

# DISPATCH



Royal College of  
Dental Surgeons of Ontario

*Ensuring Continued Trust*

JULY/AUGUST 2004

VOL. 18, NO. 3

## *Preserving the College's History*

### **Preserving Our Past For Future Generations**

*Searching our Collective Memory*

### **Member Assistance Program**

*Confidential Support for Ontario Dentists*

### **Gum Research**

*Something to Chew On*

### **Record Retention**

*How Long Must You Keep Your Records?*

IN THIS ISSUE  
**2003 Annual Report**  
Pull Out Supplement



Royal College of  
Dental Surgeons of Ontario  
*Ensuring Continued Trust*

**DISPATCH**  
Vol. 18, No. 3  
July/August 2004

*Dispatch* is the official publication of the Royal College of Dental Surgeons of Ontario (RCDSO). RCDSO is the regulatory body governing the practice of dentistry in Ontario. *Dispatch* is published four times a year. The editor welcomes comments and suggestions from our readers.

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### RCDSO COUNCIL MEMBERS

#### President

Dr. Cam Witmer

#### Vice-President

Dr. Doug Smith

#### Elected Representatives

District 1 – Dr. Doug Smith

District 2 – Dr. Larry Parker

District 3 – Dr. Albert Bouclin

District 4 – Dr. Randy Lang

District 5 – Dr. Eric Luks

District 6 – Dr. George Grayson

District 7 – Dr. Cam Witmer

District 8 – Dr. Frank Stechey

District 9 – Dr. Virginia Luks

District 10 – Dr. Bohdan Kryshtalskyj

District 11 – Dr. Marvin Klotz

District 12 – Dr. Hartley Kestenber

#### Appointed by Lieutenant-Governor In Council

Ryan Clarke, Mississauga

Mary Ann Labaj, Oshawa

Robert Marr, Mississauga

Doug McVeigh, Bobcaygeon

Lloyd Pollack, Toronto

Krystyna Rudko, Ottawa

Stanley Spencer, Toronto

Joan Stewart, Cache Bay

Ben Wiwcharyk, Thunder Bay

#### Academic Appointments

University of Toronto

Dr. Phillip Watson

University of Western Ontario

Dr. David Charles

### Issue Enclosures

- Summaries of Recent Discipline Committee Hearings
- PEAK: Orthodontics: Part 7: Fact and fantasy in orthodontics from the *British Dental Journal*

# New Initiatives Prove College's Commitment to Service and Support for Ontario Dentists.

DR. CAM WITMER



**T**he College is currently involved in a number of exciting initiatives. All of these projects will create direct benefits for members across the province.

The College is moving full steam ahead on the next generation of educational support for members as part of the FLAME project, or a Fresh Look At Member Education.

We believe in the concept of continuous professional development. Learning is not something that stops when we walk off the stage with our degree in hand.

We believe that it is important to support lifelong learning – a process of learning and renewal that continues right through a dentist's career.

We believe it is important to be responsive to members' needs by reaching out to provide learning in ways that suit you. Geography should not be a barrier.

Over the last few years, we have made significant steps beyond the traditional opportunities.

We organized road shows. We sponsored the incorporation seminar, complete with video and audiocassette. We created the privacy toolkit with a workbook and CD.

Later this year, we hope to move to yet another level.

We want to create a prototype that will serve as a reference point for others.

We are embarking on the production of an interactive learning package on medical emergencies in the dental office.

It is targeted for delivery to each and every dentist in the province before the end of the year.

Of course, supporting dentists with educational opportunities is nothing new for the College. We already have an excellent track record.

There is our ethics and jurisprudence courses; rehabilitation programs for members; and the fact that our staff teach at the universities and give in-service sessions at society meetings.

Some of you may be asking yourself: Why is the regulatory college making

such a strong commitment to continuing education?

The answer is simple. It is our statutory responsibility to involve ourselves in education.

The College's Quality Assurance Committee is addressing the notion of core courses. The Committee will establish the criteria and the points system.

It is not our goal at this point in time to get involved in the continuing education business to make a profit. We hope other organizations and institutions will follow our lead and move in to fill this vacuum.

It is not our intention to do away with the point system either. Local societies will still be able to continue to provide the same valuable service as they do

*Continued on page 20*



# De nouvelles initiatives font état de l'engagement du Collège en matière de service et d'appui aux dentistes de l'Ontario.

**E**n ce moment le Collège participe à un certain nombre d'initiatives dynamiques. Tous ces projets entraîneront des avantages directs pour les membres d'un bout à l'autre de la province.

Dans le cadre du Projet FLAME (Fresh Look At Member Education), le Collège travaille à la prochaine génération de matériel de formation pour ses membres.

Nous adhérons au concept du perfectionnement professionnel continu. Une fois notre diplôme en main, les études ne s'arrêtent pas pour autant!

Nous croyons qu'il est important de soutenir l'éducation pendant toute la vie, car elle doit être un processus de formation et de renouvellement se poursuivant pendant toute la carrière d'un dentiste.

Nous estimons qu'il est important de répondre aux besoins des membres en adaptant nos services de formation à leurs demandes. La géographie ne devrait pas être un obstacle.

Au cours des deux dernières années, nous avons fait de grandes enjambées pour dépasser les possibilités traditionnelles.

Nous avons organisé des tournées de présentation, parrainé le colloque sur la constitution en société, réalisé une vidéo et une cassette audio. Nous avons

également élaboré une trousse traitant de la protection des renseignements personnels, qui comporte un guide et un CD.

Plus tard cette année, nous espérons passer à une autre étape.

Nous voulons créer un modèle qui servira de point de référence.

Nous étudions en ce moment la réalisation d'une trousse d'apprentissage interactive sur les urgences médicales et les mésaventures dans les cabinets dentaires.

Nous espérons en distribuer un exemplaire à chaque dentiste dans la province d'ici la fin de l'automne.

Bien sûr, le fait de soutenir les dentistes en offrant des possibilités de formation n'est pas une nouveauté pour le Collège, car il possède d'excellents antécédents dans ce domaine.

Le Collège offre des cours sur la déontologie et la philosophie du droit, des programmes de réadaptation pour les membres, et son personnel enseigne dans les universités et présente des séances sur place lors des réunions des sociétés.

Certain d'entre vous se demandent peut-être pourquoi le collège de réglementation fait preuve d'un tel engagement en matière de formation continue.

La réponse est simple : il en va de notre responsabilité légale de prendre part à la formation.

Le comité d'assurance de la qualité du Collège aborde la notion des cours de base et élaborera des critères ainsi qu'un système de points.

Nous ne visons pas à nous lancer dans le domaine de la formation continue en vue de réaliser des profits. Nous espérons plutôt aider les organismes et établissements à nous emboîter le pas et à participer afin de combler les lacunes.

Nous n'avons pas l'intention de supprimer le système des points. En cours de route, les sociétés locales pourront continuer à offrir leurs précieux services et à produire des revenus fort nécessaires.

Le Collège élaborera des critères pour les cours de base. Les organismes qui désirent offrir ces cours pourront ensuite faire approuver leurs cours par le Collège.

Notre objectif de base consiste à améliorer et accroître les possibilités de formation pour tous les dentistes dans la province.

Nous espérons que d'autres organismes tels que l'Association dentaire de l'Ontario et les universités considéreront également cette démarche comme une

*Suite à la page 22*

College lends support to  
ODA program offering

# Confidential Compassionate Support

at any time to any Ontario dentist in need.

Dentists, like everyone else, are subject to the effects of stress, burnout, depression, chemical dependency, and other life challenges. Calls come to the College every week from members who are having life problems ranging from depression to suicidal tendencies to financial problems.

"The College is very pleased to lend its support to the successful Members Assistance Program (MAP) that ODA offers to the entire dental community through its Dentists At Risk program," said Dr. Cam Witmer RCDSO President.

"This year already we have received about 12 calls at the College from dentists who need help. We want to do everything we can to support individual dentists who, as might happen with any of us, are facing a troubling time in their life.

"This is a successful service that ODA has provided for many years. It was enhanced about two years ago when the Dentists At Risk program integrated with

the superb member assistance program offered by the Canadian Dental Service Plans Inc. (CDSPI)," explained Dr. Witmer.

The Members Assistance Program provides short-term counselling, consulting, and referrals at no cost to dentists, their families, and dental office staff.

Any dentist in the province (whether an ODA member or not) registered with the College, a dental student or retired dentist can call MAP for help 24 hours a day, seven days a week.

## HAVE A PROBLEM?

Call the CDSPI Membership Assistance Program anytime – 24 hours a day, seven days a week.

