

Foundations of a Trusting Doctor-Patient Relationship

As dentists, we have been entrusted, in good faith, to truly care for all the patients we serve. This trusting relationship can only work when both the doctor and patient are doing what is in each other's best interest. My focus is on our responsibilities as dentists in the hallowed doctor-patient relationship.

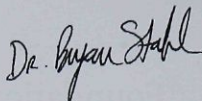
This trust implies that we do only what is in the patient's best interest. A frequent theme you read and hear is that a procedure was performed because it was what the patient wanted. At first this sounds reasonable. But in my opinion, because of our training and expertise, we hold a greater responsibility, one that encompasses but goes beyond fulfilling the patient's wishes. Take, for instance, court cases involving malpractice. We know the patient will not bear the same burden as the dentist. This is due to the dentist's superior knowledge of the field and all its ramifications, including indications, contraindications, and complications to name a few. The fact still stands that it is the patient's right to choose and to know what is best for his/her situation. However, the dentist must focus on the best interest of the patient and not exclusively on pleasing the patient. For example, if a person has a brain lesion that needs the care of a neurosurgeon, the individual would be wise to consider that the surgeon has expertise that the individual does not. The surgeon has the responsibility to advise and treat the patient, keeping with the highest standards of the profession. It is widely accepted that the neurosurgeon has knowledge that the patient does not, which affects treatment of the brain lesion, irrespective of what the patient may want. Again, this does not mean that the patient's power to choose is taken away. In fact, that is what second opinions are all about. But it does make the argument of "it is what the patient wanted" simply an excuse and a blame shift, for where the ultimate responsibility lies is with the professional.

My interest here still lies mainly with our responsibilities as dentists. Are we upholding our end of the connection with our patients by striving for excellence in all that we do? No one is perfect, but I have seen so much mediocre and poor dentistry, it is troubling. Do we treat our patients with dignity and respect with all of our actions? Or do we simply use patients for our own financial and power gains? Do you make patients consistently wait because you are running late due to poor management of your own time? Or perhaps you do not care if they wait? Do you get to know your patients, remember their names? I am not talking about friendly chit chat and weather talk. I am talking about truly slowing down and revealing yourself and listening in order to better know your patients. The rewards are awesome. There are no insurance codes that can be put on deep relationship building with people. Your patients know if you truly care for them. Since we have all been patients ourselves, we know how it feels when we are just another number, case, production unit, appointment, or anything else besides a human being who deserves to be treated with the utmost care, respect, and dignity. Patients are not just joking when they say they feel like they just represent another vacation or a new car. They are looking for personal involvement from us. Don't we all feel used when we are treated in an uncaring way?

Some common excuses I hear for not fulfilling our moral and ethical responsibility to our patients are: the insurance industry is to blame; you can't get paid enough to care deeply; I do not have the time; patients do not want this level of care; it won't work in my town; you are thinking too idealistically; people do not value quality and excellence; patients won't pay for this level of care; and a whole litany of other excuses. All the excuses I hear are just that, excuses.

But does this void all patient responsibility? Of course not, for there are many things patients need to do in order to fulfill their obligations in this relationship. We can expect them to keep appointments, follow agreed-upon treatment plans, tell the truth, show courtesy to staff and doctor, care for their own health, and pay for their care. If these and many other obligations are not kept, the doctor-patient relationships are doomed to fail. In some cases it may be necessary to end relationships with patients because they choose not to fulfill their end of the relationship. I believe it is detrimental to both the doctor and patient to continue a relationship that is a one-way street. If either party does not have a relationship based on trust, there exists a manipulative, unhealthy relationship. This will not allow the patient or doctor to be all that they should be.

I believe, based on the trust bestowed upon us by society, it is our duty to care deeply. For me it is much more than a duty. It is humbling and rewarding to be able to truly care for the people I serve. What about you?



Dr Bryan Stahl

Dr Stahl has been in solo practice for the past 15 years. His general dentistry practice in Barrington, Illinois, is committed to providing optimal care in a low-volume, patient-centered environment. He has a special interest in and studies ethics in dentistry and medicine. Dr Stahl is an alumnus of The Pankey Institute for Advanced Dental Education in Key Biscayne, Florida. He can be reached at (847) 842-7788 or via fax at (847) 842-9964.

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