Editorial

INFORMED CONSENT AND MUTUAL RESPECT

Dr. John P. O'Keefe

Always interested in how dentistry and dentists are portrayed in popular culture, I went to see *The Secret Lives of Dentists* at our local repertory cinema. On the whole, this film received respectable reviews from the critics (www.rottentomatoes.com), so I looked forward to a good night out.

The film deals with the ailing marriage of a dentist couple who share a practice and a family. The character portrayals are realistic, if none too flattering. The male character is meticulous and dull, while the female is earnest, but absent-minded, seemingly no longer interested in the relationship. The overriding sad impression is of 2 people who don't communicate very well, either on the domestic or the professional front.

We see the male dentist in clinical situations and we witness his interaction with the "patient from hell." This patient mouths the predictable phrases about dentists charging a lot of money, that all dentists seem to criticize the work of other dentists, and that he was sure another dentist would want to replace his work within 5 years.

I was particularly struck by 1 scene portraying the dentist proposing a treatment to this same patient. The patient appeared — to me at least — to want to think further about the proposed course of action, when the dental assistant stuck a cotton applicator with topical anesthetic in his mouth, effectively shutting him up and initiating the treatment. If I were the patient, I would feel that I hadn't yet given informed consent for that treatment. In today's climate, I believe we cannot be perceived to railroad patients into treatments that they may not want or be ready for.

In this edition of *JCDA*, Dr. Cyndie Dubé-Baril writes about the subject of informed consent and tells us that it is a subject of increasing importance to dentists in today's consumerist climate. She proposes a customized consent form, on which the dentist and patient can both set out in their own words their understanding of the treatment bargain that they are about to embark on (downloadable from the electronic version of the article on www.cda-adc.ca/jcda).

Fundamental to informed consent is that the dentist should explain, in terminology understood by the patient, the available treatment options and their ramifications. As the leader of the dental team, it is the dentist's responsibility to deal with matters of patient consent. It is fine to delegate certain technical tasks to other staff members; however, the cornerstone of the doctor-patient relationship, based on trust and mutual respect, must not be delegated.

The medical literature tells us that there are 3 theoretical models of decision-making that the doctor and patient may engage in: the "*paternalistic*," the "*informed*" and the "*shared*." (See *Related Resources* on the electronic version of this editorial.) In the first, the doctor holds all the aces and essentially controls the information flow and makes the clinical decisions. This model may still be tenable with the patient who says, "Do whatever is needed doctor. I trust you." In the second model, the doctor gives information and options, but the decision to move ahead with treatment rests with the patient alone.

In the shared decision-making model, the doctor is assumed to have technical expertise and the patient is assumed to have an equally important (albeit different) expertise: knowledge of his own health values and preferences. Both share information and the decision on the treatment is jointly taken.

Clinical decision-making in real life usually doesn't fit tidily or completely into any of these models. While some patients want to leave decision-making to the doctor, others wish to be more active participants in the process. Research shows that being younger, more financially secure and female increases the possibility of a patient wanting to be a partner in decision-making.

When you are performing elective procedures, in particular, listen carefully to your patient's preferences. Don't believe there is only one treatment plan. And never be afraid to wait until the patient has had time to become comfortable with a clinical decision. As in any long-lasting marriage, compromise — based on mutual respect — is the recipe for a healthy doctor-patient relationship and for relatively headache-free clinical decision-making.

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