It's absolutely free.  
Absolutely confidential.  
And available when you need it.

Call 1-800-268-5211

A team of professionals, which may include psychologists, social workers, lawyers, and financial advisors are there to help you. In some cases, help is right over the telephone.

Both the College and the ODA have shared and discussed concerns about how best to help their colleagues.

"The College is delighted to recognize the excellent work done by our colleagues at ODA, and to collaborate in any way we can to promote the assistance program," said Dr. Witmer.

*If you have any questions for the Ontario Dental Association, please contact:*

### Linda Samek

Director of Professional Services  
Ontario Dental Association  
phone: 416-355-2263  
toll-free: 1-800-387-1393  
e-mail: lsamek@oda.on.ca

# Too Little... Too Much... Just Right!



The College is pleased to announce that the new and improved RCDSO Roadshow is in its final stage of preparation. Entitled Too Little... Too Much... Just Right, this continuing education program is destined to become a must see event for Ontario dentists.

Using actual case studies and a new interactive format, the experienced dentists at the RCDSO will cover key topic areas with the view to providing practical advice on how to avoid many of the common practice-related problems that we see at the College.

The topic areas include:

- Communication
- Informed Consent
- Recordkeeping
- Supervised Neglect
- Unnecessary Treatment
- Clinical Competence/Standards of Practice

The debut presentation of the RCDSO Roadshow is scheduled for Friday, October 15, 2004, at Bingemans Conference Centre in Kitchener. There is no fee for the course and a light lunch will be provided. Of course, 6 bonus continuing education points will be awarded for this full-day program.

Space is limited. Please contact:

**Lisa Pretty**

Communications Assistant

phone: 416-961-6555, ext. 4303

toll-free: 1-800-565-4591

e-mail: lpretty@rcdso.org

## Listings 2004 Update



*The 2004 Listings of Dentists and Specialists in Ontario contained incorrect telephone or street information for some of our members. The corrections are listed here. We regret any inconvenience this may have caused.*

### Alphabetical Listings/Dentists

BEATH, ROBERT  
LORNE  
07133 71 261 75 OR  
General/Specialty  
Certificates  
602 Oxford St E  
London ON N5Y 3J1  
Tel: (519) 672-8300

Goderich Dental Centre  
33 West St  
Goderich ON N7A 2K5  
Tel: (519) 524-7516

GROSSMAN, JEFFERY  
JACK  
08089 76 256 83 EN  
General/Specialty  
Certificates  
Dundas Street Dental  
Centre  
304 Dundas St W #201  
Whitby ON L1N 2M5  
Tel: (905) 668-6747

THOMPSON, CLIFFORD  
9134 79 256  
General Certificate  
No Practice Address  
Available

VENDITTELLI, BRUNO  
LUIGINO  
12774 94 256 99 OR  
General/Specialty  
Certificates

Forest Hill Orthodontics  
219 St. Clair Ave W #104  
Toronto ON M4V 1R3  
Tel: (416) 921-6772

### Specialists Paediatric

BENBASSAT, JOSEPH  
11266 84 171 87 PD  
General/Specialty  
Certificates  
Family Dental Clinic  
10 Headdon Gate #1  
Richmond Hill  
ON L4C 8A2  
Tel: (905) 224-2290

# College Welcomes Invitations to Speak at Society Meetings Anywhere in the Province – at No Cost to the Society

The College is always willing to visit your dental society – at absolutely no cost. We welcome these opportunities to meet face-to-face with local dentists, share what is happening at the College, and answer your questions.

## **WHO'S AVAILABLE?**

The President or the Registrar are available to speak about the latest developments in current issues and to answer your questions, whatever the topic. You can find out more about the exciting plans for the future in areas such as continuing education.

Key staff are also available to address such issues as provincial privacy legislation or risk management.

Or perhaps your society has a topic of particular interest that you would like the College to address. Just ask us.



*Oxford County Dental Society – (left to right)  
RCDSO's Dayna Simon, Assistant to the  
Registrar, Legal; Oxford County Dental Society  
President Dr. Ian Furst; and Oxford County  
Dental Society Secretary Dr. Bob Lail.*

## **HOW TO BOOK A SPEAKER**

*It's easy. Contact:*

**Irwin Fefergrad**

*Registrar*

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org)





## Standing-room-only turn out for College session at the ODA annual spring meeting.

As usual, the College's half-day session at the ODA annual spring meeting in early May captured a large audience. Presented by the staff team of Dr. Mike Gardner, Assistant to the Registrar, Dental (left), and Dr. Fred Eckhaus, Assistant to the Registrar, Dental (right), the half-day workshop focused on guidance and practical advice in understanding recordkeeping requirements to meet professional, ethical, and legal responsibilities.



## Health Minister asks College to work together on moving forward on access to dental care in the long-term sector.

George Smitherman, Minister of Health and Long-Term Care (right) and Registrar Irwin Fefergrad (left) met with College representatives on Saturday, April 3, 2004.

The Minister was impressed with the College's work and was particularly interested in our access to care project. He asked the College to work with his parliamentary assistant on the development of a next course of action on the project.

## Facility Permits to Expire on March 31, 2005

### FACILITY PERMITS ISSUED OR RENEWED BY THE COLLEGE FOR THE 2004 CALENDAR YEAR WILL EXPIRE ON MARCH 31, 2005.

Facility permits issued or renewed for subsequent years will be for a one-year period commencing April 1 of that year and expiring on March 31 of the following year.

The facility permit annual renewal forms for the period of April 1, 2005 to March 31, 2006, will be forwarded to those dental facilities holding current facility permits about 60 days in advance of the March 31, 2005 expiry date. Dental facilities that do not pay the necessary fees on or before March 31 will not be issued a facility permit for 2005.

Accordingly, failure to obtain the necessary facility permit for the administration of sedation and/or general anaesthesia is a direct contravention of the Professional Misconduct Regulation which, in paragraph 11 of Section 2, defines professional misconduct, as:

Contravening the standards of practice, as published by the College, in relation to inducing general anaesthesia or conscious sedation.

# The Rewards of Serving on College Committees are More than Just Motherhood



Dr. Lorne Akler



Dr. Steve Cohen



Dr. Katherine Zettle

**Y**ear after year, dentists from around the province volunteer to serve on a number of important College committees. In fact, without their contribution, the College could not function.

So why do they do it? What are the rewards for these volunteers who come forward?

To better understand what motivates members to make that level of commitment to the College, *Dispatch* spoke with three dentists now serving on committees:

- Dr. Lorne Akler, a general practitioner in his first term on the Complaints Committee;
- Dr. Steve Cohen, an endodontist serving a second term with the Professional Liability Program (PLP) Committee;

- Dr. Katherine Zettle, a paediatric dentist who has spent one term on the Patient Relations Committee and two terms on the Discipline Committee.

Wanting to be of service to the profession played a significant role in the decision-making process in deciding to put their names forward.

Dr. Akler was keen to learn first-hand how dentistry was regulated. Dr. Zettle saw how she could become involved without having to run for office. Dr. Cohen wondered where the shoe dropped, in the legal or regulatory arena, when he solved problems in his clinical work.

The College's reputation is sometimes an influencing factor. What was the College really like? There was no better way to find out than to get involved.

A funny thing happened when these

## DATES FOR COUNCIL ELECTIONS

### Key Dates For Election 2004

Call for nominations mailed out no later than	Friday, October 22
Deadline for receipt of nominations	Friday, November 5
Last day for candidates to withdraw	Tuesday, November 16
Ballots to be sent out by College no later than	Wednesday, November 24
Election Day	Wednesday, December 8
Deadline for receipt of ballots at the College	Wednesday, December 8 noon

dentists joined College committees for the first time and they found that staff at the College are warm and supportive. They found that everyone strives to achieve outcomes that are fair, balanced, and sensitive to all parties.

Another big plus is that working at the College helps make for a good professional balance. As Dr. Cohen puts it, meeting and working with fellow dentists, College staff, and others from different backgrounds on non-clinical aspects of dentistry "helps get us out of our little cubicles."

Dr. Zettle appreciates that non-Council committee members have an equal say with the other members. Chairing two Discipline Committee panel hearings has enhanced her leadership skills. Participation in full Council meetings has helped her to understand the larger picture of what goes on at the College.

It's a good networking opportunity too. There is the camaraderie and lasting friendships that are made. Dr. Ackler was struck by how much support committee members get from College staff. As Dr. Zettle pointed out, she no longer hesitates to approach staff for advice.

