Editorial

Essentials of Safe Dental Care

Be it in Texas or Timbuktu, patient and employee safety, quality assurance and reduction of risks that bring about harm, failure and legal problems, are essential components of dental practice. Be it general dental practice or a recognized specialty, the risks are there and not really hidden to a well-oiled practice setting. Rules, regulations and regional specific idiosyncrasies are here to stay for making dental care delivery just one of the integral parts of dental practice. In short, there are many ways we can be wrong, illegal and unsafe while providing needed dental care to an expectant patient. Briefly addressing some of these complicated issues, let us jump right in and checkout **informed consent**.

Informed consent is the voluntary and noncoerced permission from a patient being offered care, a test procedure or a research protocol. This is the legal permission to the care provider and means that the patient is in agreement with what is being offered. The ethical aspect of *patient* autonomy is in play in this situation. Provision of any care or a test procedure cannot be enforced, as it is not a one-sided paternalistic issue where the dentist dictates and patient accepts. There are many components to informed consent and we shall address each one.

1. The dentist or care provider has the responsibility to disclose (inform), prior to treatment on what is going to be done. This disclosure is a viewed as a formal exchange of information. The disclosure must contain what the expected procedure or work that needs to be carried out, the probable risks and expected benefits of the procedure. The information should also address the possibility of failure during or after the procedure. As there is a cost attached to the provision of care, a cost estimate must be provided as well.
2. Patient's ability to comprehend the disclosure is the second part of the informed consent. The patient must understand what is being offered, what to expect and must be able to use this information toward decision-making of whether to agree or disagree with the procedure or test being offered.
3. The third part of informed consent is the patient's primary ability to make a decision is a very important aspect and relates to the capacity of making a decision. For example, a person, who is under the influence of any medication and drug, is a nonadult who cannot make a decision without the permission of an older family member or guardian [children cannot provide informed consent unless they are deemed emancipated and allowed to make decision as adults (legal authorities provide this status to children)], or suffering from an illness that may blur or impair judgment, in essence cannot provide consent. Someone else who is assigned to oversee the well-being of this patient with judgmental issues will need to provide consent as a legal representative. Without informed consent, not only the process of care, test or research is unethical but also illegal in almost all regions of the world. Therefore, before you treat, make sure the patient has the primary ability to make a decision and provides consent.
4. The final part of the informed consent process is granting permission voluntarily without coercion of any sort. Consent from a patient cannot be forced, cannot be positively coerced with additional significant benefits not related to care, cannot be negatively coerced with threats or scare tactics of any kind. Therefore, informed consent must be a noncoerced permission from the patient.
5. Patient's right to choose or decline offered care is also an integral part of the consent and care process. Even if the patient is making a wrong decision, the patient has the autonomy to decline offered care or procedures. This declination should also be documented as it could be necessary to prove that the care provider was not negligent.

In certain life-threatening situations, the patient may need urgent/emergent care and may be unconscious. In such situations, if there is no surrogate person to provide consent, the care provider may take a decision and provide the needed care to save the patient's life or put the patient out of harm's way. This is allowable almost everywhere as it is required of all health practitioners to be helpful to the patient. Even if things go wrong, the *Good Samaritan* efforts of the care provider will prevail in the court of law, if the care provider acts in good faith.

Skirting any of these components of informed consent is therefore unethical, illegal and could jeopardize one's ability to provide care, conduct research or carry out needed tests. Not only should informed consent be considered and obtained from every patient for every procedure but also it should be considered and obtained from every research patient.

In short, let us obtain an informed consent prior to providing care.

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