

Dentist responsibilities for emergencies

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INTRODUCTION

A revealing measure of a dentist's level of care and commitment to patients' needs can be found in the way they deal with emergencies.

A dentist must care for regular patients and respond to their emergencies, either personally or through a roster of cooperating dentists.

Patients requesting emergency treatment are, at best, being inconvenienced and, at worst, may be in severe pain or distress. It usually arises when a practitioner is called out from his or her residence after normal practice hours, or a hospital, to render emergency treatment. It can also happen if the practitioner operates more than one practice and attends each practice for certain hours or days of the week, effective emergency arrangements have to be made for patients during times when the practitioner is not attending to the practice or when not staffed.

Dentists do not have many unanticipated after-hours emergency calls from their regular patients. Indeed, regular patients are often reluctant to disturb their dentist and choose to wait until working hours, if at all possible.

Emergencies

What qualifies as an emergency is subject to a wide variety of opinions, but obvious examples are a patient in acute pain, or with an abscess, or swelling, or excessive postoperative bleeding. Emergency care is care without which the patient will, or may, be subject to serious harm, including professional harm.

Ultimately, whether it is an emergency or not will depend on the dentist's professional judgment, combined with a patient assessment, as being the determinants of an appropriate response in an emergency or emergent situation.

A dental emergency also exists if professional judgment determines that a person needs immediate attention to deal with uncontrolled bleeding, uncontrolled swelling, traumatic injury or uncontrolled severe pain.

Dental emergencies cannot be isolated from medical emergencies. An abscess, for example, can evolve into a potentially life-threatening situation. For a dentist to ignore any or all foreseeable consequences of inaction is unprofessional and could well lead to the patient seeking a legal remedy on the grounds of negligence. It has been estimated that one or two life-threatening emergencies will occur in the lifetime practice of a general dental practitioner.

Duties of practitioners

The duty of care is an important professional and ethical responsibility.

From an ethical perspective, the provision of emergency care is based on the duty of care to protect the health of

the patient, causing minimal harm in the process. A dentist should be socially responsible and act humanely in both professional and personal matters. For example, although there is no legal requirement to provide care and assistance in an emergency to a stranger one encounters outside normal professional settings, it would still be deemed morally questionable not to do so.

The preamble to the Health Professions Council of South Africa Ethical Guidelines is clear about the answer.¹ It states: *"To be a good health care practitioner requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, the practice of health care professions is a moral enterprise."* It is in this moral context that all health care practitioners (private and public sector) are obliged to provide emergency care to all patients irrespective of the patient's ability to pay for services.⁴ Thus from an ethical perspective, the provision of emergency or out-of-hours care is based on the principles of beneficence and non-maleficence. Beneficence refers to doing good and the active promotion of goodness, kindness and charity. The practice of dentistry is firmly rooted in the principle – first do no harm.

From a legal perspective, the preamble to the National Health Act² refers to section 27 (3) of the Constitution which provides that no one may be refused emergency treatment. Section 5 of Chapter 2 of the act says: *"A health care provider, health worker or health establishment may not refuse a person emergency medical treatment"*. This is re-iterated in section 5.7: *"... in an emergency situation practitioners shall be obliged to provide care in order to stabilise the patient and then arrange for an appropriate referral to another practitioner or facility where the required care can be provided. Furthermore, in emergency situations, practitioners must provide health care within the limits of their practice, experience and competency."*

There is an ethical and legal responsibility on every dental practitioner working in any branch of dentistry to ensure that patients for whom responsibility has been accepted have access to emergency treatment outside of normal working hours and that such arrangements are made known to these patients.

These arrangements should cover any time the practitioner is away from the practice, including after regular business hours. Failure to ensure this may result in serious professional misconduct.

What arrangements must be made?

Patients may require emergency services either during or after regular office hours, or when a dentist is out of the office. All practitioners must have an emergency protocol in place so that a patient who has a dental emergency during regular office hours may be attended to in a timely fashion.

They may be seen as soon as possible, or by another dentist in the office, either accommodated the same day or the next day.

When

the office is closed arrangements must be made for patients to contact the practitioner by putting proper notices on the premises, recorded messages on telephone equipment or emergency numbers (mobile numbers) on business cards supplied to patients or on the website.

As it not always going to be possible to provide emergency care personally, practitioners must also put in place some kind of emergency cover arrangements for periods of holidays, sickness, when attending courses, or some other reason for absence or after hours when the surgery is closed.

There are many ways to provide emergency coverage for patients and these include:

Treatment provided by a colleague within the same practice (employee dentists, associates, partners or fellow directors). You can arrange for the colleague in close proximity in the same building or down the street to cover for you. You can use the emergency dental clinic across town, or even practitioners who have formed emergency rotation service. The key is to make sure that the dentist on whom you are counting to cover for you is willing and available to do so. Make arrangements well ahead of time, and then contact the dentist again just before your needed coverage to make sure he or she has not forgotten those arrangements. It is also not professional to simply refer your patients if they require emergency treatment to the local private hospital or emergency facility with whom no prior arrangements have been made. This may constitute abandonment of the patient.

Practitioners participating in an emergency roster system (discussed below).

Emergency roster

It is also possible for practitioners to draw up an emergency roster whereby several dentists in one area join forces to provide out-of-hours cover on a rota basis even though practitioners are not necessarily gone or absent from their practices.

Dentists who choose to participate in a group on-call service and who are on call for some time have an obligation to provide appropriate emergency management for all patients who are directed to the service, regardless of who their primary care provider might be.