Probably every volunteer finds some aspect of the College's business that fascinates them.

For Dr. Cohen it is the dental/legal aspects of the PLP work. He likes seeing how cases are investigated, records brought together, and resolutions reached with legal strategies employed on both sides.

Dr. Akler on the Complaints Committee is impressed by the balance between protection of the public and the great emphasis on rehabilitative measures to help dentists move forward with dignity. Juggling busy practices and committee

work, not to mention family life and other commitments, is not all that difficult.

Dr. Cohen has no problem accommodating the PLP schedule of about four days a year.

In addition to her practice, Dr. Zettle devotes time to hospital work, two group homes, home visits, membership on a long-term care committee, and her family. Add to that list the one day or so a month for the Discipline Committee. As she says: "If you're interested, you'll make it work."

Dr. Akler books time in his schedule to review Complaints Committee cases. He feels that if he can continue to study after leaving dental school nine or ten years ago, anyone can.

The acid test of customer satisfaction is repeat business.

Dr. Ackler, Dr. Cohen, and Dr. Zettle are all putting their names forward again. They strongly encourage their colleagues to do the same.

## WANT TO KNOW HOW YOU CAN VOLUNTEER?

*Just call either of these College staff members.*

### **Irwin Fefergard**

*Registrar*

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergard@rcdso.org

### **FOR PLP:**

### **Dr. Don McFarlane**

*Director, Professional Liability Program*

phone: 416-934-5609

toll-free: 1-800-565-4591

e-mail: dmcfarlane@rcdso.org

## **IMPORTANT: Address Information The College Will Provide To Candidates.**

As you know, election time for Council is quickly approaching. It is the College's protocol to provide all candidates with a list of constituents in the candidate's electoral district and with mailing labels. This information may be used by the candidate for election and campaigning purposes.

The member's address provided to the candidate is the designated register address of the member, which is the address in Ontario where the member practises (business address). If the member does not practise, the designated register address is the address in Ontario where the member resides.

If the dentist's home address is the designated register address, (in other words, there is no practise address available), that is the address that will be provided to the candidate so that all members entitled to vote in the election will be able to receive election materials.

If you are a member whose designated address is the address in Ontario where you reside, and you do not wish your home address to be provided to the candidate, you must inform the College in writing before October 1, 2004.

Please send your written notice to:

**Julie Wilkin**

*Coordinator*

6 Crescent Road

Toronto, ON M4W 1T1

e-mail: jwilkin@rcdso.org

## HEALTH PROFESSION CORPORATIONS

# 2004 Annual Renewal for Certificates of Authorization

**B**y now you should have received the 2004 annual renewal form for the Certificate of Authorization for your health profession corporation. The deadline for receipt of your completed annual renewal form and fee of \$200 is August 31, 2004.

Please note that **all** Certificates of Authorization expire on the same date, August 31 of each year, regardless of the initial date of issuance. In other words, **all** health profession corporations holding a current Certificate of Authorization must complete this annual renewal form.

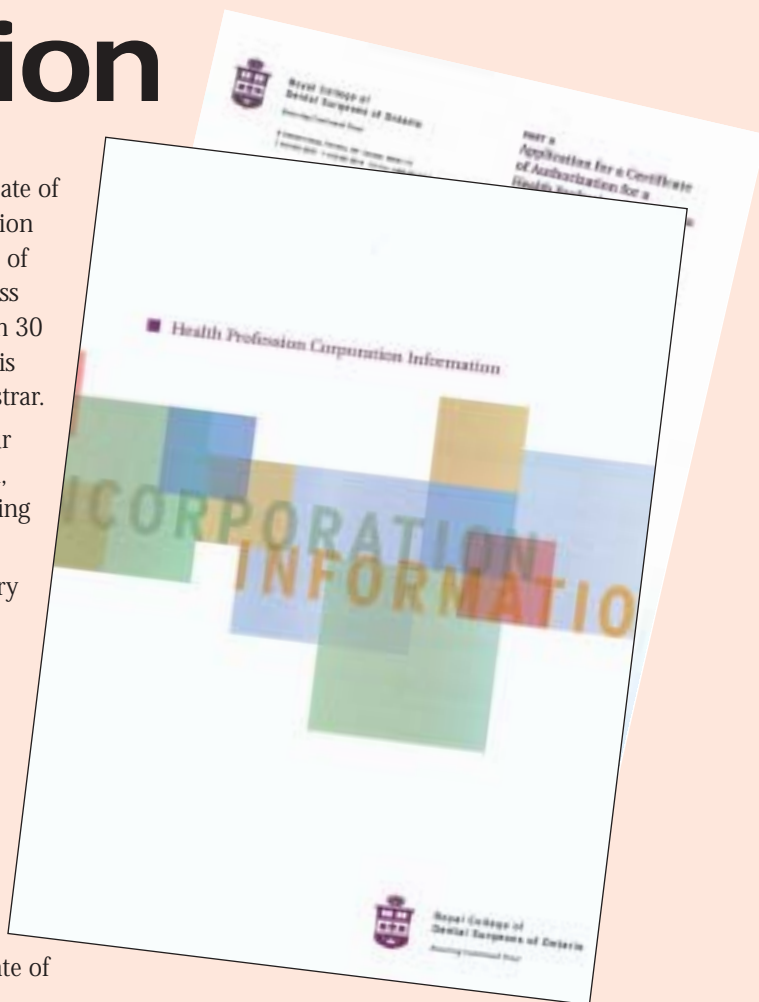
To expedite the processing of the annual renewal, please submit the following information on or before August 31, 2004:

- Statutory Declaration executed by a Director of the Corporation before a commissioner, lawyer or notary public not more than 15 days before the annual renewal is submitted to the Registrar;
- Signed annual renewal form completed by the same Director of the Corporation who signed the Statutory Declaration;
- Fee in the amount of \$200 payable to the Royal College of Dental Surgeons of Ontario;

- Current-dated Certificate of Status of the Corporation issued by the Ministry of Consumer and Business Services not more than 30 days before the day it is submitted to the Registrar.

If the composition of your Corporation has changed, please include the following additional information:

- Notarized copy of every Certificate of the Corporation that has been endorsed under the *Business Corporations Act (Ontario)* **since** the Corporation's most recent application for a Certificate of Authorization or for renewal of its Certificate of Authorization;
- Undertaking in Form C to be completed by each **new** Director of the Corporation;
- Undertaking in Form D to be completed by each **new** Shareholder of the Corporation (excluding Director(s) who have completed Form C).



If you have any questions, please contact:

**Julie Wilkin**

Coordinator, Professional Corporation

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: [jwilkin@rcdso.org](mailto:jwilkin@rcdso.org)



# Common Errors that Cause Annual Renewal Form to be Denied or Rejected.

## 1. IMPROPERLY EXECUTED STATUTORY DECLARATION

Annual renewal forms submitted to the College with an improperly executed Statutory Declaration will be denied.

Your Statutory Declaration must be signed, dated, and witnessed before a Notary Public, Lawyer or Commissioner of Oaths not more than 15 days before the annual renewal is submitted to the Registrar.

### What constitutes an improperly executed Statutory Declaration?

A Statutory Declaration will be deemed improperly executed if:

- The date has been changed and the Statutory Declaration has not been re-signed by both the Director and the Notary Public/Commissioner of Oaths.

In other words, if the date has been changed, there should be four signatures on the Statutory Declaration: the Director's signature should appear twice, and the Commissioner of Oaths/Notary Public's signature should appear twice.

- It has been signed but not witnessed before a Notary Public or Commissioner of Oaths.

Please note that, while a fellow dentist may be able to bear witness on your passport, this does not necessarily make them a Notary Public/Commissioner of Oaths. The same holds true for your accountant. These individuals are acceptable if they have applied to be a Commissioner of Oaths and provide the appropriate Seal.

- It has been signed, witnessed but not dated.

## 2. CURRENT-DATED CERTIFICATE OF STATUS IS NOT SUBMITTED

The original Certificate of Status is submitted instead of a new current-dated Certificate of Status.

Each year, you are required to obtain from the Ministry of Business and Consumer Services a new current-dated Certificate of Status of the Corporation. You may obtain your Certificate of Status directly from the Ministry of Business and Consumer Services or on-line at [www.oncorp.com](http://www.oncorp.com).

For additional information regarding the annual renewal of your Certificate of Authorization please visit our Web site at [www.rcdso.org](http://www.rcdso.org).

