

Via Email

April 22, 2019

Dear Members:

Re: Complete Treatment Planning & Informed Consent

The Denturist Society of Saskatchewan's (DSS) Council has been fielding calls and requests from members with regards to complete treatment planning and informed consent. As such, we have been working to implement a Standard of Practice Policy regarding Informed Consent together with a standard form to be used in all offices; these are attached for your ease of use and reference. We believe that the implementation of the above will assist in ensuring that complete and consistent treatment planning is occurring therefore reducing complaints and patient confusion.

This policy and form should be used at your discretion but we would recommend that it be used at the minimum in the following instances:

1. Implant cases
2. Immediate denture cases
3. Patients who are escorted to appointments
4. Patients who have power of attorney in attendance
5. Patients with reduced hearing or sight
6. Any and all patients from Long Term Care Facilities

The DSS Council, in regards to item #1 above, would recommend that all members who choose to be involved in implant cases have an established partnership with an oral health care team that allows comprehensive treatment from diagnosis through to long term maintenance. The entire oral health care team is responsible for referral of all implant patients for appropriate care and maintenance. This must include, but is not limited to, appropriate radiographic and clinical follow-up as well as maintenance and professional hygiene based on the individual patient needs. There must be arrangements in place for all aspects of the treatment including treatment including follow-up prior to treatment initiation.

The DSS Council, in regards to item #2 above, has developed an information form for in-office use that is attached for your information and we would recommend that this be used in conjunction with the informed consent form. The Council is also open to accepting and reviewing existing forms that your office may currently be utilizing to ensure that it meets the requirements, please send directly to our office at admin@saskdenturists.com.

We remain available at your convenience if you have any questions or concerns with regards to the above and attached. You can contact our office directly by email at admin@saskdenturists.com or telephone at 1.855.633.6875, Ext. 5.

Respectfully Submitted,

Josh Laewetz, DD
President, Denturist Society of Saskatchewan

Attachments:

- (1) Standards of Practice: Informed Consent with Form
- (2) Transitional Immediate Dentures Information Form



Standard of Practice: Informed Consent

Introduction

Informed consent is the legal and ethical foundation on which healthcare professionals provide care and service to patients. It is a critical responsibility of health professionals that patients or substitute decision makers receive all of the information they require in order to make an informed choice about their healthcare.

Informed consent is a process achieved through a conversation between the dentist and patient or substitute decision maker. Merely asking a patient to sign a consent form does not meet the expectations of the public regarding informed consent nor does it meet the expectations in this Standard.

Purpose of the Standard

This Standard of Practice articulates the Denturist Society of Saskatchewan's (DSS) expectations regarding the acquisition of informed consent in the course of the delivery of care and service to the public. Some of the elements in the Standard will mirror elements outlined in Health Care Consent Act, 1996 and the Substitute Decisions Act, 1992.

The Standard

A denturist meets the Standard of Practice: Informed Consent when he/she:

1. Formulates an opinion about the patient's capacity to make an informed decision specific to the proposed treatment before entering into an informed consent conversation.
2. Identifies a substitute decision maker when concerns regarding capacity to provide informed consent are identified.
3. Provides the patient or substitute decision maker with clear, understandable information and explanations regarding:
 - a. the immediate, short-term and long-term expectations and outcomes associated with the treatment(s), particularly the expectations associated with the fit and function of any proposed prosthetic;
 - b. the nature, benefits, common side effects and serious risks of the proposed treatment(s);
 - c. any reasonable alternative courses of action;
 - d. the likely consequences of not engaging in the proposed treatment(s);
 - e. the fee structure and any financial arrangements regarding payment for services; and
 - f. the roles and responsibilities of everyone involved in the provision of care.
4. Provides the patient or substitute decision maker with an opportunity to ask questions regarding the proposed treatment and answers those questions in a manner that is easily understood.
5. Indicates in the patient's medical record that consent was obtained, refused or withdrawn. When the level of risk associated with a proposed treatment warrants it, obtains written consent.

6. When consent is provided in writing, any notation or form that is made or used confirms that the patient was engaged in the informed consent process, that the dentist explained all the necessary information and allowed time to respond to the patient's or substitute decision maker's questions before obtaining any signature indicating consent to treatment.

7. Ensures that the patient understood their right to refuse to give consent or to withdraw consent at any time during the course of treatment.

