organizations (e.g., the American Heart Association, American Cancer Society) might be preferred.



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**Education.** The sheer scope of the information found online can make it difficult for even the most astute consumer to determine what is accurate. Dentists can help patients by providing tools they can use to evaluate what they read. The website Stronger suggests a [four-step process](#) for checking for misinformation

- **Check the source.** Is the website or person known for conflating facts and opinions?
- **Check the date.** Is it implied that the information is recent even though it's not? Is there more current information available elsewhere?
- **Check the data and motive.** What is the original source of the information? Are they just looking for anything that supports their own worldview?
- **If still unsure, use a reputable, fact-checking site** such as [Snopes.com](#) or [FactCheck.org](#).

[UCSF Health](#) provides a useful short overview for patients on how to evaluate the credibility (e.g., authors' credentials) and accuracy (e.g., whether other sources support the information) of health information and red flags to watch for (e.g., outdated information, no evidence cites, poor grammar).

**Communication.** Communication is the best way to correct misinformation and stop its spread. This starts with the dentist clearly explaining the evidence for recommended interventions. From the start, the dentist should establish the principle of shared decision-making, which encourages open discussion.

A [toolkit](#) from the U.S. Surgeon General on misinformation recommends that dentists and other healthcare providers take time to understand each person's knowledge, beliefs, and values and to listen with empathy. It's best to take a proactive approach and create an environment that encourages patients and families to share their thoughts and concerns (see "[A proactive approach](#)"). Dentists should remain calm, unemotional, and nonjudgmental during these conversations.

Dentists also can prepare for conversations where they know misinformation may come up such as conversations regarding fluoride, teeth whitening, or sealants. For example, the CDC has a page on its website that addresses [oral health topics](#). It includes resources such as responses to possible questions.

Listening and providing information may not be enough. In some cases, a patient may not want to hear what the dentist is saying. When patients become angry or frustrated,

the dentist should remain calm. It can be helpful to acknowledge the frustration ("I can see that you are upset.") Depending on the situation, it may be possible to briefly summarize key points before reinforcing the desire to provide information to support the patient and then move on to another topic. The goal is to maintain a positive dentist-patient relationship, which leaves the door open to further conversation.

**Documentation**

As with any patient education, it's important to document discussions related to misinformation in the patient's health record. Dentists should objectively record what occurred and include any education material they provided. Should the patient experience harm as a result of following misinformation instead of the recommended treatment plan, this documentation would demonstrate the dentist's efforts and could help avoid legal action.

**A positive connection**

Dentists can serve as a counterbalance to the misinformation that is widely available online. Providing useful resources, educating consumers, and engaging in open dialogue will promote the ability of patients to receive accurate information so they can make informed decisions about their care.

Article by: Georgia Reiner, MS, CPHRM, Risk Analyst, Dentist's Advantage

**A proactive approach to addressing misinformation**

Researchers Villarruel and James provide the following suggestions for talking with patients about misinformation:

- Acknowledge the barrage of health information that is available online and through other sources and the difficulty of "knowing who and what to trust." ("I know there's a great deal of information available and not all of it is the same. Sometimes, it's hard to sort it out and know what to trust.")
- Assess where patients and families obtain their health information and what sources they trust. Keep in mind that even when a source is credible, a person may not trust it, and a person may trust a site that is not credible. ("Where do you get most of your oral health information? What makes that a trusted source for you?")
- Provide alternative and accurate sources of information. ("I'm not familiar with that website, but I'll look at it and let you know what I think. In the meantime, here's where I get information and why I trust it.")
- When correcting misinformation be nonjudgmental. ("I've heard similar information about that topic. Here's what I've learned from the science and why I believe this treatment is safe and effective.")