## ROYAL COLLEGE OF DENTISTS OF CANADA INTERIM EXAMINATION

### *Last chance to apply and qualify*

Many existing dental specialists have expressed concern that, as of 2001, incoming dental specialists will likely obtain Fellowship after successful completion of the National Dental Specialty Examination. To permit all existing dental specialists the opportunity to upgrade to Fellowship, the Royal College of Dentists of Canada is offering an Interim Examination under the following conditions:

1. The Interim Examination will be available to existing specialists who have been licensed as a specialist in Canada for three years or more.
2. The specific content of the examination will be left to the individual specialty, but usually involves elimination of the initial written component of the standard examination.
3. The Interim Examination will be given on a time-limited basis for three years starting in 2002 and ending in 2004.

The last Interim Examination will be held in Toronto, Ontario on Saturday, November 20, 2004, as part of the fall 2004 examination session. All applications must be received by the RCDC office on or before the application deadline of August 3, 2004.

For information about examination requirements, application deadlines and fees, visit the RCDC online: [www.rcdc.ca](http://www.rcdc.ca) or call 416-512-6571.

# HEALTH PROFESSION CORPORATION

# Before You Incorporate Your Dental Practice Pre-Approve Your Corporation Name

From time to time, the College receives applications for a Certificate of Authorization for a health profession corporation in which the proposed corporation name does not meet the legislative requirements.

This leaves the College in the unenviable position of having to deny your application for a Certificate of Authorization. You may also incur additional legal fees with your lawyer

and/or administrative fees with the Ministry of Business and Consumer Services when filing for Articles of Amendment to change the corporation name, and for requesting a current-dated Certificate of Status of the corporation reflecting the new name.

Your corporation name must include:

- surname of one or more of the shareholders as set out in the College's Register;



- the phrase: Dentistry Professional Corporation;

Your corporation name may include:

- your first name and/or initials;
- the use of the title Dr.

To expedite your application for a Certificate of Authorization, and to assist you in keeping your legal and administrative fees to a minimum, you are invited to complete the Health Profession Corporation Name Pre-Approval form and submit it to the College for review.

Please note that only the name of your Corporation can be pre-approved. The College cannot pre-approve applications in their entirety for health profession corporations.

You can confirm that the proposed name for your health profession corporation is in keeping with the legislative requirements, or submit your pre-approval form by contacting:

**Julie Wilkin**

*Coordinator, Professional Corporation*

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: [jwilkin@rcdso.org](mailto:jwilkin@rcdso.org)

Please visit the College's Web site at [www.rcdso.org](http://www.rcdso.org) to download a copy of the Health Profession Corporation Name Pre-Approval form.

## HEALTH PROFESSION CORPORATION NAME PRE-APPROVAL FORM

Proposed Name of Health Profession Corporation

***I would like the College's reply to be forwarded to:***

NAME OF DENTIST FORMING CORPORATION (PLEASE PRINT)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**BY MAIL: Registration**  
**Royal College of Dental Surgeons of Ontario**  
**6 Crescent Road, Toronto, ON M4W 1T1**

**BY FAX: 416-961-5814**

And finally, a reminder that the process and requirements for practice names are a completely separate and a different matter than for the name of your health profession corporation. Questions about practice names should be directed to:

**Dr. Fred Eckhaus**

*Assistant to the Registrar, Dental*

phone: 416-934-5624

toll-free: 1-800-565-4591

e-mail: feckhaus@rcdso.org

**WHAT THE LEGISLATION SAYS**

Ontario Regulation 39/02 made under the *Regulated Health Professions Act, 1991*, states under Section 1, Eligibility:

1 (1) 3. The name of the corporation meets the standards described in subsections (2) to (5).

(2) The name of the corporation must meet the requirements in section 3.2 of the *Business Corporation Act* and must not violate the provisions of any other Act.

(3) The name of the corporation must include the surname of one or more shareholders of the corporation, as the surname is set out in the College register, and may also include the shareholder's given name, one or more of the shareholder's initials or a combination of his or her given name and initials.

(4) The name of the corporation must indicate the health profession practised by the shareholders.

(5) The name of the corporation must not include any information other than the information permitted or required by subsections (2), (3), and (4).

# Plans Underway for Symposium in February 2005 Profiling Emerging Link Between Periodontal and Systemic Diseases

**Did you know that aside from colds and flu, periodontal disease is the most common infection in North America?**

The current president of the American Academy of Periodontology recently called the emerging connections between periodontal disease and a long list of other chronic diseases a revolution in medicine.

"The College wants dentists to be on the front line of that revolution," explained College President Dr. Cam Witmer.

More and more research is pointing to the interconnection between oral health and systemic diseases such as diabetes, heart attacks and strokes, and pre-term and low birth weight babies.

College staff are now working with Dr. Christopher McCulloch and Dr. Michael Glogauer of the University of Toronto dental faculty to plan a special symposium. Slated for early 2005, it will involve a small but influential group to brainstorm on how to move this issue forward. Invitations will go to people in dentistry and other fields.

"One of our primary goals is to raise awareness about this important research within the dental community," said Dr. Witmer. "More knowledge about these issues can have a significant impact on the kind of oral health service that we provide for our patients."

*If you would like more information, please contact:*

**Irwin Fefergrad**

*Registrar*

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org



# Gum Research Provides New Theory to Chew On

**Chewing gum may improve academic performance.**

*Reprinted with the permission of The New Yorker.*

**T**he truly great scientific discoveries – gravity, laughing gas, Velcro – always seem to happen by accident. Take the case of Dr. Kenneth Allen, whose latest findings indicate that we should perhaps overturn one of the most sacred laws of primary education: the prohibition on chewing gum in the classroom.

Dr. Allen, a professor at NYU's College of Dentistry is an unlikely champion of Bazooka and Double Bubble and yet he has recently shown, if inadvertently, that a pack-a-day chewing habit may help account for the difference between the honour roll and summer school.

Dr. Allen's claim to fame goes like this: like any conscientious teacher, he was interested in finding new and better ways of helping his students learn. Last year, he decided to see whether or not CD-ROMs are as effective as traditional lectures in teaching dental anatomy. He devised a simple study involving two student groups. It was not exactly what you might call groundbreaking stuff. But, then came his apple-falling-from-the-tree moment.

"I was looking at a way of funding the study," Dr. Allen explained last week, "and a colleague of mine came up to me and said that Wrigley's wanted to do a study about learning with chewing gum. And I thought – dentistry – this is a great place to do it."

Dentists it turns out are not nearly as



opposed to gum, or at least to sugarless gum, as schoolteachers are. "I don't think dental schools have an official stance on chewing gum," Dr. Allen said. "Some people actually feel that chewing gum can stimulate saliva, which can help keep the teeth clean."

The history of chewing gum is rich in lore but short on hard science. Does swallowed gum really remain in your stomach for seven years? Is it true, as

Lyndon Johnson once said that Gerald Ford couldn't chew gum and walk at the same time?

Dr. Allen reviewed the literature, such as it was, and found most of it to be insufficiently rigorous. Some diehard bubble blowers believe that chewing is helpful for maintaining mental focus. ("Why do baseball players chew gum?" he wondered. "Are they concentrating more?") Other enthusiasts argue that



continual jaw motion is apt to increase one's heart rate ever so slightly, thus sending more oxygen to the brain. "Past research has shown an increase in hemoglobin in human brain tissue after mastication," Dr. Allen observed (he was referring to a paper in the *Journal of the Stomatological Society*), "but findings suggesting a direct correlation between chewing gum and increased learning have been anecdotal."

So, Dr. Allen added a twist to his CD-ROM experiment: half of the students in each group would be asked to chew gum while studying, and half, like typical grade school students, would be forbidden to chew gum. He called his proposal "The Affect of an Interactive CD and the Use of Chewing Gum on Learning Dental Anatomy."

Sure enough, Wrigley agreed to provide the gum (sugarless, by request) and to cover other auxiliary expenses. Dr. Allen rounded up volunteer students and after three days of instruction (in person and via CD, gummed and gumless), tested them on the material. To his surprise, the gum chewers scored on average a B-minus on the written component while the abstainers managed only a C-plus. The CD-ROM learners incidentally scored slightly higher than the lecture audience did.

Allen can't say whether this news will have any impact on the way we view gum chewing. "I think we're not gum chewers because it's been considered to be socially unacceptable," he said. The results in any event await validation. Fifty-six students took part in the pilot study and as Dr. Allen said, "We really need a sample size of about 200 to determine it beyond a reasonable doubt." He has applied to Wrigley for follow-up funding and presented his paper in March at the annual meeting of the American Association for Dental Research, in Hawaii.

