Maintaining a professional patient-dentist relationship

**General Principles**

A positive and professional relationship between a patient and their dentist is critical to the success of oral health diagnosis and treatment.

A dentist has an obligation to develop, maintain and foster a successful relationship with their patient. This can be achieved with good communication skills such as practising empathetic listening, making efforts to understand the patient’s point of view and providing accessibility accommodations. When best practices such as these are followed, patients are more likely to collaborate with their dentist and follow instructions given in the dental office.

Ideally, the patient and the dentist will respect each other; mutual respect fostered by excellent communication will always yield the best results, including timely access to care and continuity of care.

There is a power imbalance between the parties: the dentist has knowledge, experience and expertise that the patient does not. Dentists have a responsibility to provide their best advice, in a clear manner that is easily understood by the patient and enables patients to make decisions about their dental care that best meet their needs. From time to time, challenges may arise in the patient-dentist relationship. The College expects dentists to make a concerted effort to solve problems and rebuild relationships. If those efforts fail, a formal and respectful process must be followed to end the relationship.
Building the relationship

- Take the time to learn about the patient, especially in the first appointments. This new relationship could last for years; start with a strong foundation.
- Trust is key. Listen to and hear the patient and discuss their concerns.
- Manage expectations. Talk about real possibilities, not just optimal outcomes.
- Encourage the patient to raise concerns as they arise and be prepared to respond to and address any concerns. Check in at each appointment: is the patient pleased, disappointed, or worried about the progress of their treatment?
- Ensure that the patient is aware of the office policies and protocols. Offer to provide them to the patient in writing.
- If there is a language barrier, encourage the patient to bring an interpreter.
- The patient should be aware of who to contact in the office for questions about treatment, billing, insurance or delegation of responsibilities. Make the dentist’s contact information readily available.
- Always ask the patient if they have any questions before concluding an exchange, whether in person or by telephone or other means.

Consider that a patient may appear uncooperative or uncomfortable because of:

- Past dental, medical and/or personal experiences
- Underlying disability or health condition (including mental health or cognition issues)
- Financial constraints
- Cultural differences

A dentist should make extra efforts to facilitate the patient’s care in these types of situations. Most solutions are found in good communication and improving the patient-dentist relationship. The tried-and-true values of empathy, non-judgmental listening, patience and tolerance underlie successful patient-dentist relationships.

Resolving a conflict

A patient-dentist relationship may begin to deteriorate for a variety of reasons. Sometimes this is the result of a single incident; more often, it is the culmination of a series of problems. Because of the power imbalance between the patient and the dentist and the importance of patient access to care and continuity of care, the dentist should take steps to resolve conflicts in the vast majority of cases.

In deciding how to resolve a conflict, the dentist should consider:

If the problem is a result of miscommunication

The dentist should attempt to speak with the patient directly to clarify matters and ask if they would like to meet to discuss the issue or talk on the phone. An in-person meeting can help prevent misunderstandings that are more likely to arise in written communication. Encourage the patient to bring a support person and/or a translator, if needed, to their appointment. The dentist may wish to have a staff member present.

Be polite and professional at all times. Do not let emotions take control, even if the patient has an emotional response. Good communication skills are especially important.

After the conversation, send a follow-up letter to summarize the appointment and/or telephone conversation. All communication with the patient, including the contemporaneous notes of the discussion and copy of the correspondence, should be documented in or retained as part of the patient record.

If the patient appears to be uncooperative

A patient’s behaviour, reactions and conduct may reflect their social circumstances or an underlying health condition, including those that may affect behaviour and compliance, such as a mental health issue. Consider the patient’s needs with respect to
their social circumstances and health conditions. For example, the patient may be more amenable to treatment at an alternative appointment time.

If there is a disagreement regarding treatment options
Referring the patient for a second opinion may be helpful.

If the patient’s account is in arrears
Consider the big picture, including the dentist’s or office’s history with the patient and anything they have shared about their personal and financial circumstances. Is it possible to renegotiate the fees or payment schedule?

If the problem is related to the treatment outcome
Try to resolve the patient’s concerns with them directly before they escalate. If there has been an adverse event, if the treatment does not meet the patient’s expectations or if the patient’s condition has not improved, proactively address the issue and discuss the next steps available to the patient. Consider offering a refund (after consultation with the Professional Liability Program), further treatment (perhaps without fees or with reduced fees, if appropriate) or referral to a specialist for a second opinion.

Always follow best recordkeeping practices. Patient records need to include details of any relevant problems and issues that have been reported by the patient or discussed. They should include notations of all communication with the patient, including in-person discussions, emails and telephone calls with the dentist or staff members.

Dismissing a patient

If after taking steps to resolve a conflict the relationship is no longer co-operative and trusting, or if it becomes antagonistic, it may be best for the parties to go their separate ways. First, however, the dentist should re-examine the events that led to this point and consider whether or not all reasonable efforts have been made to address any problems in the patient-dentist relationship and with treatment. Second, the dentist should determine if the patient requires immediate treatment. If so, it should be provided and the patient should be stabilized prior to the consideration of dismissal. The dentist must continue to see the patient on an emergency basis to allow them time to find a new dentist. In addition, the dentist must ensure that the patient’s oral health is not jeopardized. To dismiss a patient who requires immediate/emergency treatment risks injury to the patient and doing so may constitute professional misconduct.

This letter should be polite, professional, and to the point. Address these five areas:
1. Provide the patient with the reason for their dismissal, such as the patient’s lack of confidence in the dentist’s abilities, disruptiveness to office routine and abusiveness to the staff, or failure to comply with agreed-upon payment terms.
2. Outline any treatment needs that the patient should deal with without delay. For example, the patient may still require specified fillings or need to have a root-canal-treated tooth crowned.
3. Suggest ways the patient might find a new dentist. For example, patients can be encouraged to seek recommendations from friends, family members or their physician. Tell the patient that they can be given copies of any records or radiographs and that these can be given to their new dentist with the patient’s consent. Dentists must not withhold records from a patient or their new dentist, even if the patient’s account is in arrears. Remember to retain all original records, including radiographs and diagnostic study models.
4. Tell the patient that they can return for care in case of an emergency until they have obtained the services of a new dentist.
5. If the relationship has deteriorated to the point where the dentist cannot reasonably provide care, the dentist might also provide the telephone number to a local emergency dental service.

When writing this letter, avoid words or phrases that might inflame the situation.
Moving beyond a professional relationship

Dentists are not permitted to treat a sexual partner who is not a spouse, as various forms of sexual contact with a patient will be considered sexual abuse. With respect to allegations of sexual abuse, an individual is considered to be a “patient” for one additional year after the individual ceased to be the member’s patient. Consequently, a dentist should not engage in a sexual or intimate relationship with an individual who is not a spouse until they have clearly ended an existing professional relationship and one year has passed without any contact with the office, including with respect to appointments, payments, etc.

Sample Patient Dismissal Letter

Click [here](#) to see an example of a patient dismissal letter.

Professional Patient-Dentist Relationship FAQs

Click [here](#) for frequently asked questions about maintaining a professional patient-dentist relationship.

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In applying these principles, dentists should remember that each patient and every set of circumstances is different. Dentists can contact the College’s [Practice Advisory Service](#) or the [Professional Liability Program (PLP)](#) for patient-specific advice if necessary.