When participating dentists are not on call but are available during office hours, they should see their own patients of record and not automatically refer their emergency patients to the on-call service. These must be clearly communicated to patients.

Those dentists who choose not to belong to such an on-call group are obliged to manage their emergency patients at all times. If they choose not to participate, they must not rely on the group service to look after their patients of record, whether during or after regular office hours.

It is also unethical for a practitioner to be unavailable when on call for emergency duty on a rota basis or continually fail to be available when the practitioner is supposed to be on call. Patient care of other participating practitioners may be

neglected or compromised and may result in a charge of unprofessional misconduct.

SADA recommends that on-call dentists offer patients the same terms of payment as those offered by the patients' regular dentists.

During an emergency visit, dentists must guard against doing only a cursory examination, taking a superficial medical and dental history, forgoing diagnostic tests and investigations and focusing only on the presenting condition. It is sometimes difficult to do otherwise as there may be pressure from the patient to sort out the immediate cause of their presenting problem – however, it is imperative that the patient is examined holistically and thoroughly.

Dentists on call who provide care for another dentist's patient are still required to keep treatment records. The patient's dentist should also be provided with reports or copies of the records, referral letters, radiographs or any other investigations that were carried out.

Precautions

In an out-of-hours emergency situation, dentists will sometimes find themselves seeing patients when no one else is present on the premises at all and, while every effort should be made to avoid these situations, the patient's needs and interests should always be the clinician's primary consideration.

It is generally unwise for a dentist to treat any patient without a third party being present, especially when a male dentist is treating a female patient.

The third party should be appropriately trained to assist the dentist in an emergency situation, but if the patient happens to be of the opposite sex to the dentist, this third party can also fulfil a second useful role as a chaperone. This will often be a dental assistant, but it could equally well be a parent/family member or other third party who is accompanying the patient.

In the South African context, unfortunately, extreme precautions are also sometimes necessary to guarantee practitioners' safety. It is recommended that dentists ensure that they are escorted to the surgery by a reliable third party or with the contracted security company present.

After-hours emergency care for patients of record only or not

The question that is often raised is whether dental practitioners are only responsible for making emergency arrangements for their patients or also for persons who are not patients of record.

Although a dentist is not obliged to provide treatment for every new patient who contacts the dental office, a patient with a dental emergency should be assessed and either provided treatment or referred to another practitioner, facility or emergency facility capable of treating the patient.

In respect of interactions with strangers or people to whom the dentist is not professionally committed, there is still a professional obligation (social contract) to go beyond the individual relationship where you are available for those who need help. Given that few dental emergencies are

life-threatening or need immediate attention (as opposed to medical emergencies), a roster of dentists or practices can deal with most cases, or the patient can be directed to a hospital or public clinic for after-hours palliative care or treatment.

With experience, a dentist can ask questions over the phone to triage the type and severity of need and sort out those who need immediate attention from those who can wait until the next day.

A dentist also needs to maintain a healthy life-work balance, and this is especially so if there is no other dentist to share the load, as happens in small towns. Opening a clinic, whether for one patient or a whole day, takes time, both for setting up and for shutting down. A simple half hour of treatment can be extended by an hour or more by setting up equipment, turning on compressors and computers, following infection control protocol and then closing down. While it may be a difficult decision to deny treatment to one patient, excessive fatigue or stress due to overwork will not be in anyone's interest in the long term.

If dental equipment is needed to provide temporary treatment, the dentist should pause before agreeing to treat the person. Is a dental assistant necessary to ensure safe treatment of the patient, to be a chaperone or witness, or to provide additional security for the dentist? If so, is an assistant or substitute available? Is there any barrier to providing acceptable treatment, such as safety and security of the dentist and staff travelling at night and opening the premises, using untrained assistance or having none at all, having consumed a small amount of alcohol, extreme fatigue, and so on? Disclosure of such issues should be made to the patient, consent obtained to proceed, and then documented in the records.

Practitioners should also be aware of complaints from health establishments in the vicinity of the practice against practitioners who refer their patients of record for emergencies and fail to have an emergency system in place.

It is a controversial situation if you are consulted by patients of your colleagues for emergencies. If your colleagues have failed to meet this obligation, you should call them and inquire about their emergency coverage policy. Colleagues who fail to provide emergency services are in violation of their ethical and professional duties.

Dentists are obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If you are in a small town or community that has only few dentists or no local or district clinic or hospital or emergency facilities, you may be obliged to handle the emergency situation, since the patient has no further option. In a more urban setting with many emergency rooms and facilities available, you may be able to justify referral to the medical facility or nearest dental emergency facility.

If treatment is provided to a patient of your colleague, the dentist, on completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference. This is based on the patient autonomy and the practitioner has a duty to respect the patient's right to self-determination and confidentiality. The situation may be awkward as the dentist providing emergency care may be reluctant to accept the patient's request to change dentists.

The patient may be truly unhappy with his or her treating dentist or may be patronising you simply for your willingness to provide emergency treatment. If you agree to accept the patient into your practice, you should inform the patient's wishes to the prior dentist of record and request the transfer of records from him or her (after the appropriate release has been signed by the patient). So in this case patient autonomy may take precedence over the obligation to refer the patient back to the original treating dentist.

REFERENCES

1. Health Professions Council of South Africa. General Ethical Guidelines for the Health Professions. Booklet 1. Guidelines for good practice in the health care professions. Pretoria, May 2008
2. National Health Act, 61 of 2003

CPD questionnaire on page 510

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.