Source: Villarruel AM, James R. Preventing the spread of misinformation. *Am Nurs J.* 2022;17(2):22-26. <https://www.myamericannurse.com/preventing-the-spread-of-misinformation/>

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## Missing Dental Burs Result in Patient Injuries

Claim case studies typically report on incidents that involve common or severe claims. Our [Dental Professional Liability Claim Report: 2nd Edition](#) explains that certain types of incidents are far too common and often severe: dental “never events”. Never events are errors in medical care that are clearly identifiable, preventable and serious in the consequences for patients. Although typically not the most costly dental claims, in some circumstances, individual dental never events may lead to severe injuries and expensive liability claims. Wrong tooth/wrong site surgery and incidents of swallowed or aspirated objects are the most common dental “never events”. Since the first CNA dental claim report in 2016, both incidents have increased in distribution and severity. Retained surgical bodies (RSB) are another type of dental/medical “never event”, that, albeit less frequent, are potentially severe. This issue of *Dental Expressions®* presents two “never event” cases involving dental handpiece burs.

**Risk management topics (apply to both incidents):** treatment and patient safety protocols; doctor-patient communication and transparency; dental equipment maintenance; office safety culture

### CLAIM CASE STUDY 1—SWALLOWED DENTAL BUR

**Practitioner:** General dentist

**Claimant:** Female, aged 48 years, type 1 diabetes

**Facts:** After the dental hygienist completed the patient’s dental prophylaxis, the general dentist’s periodic examination revealed faulty 2-surface restorations on teeth 2 and 4. The patient agreed to complete the treatment that day and, during tooth preparation, the dental bur fell out of the high-speed air rotor handpiece. The bur landed at the base of the tongue and almost immediately disappeared from view.

The dental patient information record described the incident and the brief doctor-patient discussion that followed. The clinical team and patient assumed that the bur had been swallowed, rather than aspirated. As a result, and since the patient did not exhibit distress, the restorative procedure proceeded to completion with the patient’s permission. The dentist advised that the small 330 bur “should pass in a few days with no problem.”

The following morning, the patient experienced abdominal pain. She telephoned her physician’s office, who recommended that she immediately go to the hospital emergency department. Imaging revealed a metallic foreign body, possibly in the duodenum. Based upon the patient’s symptoms and position of the foreign body, the gastroenterologist recommended immediate surgical removal. The surgeon removed the dental bur under general anesthesia from the distal duodenum. Although the patient tolerated the surgery well, she developed an infection post-surgery, requiring IV antibiotics and an extended hospital stay.

### CLAIM CASE STUDY 2—RETAINED SURGICAL BODY (RSB)

**Practitioner:** 2 general dentists

**Claimant:** Male, aged 30 years

**Facts:** The patient presented to the first general dentist with pain in the maxillary left posterior area. Examination revealed a decayed and fractured tooth 14, determined to be non-restorable. The patient was undecided on future tooth replacement, but agreed to the recommended extraction of 14 and a return visit for a comprehensive examination and treatment plan.

The nature and position of the tooth crack required surgical access and bone removal to complete the extraction of tooth 14. Staff scheduled the patient for follow-up suture removal, examination and treatment plan development with another general dentist in the office.

At the next visit, the extraction site appeared to be healing well. The dentist obtained a full-mouth intraoral radiographic series and completed a comprehensive examination. A review of chart documentation did not note a retained palatal root tip at the tooth 14 extraction site. Documentation also did not include notation of a doctor-patient discussion of this matter. The patient’s oral health was good overall, with only tooth 14 missing and several acceptable posterior restorations. The patient complained of tooth movement (partial relapse) after orthodontic treatment in adolescence. To address this concern, the treatment plan included clear aligner therapy, followed by replacement of tooth 14 (implant/crown).

About 6 weeks later, the dentist recommended a panoramic radiograph at the start of clear aligner therapy. Although obtained, the dentist did not chart radiographic image review or positive/negative findings.