Informed Consent to Treatment Plan Form

Name of Patient: _____

Date of Treatment Commencement: _____

Duration of Treatment: _____

Denturist Providing Treatment: _____

1. I authorize the above referenced provider or whomever he/she may designate to perform the treatment as outlined in the attached signed detailed treatment plan.

2. The nature and purposes of the treatment, possible alternative methods of treatment, the risks involved and the possible complications have been fully explained to me by the above referenced provider.

3. I acknowledge that no guarantee or assurance has been made to me in regards to the results that may be obtained. The average life expectancy of the treatment(s) has been provided.

4. I understand this Informed Consent to Treatment form and the treatment as described in paragraph 1 as explained to me by the above referenced provider.

5. I confirm that I have discussed the estimated cost, future costs and method and terms of payment for the treatment with the above referenced provider and that I have agreed to make such payment on the terms we discussed.

BY INITIALING HERE “_____”, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO TREATMENT AND THAT THE EXPLANATIONS REFERRED TO WERE IN FACT MADE TO ME AND THAT THE FORM WAS FILLED IN PRIOR TO TREATMENT. I ALSO CERTIFY THAT I WAS GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND ALL OF MY QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED. BY SIGNING BELOW, I ACKNOWLEDGE MY UNDERSTANDING OF THE INFORMATION ABOVE AND THAT I AGREE TO PROCEED WITH TREATMENT AS PROPOSED.

Signature of Patient: _____

Or

Signature of Parent/ Guardian/Power of Attorney: _____
(substitute decision maker)

Date: _____

Witness: In my opinion, the patient/parent/guardian appears able to understand the treatment proposed and the information provided concerning the treatment.

Signature of Witness: _____

Date: _____

TRANSITIONAL/TEMPORARY/SURGICAL IMMEDIATE DENTURES

OR

PERMANENT IMMEDIATE DENTURES

MAXILLARY (UPPER) **COMPLETE** **OR** **PARTIAL**

MANDIBULAR (LOWER) **COMPLETE** **OR** **PARTIAL**

An immediate denture is one whereby the natural teeth are extracted and the denture is placed directly in the mouth. In this way you do not have to go without teeth during the healing period.

It may be difficult to eat at first due to the tenderness of the gum tissue, but a soft diet with plenty of fluids will help the healing process together with cutting food into smaller pieces, chewing slowly and drinking cool liquids. Also rinsing with a mild solution of salt and warm water will help relieve the tenderness & promote healing. Speaking with new dentures may also take practice and patience; this can be lessened by speaking slowly and reading aloud. There is a transition and learning period, as with all new things, so be patient and these problems likely will correct themselves over time.

In the first few weeks as your mouth is healing, your gums will be shrinking and as they do your denture will become loose, this is a normal occurrence. After about 4 weeks of shrinkage with the denture becoming loose, sore spots may develop as the denture continues to settle. At this time, depending on the amount of healing and shrinkage which has taken place a **Temporary Lining** will be placed into the denture, which will retro-fit your denture to how your mouth has resorbed (shrunk) at this point in time. The fee for each Temporary Lining is approximately \$_____. This Temporary Lining may have to be replaced from time to time as the tissue continues to shrink and the Temporary Lining fee apply.

It is normal to require adjustments with an immediate denture, as your mouth is changing in the healing process requiring minor adjustments to improve fit is a necessary step to alleviate any discomfort you may be feeling. These adjustments, within reason, are including in the costs of the denture but appointments are required, so we ask that you kindly call and book an appointment.

The gum tissue and underlying bone can take up to a year to completely heal. Once your gum tissue has healed, depending on treatment plan, you will either transition to Permanent Dentures or your dentures will require the permanent Relining/Rebasing, which will tighten the tissue surface of the denture to fit your gum tissue. The cost of Permanent Dentures will be discussed and outlined in a treatment plan. The cost of Relining/Rebasing each denture is approximately \$_____. Once your teeth have been extracted the underlying bone and gum tissue continues to change over time, so from year to year you should have your denture(s) checked to be sure they are fitting correctly and the underlying tissue is in good health.

I acknowledge that I have read and fully understand all procedures and fees associated above.

Patient Signature, Acknowledges Copy Given

Patient Name (please print)

Date _____

Denturist Signature