Clearly, some questions remain. If

mastication is the vital element, might chewing tobacco or fingernails have a similar positive effect? How does the Wrigley treatment compare with other supposed brain boosters, like sage, fish oils, and ginseng? And principally, why is it that chewing gum is so often taboo – both in school and elsewhere? John Edwards, for instance, was criticized for looking un-*Presidential* when he was spotted several months ago at a televised event with an offending wad in his mouth.

There are the messiness and hygiene factors of course, as anyone who has ever stepped on moist Bubblicious or groped the underside of a public desk can attest. These presumably explain the famous criminalization of gum possession in

Singapore. But some of the aversion to public gum consumption probably stems from an unconscious association with the kinds of people – ballplayers, Erin Brockovich, reformed smokers, Joe Millionaire contestants – who tend, or so it seems, to chew most vigorously. It needn't be so. With help from Dr. Allen, who by the way is not a gum chewer, our jaws shall be set free.

*Dr. Kenneth L. Allen is Assistant Professor at the New York University College of Dentistry, the third oldest and the largest dental school in the United States.*

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www.newyorker.com*

## Sedation and Anaesthesia Guideline Revised

At the request of the College of Nurses of Ontario, amendments to the College's Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice were recently approved by Council.

These amendments related to the administration of sedation and/or anaesthesia and clarify the phrase "nurse currently registered with the College of Nurses" that is used in the following sections of our Guidelines:

- Professional Responsibilities section (page 2, point #5);
- Description of the qualifications of the Sedation Assistant (page 9);
- Description of the Anaesthesia Assistant (page 14).

The new wording in all sections is now as follows:

"A nurse, currently registered with the College of Nurses of Ontario in the Registered Nurse Class"

The revised Guideline can be found on the College's Web site [www.rcdso.org](http://www.rcdso.org) and a copy will be sent to all members at a later date.

*If you have any questions, please contact:*

**Dr. Robert Carroll**

*Manager of Professional Practice*

phone: 416-934-5611

toll-free: 1-800-565-4591

e-mail: [rcarroll@rcdso.org](mailto:rcarroll@rcdso.org)

# Preserving Our Past For Future Generations

## *Who are we?*

*Where did we come from? What is unique about us? What experiences in the past have shaped and molded our lives?*

## *Why are we as we are?*

As individuals, we often reflect upon and answer such questions. We do so by searching our memories from earliest childhood. We act as historians whenever we use our memories as keys to understanding the present and looking with hope to the future.

As an organization, the College is able to answer such questions by searching its collective memory – its historical records. These records document human experience and are important cultural resources that must be preserved so that the heritage of the College can be transmitted from generation to generation.

That is the mission of the staff Historians Committee. The volunteer members include Anthony Bunbury, Irwin Fefergrad, Robert Lees, Peggi Mace, Dr. Don McFarlane, Brenda Phillips, and Kim Vivash.

Started about two years ago, the group aims to formally recapture our long and illustrious history as the oldest dental regulatory college in the world.

So far the Committee's accomplishments include:



*(Left to right) Anthony Bunbury, Brenda Phillips, Peggi Mace, Robert Lees, Don McFarlane, Irwin Fefergrad. (Front) Kim Vivash*

- Designing and creating a Wall of Honour in the third floor reception area with a brass nameplate for all of the College's past presidents and registrars.
- Collecting historical photographs and displaying them throughout the College in the high traffic areas such as meeting rooms and hallways.
- Contacting members and other dental organizations to acquire memorabilia.
- Creating a pictorial history of the College using items such as stationery and publications.
- Preserving old membership registers.
- Framing the front covers of *Dispatch* magazine, starting with 2001, for display in public access areas of the College.

Future plans include, when budget permits, a special case for the public reception area featuring historic items on a rotational display basis.

If you have anything that you would like to contribute that tells the story of the College's history, please contact:

### **Irwin Fefergrad**

*Registrar*

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcds.org

# College Forges Link with Canadian Faculties of Dentistry

RCDSO President Dr. Cam Witmer (left) and Dr. Johann de Vries, Dean, Faculty of Dentistry, the University of Manitoba (right) who is the chair of the Dean's Committee of the Association of Canadian Faculties of Dentistry spent a few moments together during the April meeting of the Canadian Dental Regulators Authorities Federation in Ottawa.



## Members Get On Board With New Amalgam Regulation

Members have responded very positively to the new amalgam regulation. Well over 97 per cent of members filled out the relevant section on their 2004 registration form and over 98 per cent appear to be in compliance.

"This is great. It is the first year out with this new regulation and members have very sincerely made their best effort," said College Registrar Irwin Fefergrad. "We expect compliance will only increase next year."

The most common reason for not complying with the new regulation was that equipment was either on back order or awaiting installation.

*If you have any questions about compliance with the amalgam waste regulation, please contact:*

**Dr. Lesia Waschuk**

*Practice Advisor*

phone: 416-961-6555, ext. 3348

toll-free: 1-800-565-4591

e-mail: [lwaschuk@rcdso.org](mailto:lwaschuk@rcdso.org)

## HEALTH CANADA ADVISES THAT MANY LICENCES FOR MEDICAL DEVICES NOT RENEWED OR CANCELLED DURING 2004 RENEWAL PROCESS

Health Canada has now concluded its renewal process for medical devices for 2004. According to Health Canada, many licences have either not been renewed by the manufacturer or have been cancelled by Health Canada, primarily due to the introduction of quality system requirements in 2003.

As Health Canada advises, medical devices that are not licensed for sale in Canada must not be imported or purchased. That is why it is important to conduct a verification each time the purchase of a medical device is considered.

The Therapeutics Products Directorate of Health Canada maintains a searchable list of all licensed medical devices on its Web site at [www.mdall.ca](http://www.mdall.ca).

# New Initiatives Prove College's Commitment to Service and Support for Ontario Dentists

*Continued from page 4*

now. And in the process, generate some much-needed income.

The College will develop criteria for core courses. Then, organizations that wish to deliver these courses will apply to the

## Have We Got Your E-mail Address?

The College would like to be in a position to send out e-mail messages to alert all members about time-sensitive, critical information, like a SARS outbreak. The problem is that we do not yet have e-mail addresses for a significant enough portion of our membership to make this a reliable way to distribute important information.

We have pledged that e-mail addresses will only be used to send out information from the College. They will not be included in the membership listings.

So, if you haven't yet sent us your e-mail address, please consider forwarding your address to the College at [info@rcdso.org](mailto:info@rcdso.org). And thanks to all members who have already done so!

**If you have any questions about this topic, please contact:**

**Peggi Mace**

*Communications Director*

phone: 416-934-5610

toll-free: 1-800-565-4591

e-mail: [pmace@rcdso.org](mailto:pmace@rcdso.org)

College for approval of their courses.

Our primary focus is to enhance and increase the learning opportunities for dentists in the province.

We hope that other organizations like the Ontario Dental Association and the universities will see this as a wonderful opportunity. We welcome them to join with us to make lifelong learning a vibrant reality for dentists in Ontario.

There is another project that we are working on that has profound implications for both dentists and patients.

Aside from colds and flu, periodontal disease is the most common infection in North America. Recently, the current president of the American Academy of Periodontology called the emerging connections between periodontal disease and a long list of other chronic diseases a revolution in medicine.

Well, we want the dentists of Ontario to be on the front line of that revolution.

College staff are working on a proposal for a special symposium to focus on this leading edge dental research.

Slated for February 2005, we will invite a small but influential group of people in dentistry and other fields to brainstorm on how to move this issue forward.

One of our primary goals is to raise awareness about this important research within the dental community. So, you can expect full coverage in *Dispatch*.

The College's track record with this type of event is quite impressive. Our first venture was the Future of Dentistry

conference in 2002. Last year we hosted a two-part symposium on the access to dental care in the long-term care sector.

On both occasions, we helped create energy and enthusiasm around issues that continue to ripple throughout the dental community and beyond.

Our work on the access to care issue continues to move forward.

The College Council invited Dr. Larry Coffee, President of the National Foundation of Dentistry for the Handicapped, to make a formal presentation on the DDS or Donated Dental Services program.

This American program links volunteer dentists with needy, disabled, aged, medically compromised, and vulnerable people to provide charitable dental care.

The College is now more proactive and aggressive than ever before. That means we make proactive and aggressive decisions.

Do we make mistakes? Of course we do. We would never hesitate to admit that.

We learn from them and we keep moving forward. We waste little time looking in the rearview mirror. Our focus is on the road ahead.

This is what makes the College such an exciting organization.