Almost one year later, the patient had not yet pursued the dental implant and crown. He decided to wait, primarily because of his ongoing sinus problems. Treatment by the patient’s family physician was ineffective and the patient self-referred to an ENT physician. A CT scan revealed a metallic object in the left maxillary sinus, approximately two centimeters in length. Shortly thereafter, the physician completed recommended procedures to address the patient’s sinus/breathing complaints, including nasal septoplasty, turbinate resection and anterior ethmoidectomy. He removed the metallic object while completing these surgical procedures.

**Analysis:** Although the two cases involve different procedures and facts, they are similar in that both involve dental bur RSBs. In each case, the plaintiff (patient) alleged breaches in the standard of care.

In case 1, the dentist deviated from the standard of care by failing to refer the patient for medical assessment of a swallowed or aspirated object. A patient may refuse imaging, but the dentist

has a duty to warn the patient about the risks of such a refusal. Always document such a discussion via a signed informed refusal form. In this case, the dentist verbally minimized the risks and promised there would be no problem for the patient.

Although the risks are typically greater for aspiration, swallowing or aspirating a foreign object may both lead to severe harm. Moreover, observation alone cannot confirm the type of exposure. Coughing, choking and/or other symptoms may not be occurring, but lack of these symptoms does not minimize the potential severity of the adverse event.

Case 2 involves allegations of deviation from the standard of care due to inadequate informed consent (surgical risks), faulty surgical technique (fractured root, sinus penetration) and failure to diagnose the RSB (a two-centimeter long metallic cylindrical object in the area of the left maxillary sinus) on the panorex radiograph.

Allegations common to both cases:

- Inadequate documentation of informed consent/refusal and other doctor-patient communications
- Absence of written safety protocols or equipment maintenance procedures—specifically related to dental handpiece maintenance
- No documentation of dental team education about safety or equipment maintenance

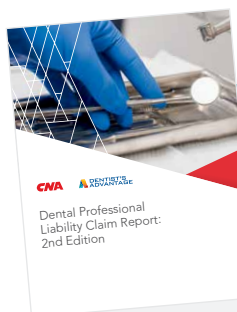
- Inadequate precautions to prevent injury, such as confirming handpiece function, chuck/collet performance and bur retention before treatment
- Equipment failure, inadequate safety measures and professional negligence leading to physical and financial injuries

Unfortunately, medical and dental “never events” continue to occur and, in fact, have increased in severity and distribution in recent years. Therefore, implementation of reasonable and prudent safety measures to prevent their occurrence is imperative. For additional information on these and other adverse events, consider reviewing the [Dental Professional Liability Claim Report: 2nd Edition](#) and the [associated spotlight covering the most common dental never events](#) — wrong tooth surgery and swallowed/aspirated objects.

#### Outcome:

Wrong site surgery, retained surgical bodies, swallowed or aspirated objects and other types of “never events” are especially challenging to defend. In these two scenarios, consent to settle was obtained from both insured dentists and each claim resulted in total incurred costs in the low six figures.

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CNA Dental Risk Control



## New Dental Claim Report Released!

You have invested your life in your career, all of which can be threatened by a single malpractice lawsuit or state licensing board complaint. Dentist's Advantage, in collaboration with CNA, has released their newly updated claim report: Dental Professional Liability Claim Report: 2nd Edition. Included within the report are in-depth analysis and risk management recommendations designed to help dental professionals avoid claims and improve patient outcomes.

### Key findings from the 5-year study include:

- **\$134,497:** Average cost of a malpractice lawsuit against a dental professional, including legal defense costs
- **30.5%:** The increase in the average cost for a malpractice claim against a general practitioner since the 2016 claim report
- **Inadequate precautions to prevent injury:** Most common malpractice allegation against dental professionals
- **Corrective Treatment:** Procedure resulting in the highest percentage of injury claims (25.5%)
- **\$4,428:** Average legal cost to defend a dental professional from a licensing board complaint – an increase of 18.7% from the previous dataset

[Click here](#) to get your free copy of the report.

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