

Bad-mouthing – Professional reputation of colleagues

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INTRODUCTION

A new trend is emerging where dentists are voicing their opinions and making comments regarding the dental work done by their colleagues without first consulting one another. Even worse, they are occasionally criticising the patient's prior dentist's work as "less than perfect work".

With disappointing regularity, practitioners who are faced with their patients being informed by their subsequent dentist who has seen fit to make inappropriate remarks of a disparaging nature about their colleagues' treatment.

Sometimes criticisms are made by clinicians who feel that they have a duty to offer their views on treatment provided elsewhere, whenever a patient seeks their professional opinion and advice.

There is also a small minority of clinicians who appear to see themselves as self-appointed arbiters of what does and does not constitute an acceptable standard of care. They are quick to criticise and they invariably recommend extensive "remedial" dentistry – often at considerable cost. These same practitioners, however, seem unable to accept any criticism of their work, or challenge of their opinions.

Such an opinion may be given with the best of intentions, but without knowing all the relevant facts (including what problems were faced by the previous practitioner at the time); such criticisms can only be regarded as uninformed and possibly even irresponsible. As a result, they will usually be judgmental rather than objective and factual.

Practitioners express opinions on treatment for various reasons, for example not losing out on the patient's business, the possibility of carrying out multiple procedures, the previous dentist being a major competitor, personal bias, professional jealousy or rivalry, wounded pride or business or financial dispute and so on.

Understandably, the practitioner referred to will regard such overt (and perhaps gratuitous) criticism as being unnecessary, unethical and possibly even defamatory, whether or not there might be any justification for their criticisms.

Ethical Rules of Conduct

The Ethical Rules of Conduct in Rule 12 specifically provides that "a practitioner shall not cast reflections on the probity, professional reputation or skill of another person registered under the Act or any other Health Act".¹

Despite the above ethical rule, practitioners continue to pass comments about their colleagues' treatment to their patients and even other colleagues.

So what should practitioners do?

Patients consulted by dentists have a great chance they have had dental work done in the past, which means a practitioner may need to contend with a range of techniques and degrees of professionalism. So what should dentists do if a patient complains about "shoddy" dental work or it is clear that previous work is not up to scratch?

Practitioners must remember patients often also have a very poor understanding of what has been happening in their mouth and of their previous treatments, so when a patient provides information on when treatment was done or that it was substandard it is always advisable to be a bit cautious about taking that as the truth.

Practitioners also cannot reliably rely on the information provided by the patient without testing its veracity. There may be other reasons the patient is bad-mouthing the previous dentist – for example, outstanding accounts not settled, abusive behaviour, benefits exhausted, appointments not kept, patients attending a wedding and wanting a quick fix but do not come back for months or years, walk around with temporary fixes or chose less than the ideal situation which subsequently failed and so on.

The simple answer is that dentists should avoid discussing the standard of work of other dentists with patients. If a patient seeks advice from a dentist who is not their usual practitioner about their oral condition, the dentist should endeavour not to say anything which calls into question the integrity of their usual dentist.

If the practitioner encounters something that is not correct, they need to say this professionally and objectively after speaking to their colleagues to get to a full picture. Importantly, this must be done objectively and without apportioning blame.

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It is important to understand that good relationships with colleagues and other practitioners strengthens the bond between dentist and patient and enhances patient care. Specifically, it states that good practice involves acknowledging and respecting the contribution of all practitioners involved in the care of the patient, and behaving professionally and courteously to colleagues and other practitioners at all times.

Practitioners are also required to act, at all times, in a manner that upholds and enhances the integrity, dignity and reputation of the profession.

Patients are entitled to know about their dental and oral health, and practitioners have an ethical duty to inform them on an honest and factual basis. If this can be done without denigrating one's colleagues on the basis of hearsay, both patients and practitioners can benefit.

Problems are more likely to arise when comments extend beyond objective clinical opinions and become critically judgmental of a professional colleague. When these comments are fuelled by a personal animosity between the two dentists, with the second dentist perhaps deliberately embellishing and exaggerating the situation, this raises ethical questions about the second dentist over and above any clinical issues surrounding the dentist whose work is under scrutiny.

It is important to bear in mind that things are not always as they appear (or as first related by our patients) and there are two sides to most (if not all) stories.

When reviewing the work of another practitioner, a prudent approach is to describe things in the same way that you would wish to be spoken of yourself, were the roles to be reversed. There is nothing new in dentistry – as in life in general – with regard to the perils of criticising others.

Risks to patients

If, in the course of your professional life, you see or hear something that leads you to believe that patients could be placed at risk or the quality of their care compromised by the actions or performance of a professional colleague, then you have an ethical duty to take reasonable and appropriate steps to:

- Raise your concerns with the colleague directly, if this is appropriate to the situation;
- Deal with the problem yourself (if this is within your power); and
- Take advice as to how best to manage the situation.

It is also worth remembering that you may be helping a professional colleague to come to terms with, or to deal with, a problem that previously they might not even have acknowledged. Dealing with a problem at a lower level, however awkward at the time, can prevent it from escalating into a situation where the stakes (and the professional consequences) are higher.

If there is a conflict between practitioners on the treatment of patients, every effort should be made to contain them in a manner that:

- Avoids placing patients at risk;
- Maintains the continuity of patient care and safeguards their rights and the quality of the dental care they receive;
- Avoids bringing the profession into disrepute;
- Maintains public confidence in the profession; and
- Treats professional colleagues as they would wish to be treated.

Every effort should be made to manage any differences of professional opinion through appropriate channels and ethically and professionally.

CONCLUSION

The dental healthcare profession is a noble profession. Dentists must uphold its reputation. The reputation of the profession is important for the public's trust in the profession. Without trust, clinical practice is compromised and the best interests of the patient fall by the wayside.

A negative comment about a colleague said to a patient can create a negative perception of the profession as a whole. Before commenting on a colleague, ask yourself if it will benefit the patient in any way. If not, don't say it.

"A good reputation is more valuable than money." *Publilius Syrus (1st century)*

REFERENCES

1. Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974 4 August 2006

CPD questionnaire on page 452

The Continuing Professional Development (CPD) section provides for twenty general questions and five ethics questions. The section provides members with a valuable source of CPD points whilst also achieving the objective of CPD, to assure continuing education. The importance of continuing professional development should not be underestimated, it is a career-long obligation for practicing professionals.

