



Protecting Dentists.

EDIC RISK MANAGEMENT STUDY

Canker Sore Evaluation Missed Oral Cancer



24/7 Claims Hotline
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In August, the Insured General Dentist saw the patient for a regular exam and cleaning. The notes reported a sore on the underside of the patient's tongue. It appeared to be an aphthous ulcer, or canker sore. The Insured Dentist advised the patient to return in 8-10 days for a reevaluation if it didn't heal. The patient didn't return for a reevaluation.

The following January, the patient advised the Insured Dentist that he would be changing dentists to an office closer to his home, and that he had been diagnosed with tongue cancer.

The patient passed away and his estate sued, alleging negligence and wrongful death for failure to diagnose and treat the patient's tongue cancer.

Expert Review

The plaintiff's experts examined the file and argued that the treatment for the ulcer should have been an immediate biopsy and referral to an ENT specialist.

The defense attorney's experts opined that the cancer was well-entrenched prior to the time the Insured Dentist saw the patient for the ulcer. If the dentist had ordered the biopsy in August, it wouldn't have made a difference in the patient's mortality.

Further, the experts believed that the Insured Dentist met the standard of care for the ulcer treatment—for a young healthy patient, with no preexisting medical issues, a general dentist would not rush the patient to an oral surgeon for a biopsy immediately. Instead, the prudent practice is to observe the condition for a

week to 10 days and, only if the ulcer persists, would a referral to an oral surgeon be in order.

However, since the wrongful death claim carried the possibility of exceeding the Insured Dentist's \$1 million policy limits, the parties agreed to attempt to settle the claim. The plaintiff demanded \$1,000,000, and EDIC offered \$100,000. The case ultimately settled for \$300,000.

Risk Management Takaways

General dentists are often the first doctors to examine oral cancer disease conditions. Patients rely on their general dentists to examine lesions closely, to order biopsies when appropriate, and also to refer to specialists when appropriate.

When patients are noncompliant with your treatment plan, it's very important to discuss the likely consequences of noncompliance with the patient AND document that discussion in the record. Here, the Insured Dentist should have alerted the patient that if the ulcer did not clear up in 8-10 days, it could be a sign of a cancer disease condition, and further evaluation would be necessary. He should have warned the patient that failure to monitor the lesion risked an undiagnosed cancer situation, which risked the patient's life. The dentist also should have documented that warning in his notes.

When patients are noncompliant, that increases the risks that the dentist will be held responsible for adverse outcomes related to that noncompliance. Warning the patient of the likely consequences of noncompliance and documenting that discussion puts the onus back on the patient, and not the dentist.

Additionally, don't forget that general dentists are the first line of defense in detecting and treating oral cancer. Dentists should perform, at a minimum, *annual* screenings for oral cancer and document those screenings in their notes.

According to the Oral Cancer Foundation, any sore, discoloration, induration, prominent (exophytic) tissue, irritation, hoarseness, complaints of difficulty in swallowing, unilateral earaches, which does not resolve within a two-week period on its own, with or without treatment, should be considered suspect and worthy of further examination or referral.

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