# Orthodontics: Fact and Fantasy

**I**n Europe, during the Middle Ages, dental procedures were performed by barber-surgeons. These guildsmen were highly skilled, but their craft was a brutal one, learned through apprenticeship and by trial and error. Over the centuries, certain practitioners stand out: Ambroise Pare, Pierre Fauchard, Horace Wells, William Morton, and Greene Vardiman Black to name a few. Their innovations and contributions elevated the craft to a true profession, and their writings and opinions commanded great influence.

Since its birth in the late 1800s, the specialty of orthodontics has had its own luminaries such as Norman Kingsley, Calvin Case, Martin Dewey, and Edward Hartley Angle.

Like other fields in dentistry, the practice of orthodontics has evolved from clinical experience, more so than by sound scientific evidence. As a result, old beliefs may be resistant to new research, giving rise to controversies in the profession.

Very recently, the *British Dental Journal* presented a twelve-part series of articles on orthodontics. With this issue of *Dispatch*, the advisory board to PEAK is pleased to offer members the following article, Orthodontics. Part 7: Fact and fantasy in orthodontics, from the February 14, 2004, issue of the *British Dental Journal*.

The article examines several long-standing controversies, including the role of orthodontics in temporomandibular dysfunction, the extraction versus non-extraction debate, the effect of extractions on facial profile,



and the influence of functional appliances on craniofacial growth.

Key points to consider:

- In the field of orthodontics, there are few well-designed randomized controlled trials that lend themselves to a systematic review.
- Temporomandibular joint problems are not caused or cured by orthodontic treatment.
- Arch expansion shows the worst levels of relapse, but extracting teeth does not guarantee future stability. Each case should have a proper treatment plan to give the greatest future stability.
- There is no evidence to suggest that extracting teeth in appropriate cases will cause a dished-in appearance.
- Orthodontic treatment influences growth very little in the long term. The majority of the orthopaedic effect is produced by the movement of teeth.

PEAK (Practice Enhancement and Knowledge) is a College service for members. The goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the dental literature around the world.

It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of member dentists.

If you have any suggestions for subjects to be addressed by PEAK or questions about this membership service, please contact:

**Dr. Michael Gardner**  
Assistant to the Registrar, Dental  
phone: 416-934-5616  
toll-free: 1-800-565-4591  
e-mail: mgardner@rcdso.org

# De nouvelles initiatives font état de l'engagement du Collège en matière de service et d'appui aux dentistes de l'Ontario.

*suite de la page 5*

occasion magnifique. Nous les invitons à se joindre à nous pour faire de la formation continue une réalité éclatante pour les dentistes de l'Ontario.

De plus, nous travaillons à un autre projet qui aura d'importantes répercussions pour les dentistes et les patients.

À l'exclusion du rhume et de la grippe, la parodontopathie est l'une des infections les plus courantes en Amérique du Nord. Dernièrement, le président de l'Académie américaine de parodontologie a traité de « révolution médicale » les nouveaux liens entre la parodontopathie et la longue liste des maladies chroniques.

Nous tenons à ce que les dentistes de l'Ontario figurent aux premières loges de cette révolution.

Le personnel du Collège travaille à présent à une proposition pour un symposium spécial axé sur ce domaine de recherche dentaire de premier plan.

Nous avons l'intention d'inviter en 2005

à un groupe petit mais influent de personnes spécialisées dans le domaine de la dentisterie et autres afin de faire progresser ce projet.

L'un de nos principaux objectifs consiste à sensibiliser la communauté dentaire à cet important domaine de recherche. Attendez-vous donc à ce qu'il couvre entièrement la publication Dispatch.

À l'égard de ce type d'événement, le Collège détient des antécédents des plus impressionnants. Il s'est tout d'abord lancé dans l'organisation de tels événements lors de la conférence sur l'Avenir de la dentisterie en 2002. De plus, l'année dernière, il a été l'hôte d'un symposium en deux parties sur l'accès aux soins dentaires dans le domaine des soins de longue durée.

À deux reprises, il a suscité énergie et enthousiasme à l'égard de deux enjeux qui continuent à faire des remous dans la communauté dentaire et ailleurs.

Notre travail sur l'accès aux soins continue à progresser.

Le conseil du Collège invitera le Dr Larry

Coffee, président de la Fondation nationale de dentisterie pour personnes handicapées, à présenter un exposé en règle sur le programme des services dentaires bénévoles.

Ce programme américain établit des liens entre les dentistes bénévoles qui aident les personnes handicapées, âgées, affaiblies sur le plan médical ou vulnérables afin de leur offrir des soins dentaires gratuits.

Le Collège est plus proactif et déterminé que jamais. Cela signifie qu'il prendra des décisions très dynamiques et résolues.

Faisons-nous parfois des erreurs? Assurément. Nous n'hésiterions pas un instant à l'admettre. Mais nous tirons des leçons de nos erreurs et continuons à progresser. Nous ne perdons pas de temps à regarder en arrière, car nous préférons nous concentrer sur le parcours qui nous attend.

C'est précisément cela qui fait du Collège un organisme des plus dynamiques.

## MARK YOUR CALENDAR



**NOVEMBER 18 & 19, 2004**

**RCDSO Council**

Westin Prince Hotel  
900 York Mills Road  
Toronto

**JANUARY 19, 20 & 21, 2005**

**RCDSO Council**

Westin Prince Hotel  
900 York Mills Road  
Toronto

Seating is limited so if you wish to attend please let us know in advance by calling:

**Angie Sherban**

Senior Executive Assistant

phone: 416-934-5627

toll-free: 1-800-565-4591

e-mail: asherban@rcdso.org

*RCDSO Council meetings are open to the public, with the exception of any in camera portion dealing with personnel matters or other sensitive or confidential material.*

*Meetings begin at 9:00 a.m. The agenda is available either at the meeting or in advance on request.*

# Complete Version of 2003 Annual Report Available On-line



Key sections of the 2003 annual report including the auditors' report and the financial statements are included as an insert with this issue of *Dispatch*. The complete report is available on our Web site at [www.rcdso.org](http://www.rcdso.org).

The new method of distribution began last year when the cost of mailing the annual report to all members increased significantly with changes in Canada Post regulations.

As part of our government advocacy work, copies of the annual report will be sent to all provincial MPPs and key

personnel in the Ministry of Health and Long-Term Care.

Paper copies of the annual report are available on request by contacting:

**Lisa Pretty**

*Communications Assistant*

phone: 416-961-6555, ext. 4303

toll-free: 1-800-565-4591

e-mail: [lpretty@rcdso.org](mailto:lppretty@rcdso.org)

## Historic First Meeting of Federation Creates National Voice for Dental Regulatory Authorities

April 22, 2004 – It was the first meeting of the formal board of directors of the new Canadian Dental Regulatory Authorities Federation (CDRAF) in Ottawa. A hundred years from now, this date will be seen as an historic landmark in Canadian dental history.

The members of the Executive Committee are: President/Chair: Dr. Gordon Thompson, Executive Director/Registrar, Alberta Dental Association and College; Vice-President: Dr. Robert Salois, President, L'Ordre des dentistes du Quebec; delegates-at-large: Irwin Fefergrad, Registrar, Royal College



of Dental Surgeons of Ontario, and Patrick Wilbur, New Brunswick Dental Society.

As the new Federation President Dr. Gordon Thompson explained during the founding meeting: "We now have a strong, viable organization that represents more than 18,000 dentists in Canada on issues related to self-

regulation of the nation's dentists. We plan to work collaboratively with other organizations such as the Canadian Dental Association, the National Dental Examining Board, the Royal College of Dentists of Canada, the Association of Canadian Faculties of Dentistry, and the dental faculties across the country."





# Retention of Financial and Business Records



**T**he College frequently receives inquiries from members and their office staff about the retention of patient clinical records and radiographs. Another equally important aspect of recordkeeping is financial and business records, specifically the requirements for retention of appointment schedules, insurance claim predetermination and submissions, and records regarding the collection of accounts.

## **Appointment Book/Schedule**

Dentists are required to keep an appointment book, appointment schedule, day book or daily diary that contains the name of each patient who has been encountered professionally, or has been treated, or for whom a professional service has been rendered either by the member or on behalf of the member, for example, dental hygiene services. This information must be

retained for 10 years after the last entry in the record. It can be maintained either in a written form or a secure electronic format.

It is also important to document the efforts made by dental office staff to arrange and follow-up on appointments, and the patient's compliance or non-compliance in keeping appointments. This information can either be kept in

the appointment record, or as part of the individual patient record.

