



The National Society of Dental Practitioners and the Dentist's Advantage Insurance Program for Dentists

RISK MANAGEMENT ARTICLE

When a Parent Says No

Most parents want the best for their children, but what happens when what a parent believes is best differs from what the dentist believes? If not handled appropriately, this situation can permanently damage the dentist's relationship with both parent and child, leading to dental harm for the child and loss of revenue for the dentist when the child leaves the practice.

To avoid potential problems, dentists must communicate effectively and keep meticulous written records that document conversations and actions taken. They also need to understand the ethical and legal implications of a parent refusing treatment for a minor.

A matter of ethics

When faced with an ethical situation, dentists should be guided by the American Dental Association (ADA) Principles of Ethics & Code of Professional Conduct. In a 2013 article, Dr. Darryll Beard applied four ethical principles—autonomy, nonmaleficence, veracity, and beneficence— to the situation of a dentist who had the father of a 12-year-old girl refuse restoration treatment and demand tooth extraction instead. Dentists should understand these principles, so they can apply them to refusal situations in their own practice.

Autonomy refers to "self-governance," which indicates the dentist needs to treat the patient according to his or her desires, within the bounds of accepted treatment. In the case of a minor who cannot give consent, the parent becomes the decision maker. Yet, it is appropriate for the dentist to understand the preferences of the child as well. "Within the bounds of accepted treatment" is a key consideration. A parent may refuse a treatment plan recommended by the dentist, but not taking action may fall within "accepted treatment." If it doesn't, the dentist has an ethical dilemma.

In the case of *nonmaleficence*, or "do no harm," dentists are obligated to protect patients from harm. If a dentist feels that failing to provide

the recommended treatment places the child at risk for harm, the dentist needs to consider next steps. One option might be to refer the parent and child to another dentist for a second opinion. Confirmation of the treatment plan by another dental professional may cause a parent to reconsider the refusal.

When discussing the treatment plan with the parent, the dentist must adhere to the principle of *veracity* or "truthfulness." While dentists might be tempted to overemphasize potential risks of not following the recommended treatment plan, they should instead remain scrupulously honest in their communication.

Beneficence, or "do good," provides strong support for dentists to act if they feel refusal endangers the child. Dentists have a duty to "promote the patient's welfare." If, for example, the refusal puts the child at risk for impaired oral health, the parent is not acting in the child's best interest.



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Legal obligations

Legal obligations to report abuse and neglect align with the ethical principle of beneficence. The American Academy of Pediatric Dentistry defines dental neglect at the "willful failure of parent or guardian to seek and follow through with

treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection." Refusing to grant approval for a treatment plan that is essential to the oral health of the child would fall under *parental abuse and neglect*.

Dentists are legally mandated in all 50 states and the District of Columbia to report suspected child abuse and neglect. Failure to do so can expose dentists to legal liabilities, fines, loss of license, or even imprisonment.

A difficult conversation

When a parent refuses the treatment plan, the dentist should remain calm and avoid becoming defensive. The first step should be to try and determine the reason behind the refusal. Possibilities include not understanding the plan and barriers such as lack of money or transportation.

Documenting the essentials

All discussions related to the refusal should be documented in the patient's dental record. The goal is to provide evidence for "informed refusal," where it is clear that the parent understood the treatment options and, most importantly, the consequences of not moving forward with the recommended treatment.

Document the conversation (and the presence of any witness) in sufficient detail to protect the dentist in the case of future legal action. It is best to obtain the refusal of care in writing, and retain it in the dental record, so that the dentist has documentation in the case of legal action.

Informed Refusal

Parents who refuse treatment for a minor should be asked to sign an informed refusal form. The form should include:

- the child's dental condition
- treatment options, including risks and benefits (or a statement that the parent understands the information he or she received about the options)
- a statement that the parent had the opportunity to ask questions and have them answered
- the risks of not accepting treatment
- a statement that the parent is voluntarily refusing treatment for the minor child.

A witness should be present and sign along with the parent. Even if the parent refuses to sign, the witness can sign and date the form to provide more support for the dentist's actions.

Resources for treatment refusal

Dentists may find the following resources helpful when a parent's refusal is counter to what is in the best interest of the child.

- ADA Principles of Ethics of Code of Conduct (2018)
 Available for download at: www.ada.org/ethics.
- State Statutes Search
 Dentists can search by state to find statutes
 related to child abuse and neglect for the states
 where they practice. Available at:
 www.childwelfare.gov/topics/systemwide/laws-policies/state/.

Protecting minors, promoting care

Dentists can feel frustrated when a parent does not agree to a treatment plan they feel will help the child. Remaining calm, identifying reasons for the refusal, and addressing those reasons can help resolve the situation. If not, dentists need to ensure refusal is well documented and refer the parent and child to another dentist as indicated.

Article reviewed by Dr. Kenneth W.M. Judy, DDS, FACD, FICD, PhD Article by: Cynthia Saver, MS, RN, President, CLS Development, Columbia, Maryland © *Dentist's Advantage*, 2018 © *The National Society of Dental Practitioners*, 2018

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