Information and care provided to child by dentist (11HDC01103, 28 March 2014)

Dentist ~ Orthopaedic dentistry ~ Diagnostic information ~ Treatment information ~ Consent ~ Monitoring ~ Documentation ~ Rights 4(1), 4(2), 6(1), 7(1)

A woman took her six-year-old granddaughter to a dentist. The dentist recommended that the girl commence "orthopaedic" dental treatment, which he described as a discipline concerned with aligning and balancing the supporting structures of the teeth and jaws. The treatment was aimed at encouraging the development of the girl's lower jaw out of crossbite and into a more ideal occlusion. It was hoped that she would thereby avoid the need for orthodontic treatment at a later date.

The girl attended more than 40 appointments with the dentist and his staff, over a period of more than five years. The woman thought that the dentist was an orthodontist and that the work he was carrying out was orthodontic. The woman complained that she did not receive information about the girl's diagnosis, treatment plan, the likely costs and duration of the treatment, and other treatment options.

The dentist also provided the girl with general dental treatment. When the girl was eight years old, the dentist placed a filling in one of her adult molars, tooth 36, owing to the presence of caries. A year later, the dentist placed a further filling in tooth 36. An X-ray taken by the dentist eighteen months after that showed a radiolucent area beneath the filling, indicating probable caries. This was not treated by the dentist. Another dentist subsequently diagnosed an acute abscess in tooth 36 and the tooth was extracted.

It was held that the dentist failed to provide the girl's legal guardians or their representative with sufficient information regarding the proposed orthopaedic treatment in order to obtain informed consent, and so breached Rights 6(1) and 7(1). Furthermore, the dentist did not obtain sufficient diagnostic information to assess the girl's condition adequately and to guide her orthopaedic treatment plan. This was a breach of Right 4(1).

The dentist failed to monitor tooth 36 or take intra-oral radiographs (X-rays) following the detection of the initial caries. In addition, he failed to read a radiograph thoroughly and accurately, did not identify the pathology, and did not advise on treatment options. Accordingly, the dentist failed to provide services with reasonable care and skill, also a breach of Right 4(1).

It was also held that the dentist failed to maintain records to the expected standard, and so breached Right 4(2).