When a patient cancels an appointment, it is a good idea for dental office staff to note the date(s) of contact with the patient, the date of cancellation, and the patient's refusal to (re)book the appointment.

It is also important to record messages left and attempts made to contact



patients for appointments, and to keep copies of any written correspondence with the patient regarding missed or cancelled appointments, or outstanding treatment.

Depending on the practice systems for booking recall appointments and appointments for follow-up care, such notations may be made:

- in the appointment book, day book or daily diary;
- in the patient's paper clinical chart entries;
- as a notation in the patient's computer record;
- in the computerized appointment schedule;
- on the hard copy of the day sheet.

#### **Predetermination and Insurance Claim Forms**

Insurance claims submitted must be retained for two years, and financial records pertaining to fees and charges, laboratory fees and records of payment, must be retained for 10 years after the last entry in an adult patient chart, or for children until at least 10 years following the age of 18.

It is up to the individual dentist's discretion to decide on the retention of predetermination forms, explanations of benefit forms, requests for additional information sent by insurance companies subsequent to the submission of a predetermination or insurance claims, dentists' responses to such inquiries, and the confirmation of transmission produced when claims are submitted electronically.

If, however, this correspondence was used as part of the informed consent process, the normal 10-year retention period for patient records would apply: 10 years following the last entry in an adult patient's chart, or until at least 10 years following the age of 18 for children.

#### **Records Respecting the Collection of Accounts**

Notes regarding verbal financial arrangements with patients, copies of written financial arrangements, notes regarding contact with patients regarding accounts and mailing of invoices are considered a part of the patient's financial record and they must also be retained for the normal 10-year retention period.

These notations are also helpful if it becomes necessary to pursue the collection of accounts using a collection agency or the civil court process.

Other business records that are produced to facilitate the collection of accounts, such as day-end or month-end reports and accounts receivable reports, may need to be retained for the retention

period specified by Canada Revenue Agency, which is six years following filing of income tax returns.

Dentists are encouraged to obtain their own professional accounting advice regarding the retention requirements for tax-related business records.

#### **Changes in Limitations Act**

The current retention period of 10 years for records is consistent throughout the health-care system. However, there have been recent changes in the provincial *Limitations Act* that was proclaimed at the end of 2003. The Act also establishes an ultimate limitation period of 15 years for most actions. The prudent practitioner may want to consider extending the retention of records beyond the current 10-year requirement to this 15-year limit.

*If you have any questions regarding this article, please contact:*

#### **Dr. Lesia Waschuk**

*Practice Advisor*

phone: 416-961-6555, ext. 3348

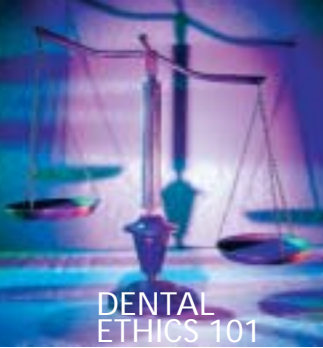
toll-free: 1-800-565-4591

e-mail: [lwaschuk@rcdso.org](mailto:lwaschuk@rcdso.org)

## **Want more information?**

More information about patient and business records can be found in the Guidelines for Dental Recordkeeping available on-line at [www.rcdso.org](http://www.rcdso.org) under Publications.

Helpful information regarding financial arrangements with patients and the collection of accounts can be found in the following articles, Practice Check: Avoiding the Problem Account and Practice Check: Collection of Delinquent Accounts, that appeared in the October/November 2002 issue of *Dispatch* and are available on-line at [www.rcdso.org](http://www.rcdso.org).



# Ethical Dilemma Case Study

# I Just Can't Bear to See Him Anymore

*The ethics of dating a patient – what would you do?*

Dr. George Marrot has been in a solo dental practice at his current location for 10 years. He has specialty training in prosthodontics and limits his practice to prosthodontics and TMD care. The only other clinician with similar training and expertise is located over 300 km away.

Dr. Marrot has been treating Alice Avery for two years for TMD. She is 35 years old and in good general health, but has a complex history of dental complications associated with TMD symptoms, missing teeth, and malocclusion.

Dr. Marrot was able to alleviate her muscular symptoms using analgesics and anti-inflammatory agents, physical therapy, and an occlusal appliance. He has now started her posterior reconstruction and has several teeth in temporaries. Patient compliance has been excellent in the past, but Ms. Avery cancelled last week's appointment and called to cancel today's appointment.

Dr. Marrot has been dating Ms. Avery for six months, but he recently ended their relationship. He has never dated a patient before. Ms. Avery explained her reason for cancelling her appointments to the secretary. She said "I just can't bear to see him anymore" although she understands that she cannot stay in



temporary crowns for very long. She asked the secretary for the name of another dentist to continue her treatment.

Dr. Marrot is upset when he learns her reasons for cancelling the appointment since her case requires a clinician with specialty training. He knows that her work schedule prohibits a long commute and he had arranged financing that she would probably not find in most other dental offices.

Dr. Marrot is facing an ethical dilemma. Which of the following course(s) of action would you recommend?

1. Dr. Marrot should attempt to re-establish a professional relationship with the patient, attempt to set the personal problems aside, and complete the reconstruction.
2. Dr. Marrot should cease treating the patient and take the proper steps to avoid patient abandonment.
3. Dr. Marrot should avoid dating patients in the future.
4. Dr. Marrot should attempt to have the patient continue treatment with the specialist who is 300 km away.

Turn to page 34 to find the case study discussion of this ethical dilemma.

*Reprinted with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.*

# Anaesthesia and Sedation Facility Permit Update

## Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice

**T**he current Guidelines allow for those members who had received training for parenteral conscious sedation using more than one sedative agent and who had been using this modality for a number of years, the ability to have their training and qualifications reviewed for approval to use more than one sedative agent.

The intent of this provision in the current Guidelines was to allow those members who, at the time of the first publication of the document (1995) had been using this modality for a number of years, the ability to be grandparented. Since nine years have passed, those members who were eligible for this special consideration have likely already been grandparented.

That is why the Quality Assurance Committee will be asked to review the Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice, specifically the training and qualifications for the administration of parenteral conscious sedation with a view to limiting the use of more than one parenteral agent to those members who have successfully completed a program in oral and maxillofacial surgery or dental anaesthesiology.

### **Anaesthesia/Sedation Permit Renewal**

To ensure that those dental offices holding facility permits are in continuous compliance with the RCDSO

Guidelines, as part of the permit renewal process the College will be requiring members to confirm that their emergency drugs are current and that the anaesthetic/ sedation equipment has been appropriately maintained.

In addition, approximately 75 to 100 of these dental facilities will be required to provide the College with actual copies of documentation that:

- Verifies that all drugs used for the management of medical emergencies are current.
- Shows that the gas delivery systems, N2O2 delivery systems, and anaesthetic/emergency/monitoring equipment have been maintained according to the Guidelines.

Many dental offices employ the services of a visiting dental anaesthetist, physician anaesthetist or dentist qualified to administer sedation and/or general anaesthesia who bring the necessary equipment and anaesthetic drugs with them at the time of the appointment. This does not negate the



fact that the facility permit holder is still ultimately responsible for ensuring that the equipment is in good working order, and has regular maintenance, and the emergency/anaesthetic drugs are current.

The permit holder will need to work with the visiting dental anaesthetist, physician anaesthetist or qualified dentist to provide the necessary information to the College.

If you have any questions about any of these topics, please contact:

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AN OUNCE  
OF  
PREVENTION

This feature in *Dispatch* has been prepared by the College's Professional Liability Program (PLP) to offer guidance to members regarding the

prevention of malpractice claims or the minimization of the magnitude of an existing claim.

RISK MANAGEMENT ADVICE FROM PLP

# Practice Advice Loss Prevention Tips Practical Solutions

PLP staff appreciate the anxiety you feel when a patient threatens you with a lawsuit. We're here to help you. We're just a telephone call away.

Timely reporting not only preserves your right to coverage but also can result in matters being resolved on a mutually satisfactory basis for you and your patient.

If you are ever in doubt about whether the facts of a particular situation may give rise to a claim, please contact us as soon as possible.

Below are some of the questions often asked of PLP staff.

## **Q** *When should I call PLP?*

The most common situations are when:

- You receive a call or letter from a patient or patient's representative seeking compensation.
- You are served with a legal action.
- You rendered treatment to a patient where the result is adverse and not consistent with the anticipated outcome. For example, extraction of a wrong tooth, soft tissue trauma etc.
- Your patient is unhappy with treatment rendered and is complaining.
- You are unsure whether or not to call.



## **Q**What can PLP do for me?

PLP will review demands for compensation made against you and provide you with advice on how to proceed with the current claim and on how to reduce your chances of being sued in the future.

PLP will help you resolve monetary issues as efficiently as possible so that you can get on with your life.

## **Q**Will I have to pay any money if I call PLP for advice?

Our advice and help is free. Only if we have incurred expenses to retain a solicitor, obtain an expert opinion or pay a claim on your behalf, will you be asked to pay a deductible.

## **Q**If I call PLP, who will find out about my call?

No one. All matters reported and

### **PLP POINTERS**

**In order to protect your right to coverage:**

**Notify PLP immediately if your patient wants or might want money.**

**Do not take any steps that may jeopardize your right to coverage:**

- Do not speak to anyone other than PLP about the incident.
- Do not contact a patient who has sued you or retained a lawyer or representative.
- Do not talk to the patient's lawyer.
- Do not treat the patient.

inquiries made to PLP are kept in strict confidence. No information is divulged to other areas of the College or to anyone outside PLP without your consent.

## **Q**Do I need to notify PLP if a patient files a complaint with the College?

A complaint filed with the College could contain a demand for compensation or lead to a demand at a later date. You should, therefore, consider notifying PLP if you think the complaint to the College could lead to a demand for money. We cannot give you legal advice regarding the nature of your response to the College, but we can open a file and discuss with you how to deal with any monetary issues.

## **Q**My patient is unhappy with the treatment I provided and wants his/her money back. What should I do?

Call PLP. Patients can become dissatisfied regardless of the quality of the treatment provided. However, if your patient is expressing dissatisfaction or making negative comments this could be an indicator of trouble. An early call to PLP allows us to provide advice and direction and ensure that your right to coverage is protected.

## **Q**My patient refuses to pay his/her account. Should I send him/her to collections? What should I do?

Call PLP. Just because a patient refuses to pay his/her account doesn't necessarily mean there is a problem with the treatment provided. Some patients can't or just won't pay the bill. However,

before sending the account to collection you should review your records. Don't assume the patient is just being difficult. There may be legitimate reasons for non-payment. Do not rely solely on staff's interactions with the patients. Speak to the patient directly. Find out if there are concerns on the patient's part with the treatment provided. What are the patient's reasons for non-payment? Can you resolve these concerns? If in doubt, call PLP.

## **Q**I have started a small claims court action to collect an outstanding amount and have received a counterclaim (demand for compensation from the patient). What should I do?

Call PLP immediately if you receive a counterclaim and before you take any further steps. PLP staff will provide you with advice, assistance, and legal counsel if necessary.

### **HAVE ANY QUESTIONS?**

If you have questions about how to handle a particular situation with a patient, call PLP and one of our claims examiners will be happy to assist you. Our numbers are 416-934-5600 or toll-free at 1-877-817-3757.

*If you have questions or comments about this article, contact:*

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*Dental Claims Advisor*

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## ON APPEAL

When the Complaints Committee issues a decision, either the member or the complainant has a right of a review by the Health Professions Appeal and Review Board (HPARB) – as long as it is not a referral of specified allegations to the Discipline Committee.

Under the *Regulated Health Professions Act*, HPARB hears appeals and reviews decisions made by the self-governing regulatory agencies of the 23 regulated health professions.

The following summaries of some HPARB reviews are published in *Dispatch* as an educational resource for both members and the public. Institutional parties may be named, but individual parties will not.

If you would like a full version of any of these decisions, contact the HPARB at 416-327-8515 or RCDSO:

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# On Appeal

## CASE 1

### **The Complaint**

The complainant alleged that she was worried that during the course of her treatment the dentist and his staff might have sexually exploited her while she was under anaesthetic. There was no actual evidence whatsoever, just suspicion.

### **Complaints Committee**

The Complaints Committee ordered no further action.

### **Health Professions Appeal and Review Board**

The complainant was dissatisfied and appealed the decision to the Board. In her request for a review, she asked that the College staff continue to investigate. It was her view that intuitively she felt her complaint was justified.

The Board, having reviewed the investigation, the decision of the Complaints Committee, and the request for review, declared the request for review to be frivolous, vexatious, and an abuse of process. It therefore decided not to review the decision of the Committee.

## CASE 2

### **The Complaint**

The complainant complained that her dental problems were very complex and that the member did not give her enough accurate information. In addition, the patient insisted that the member continue to offer treatment. In response, the member noted that he was retiring, so advised the patient and stated that, while she did need further treatment, he would not be able to provide it. The member did not charge for this consultation.

### **Complaints Committee**

The Complaints Committee was of the view that the member responded responsibly to the complainant and was open and honest about his situation. It ordered no further action.

### **Health Professions Appeal and Review Board**

The complainant was dissatisfied and appealed the decision.

The Board observed that the investigation of the College was complete and also noted the completeness of the member's observations as reflected in the charts.

The Board was of the view that the member was clear on his retirement from practice and therefore could not be made to offer treatment. The Board confirmed the decision of the Committee.

## CASE 3

### **The Complaint**

The patient complained about her treatment by an endodontist. The patient was advised that tooth 36 required endodontic treatment which should not be delayed. The patient chose to delay treatment and treatment was arranged several months later. The patient stated that the member was rude and caused great pain in performing the endodontic therapy.

### **The Complaints Committee**

The Complaints Committee noted that the anaesthetic used was ultracaine. The member felt the anaesthetic was working, although the decay in the tooth was so advanced that it was causing difficulty in isolating it from salivary contamination. The member administered intra-pulpal anaesthesia when necessary. At no time did the patient complain of pain. The member did the best that the member could to keep the pain to a minimum given the condition. In fact, the member commented that the root canal was relatively routine.

The Committee noted a discrepancy in versions from the member and the complainant, but did note that the patient waited a long time for treatment. The Committee expressed the view that that delay may have contributed to the

discomfort encountered. The Committee ordered no further action.

### **Health Professions Appeal and Review Board**

The complainant, being dissatisfied, appealed the decision to the Board. At the Board, the complainant was of the view the member should lose his licence to practise.

The Board reviewed the investigation and noted the College's full disclosure and noted as well that opportunities were given to both sides to respond. The disclosure included notes of the investigator. All relevant records and documents were required by the Committee.

The complainant stated that the Committee refused to inquire about any other complaints against the member. The College's submission was that any previous complaints are not relevant to this particular complaint. The existence of other complaints, presuming that such were found to exist, would be of no assistance to the Committee that had the responsibility of dealing with this complaint and this one alone.

The Board therefore determined that the Committee's investigation was adequate. The Board deferred to the Committee, since it had the expertise to conclude from the records available to it, the condition of the tooth, and had then made a determination that the tooth deteriorated to the point that discomfort could reasonably be anticipated during its treatment.

As a result, the Board confirmed the decision of the Committee.

## **CASE 4**

### **The Complaint**

The patient complained about treatment from an oral and maxillofacial surgeon, referred by an orthodontist to correct the bite. The surgery consisted of, among other things:

1. bilateral sagittal split osteotomy advancement
2. LeFort 1 osteotomy impaction
3. placement of rigid internal fixation with Lactosorb
4. alar base cinch
5. suprahyoid myotomy

Following orthognathic surgery and several appointments afterwards nothing out of the ordinary was noted and the aesthetics were good.

One year following surgery, the complainant refused to pay the account and complained about how the surgery had been performed. The patient also complained of sinus difficulty and some aesthetic concerns. The patient wanted compensation.

### **The Complaints Committee**

The Committee reviewed the records in detail, as well as the opinion of an expert. The Committee panel stated, based on the expert's report, that orthognathic surgery is intended to correct the patient's occlusion and in this case, the surgery was successful and warranted.

With respect to the sinus and breathing problems, the panel and the experts could not find evidence of blockage related to the surgery.

In particular, the panel reviewed the consent process of the member and found that it was informed, thorough, and clear. The Committee has no jurisdiction to award compensation. As a result, the Committee ordered no further action.

### **Health Professions Appeal and Review Board**

The complainant appealed to the Board. The Board is of the view that it can consider only the adequacy of the investigation and the reasonableness of the decision. The Board found the investigation to be adequate.

The Board was satisfied with the analysis of the Complaints Committee and found it to be reasonable and was persuaded as well by the expert's reports. In particular, the Board noted that not only was there an informed consent process in the member's office, but as well, the patient had opportunities to ask questions and the questions that were asked were noted in the charts, as well as the answers. The Board therefore agreed with the decision of the Complaints Committee.



## COMPLAINTS CORNER

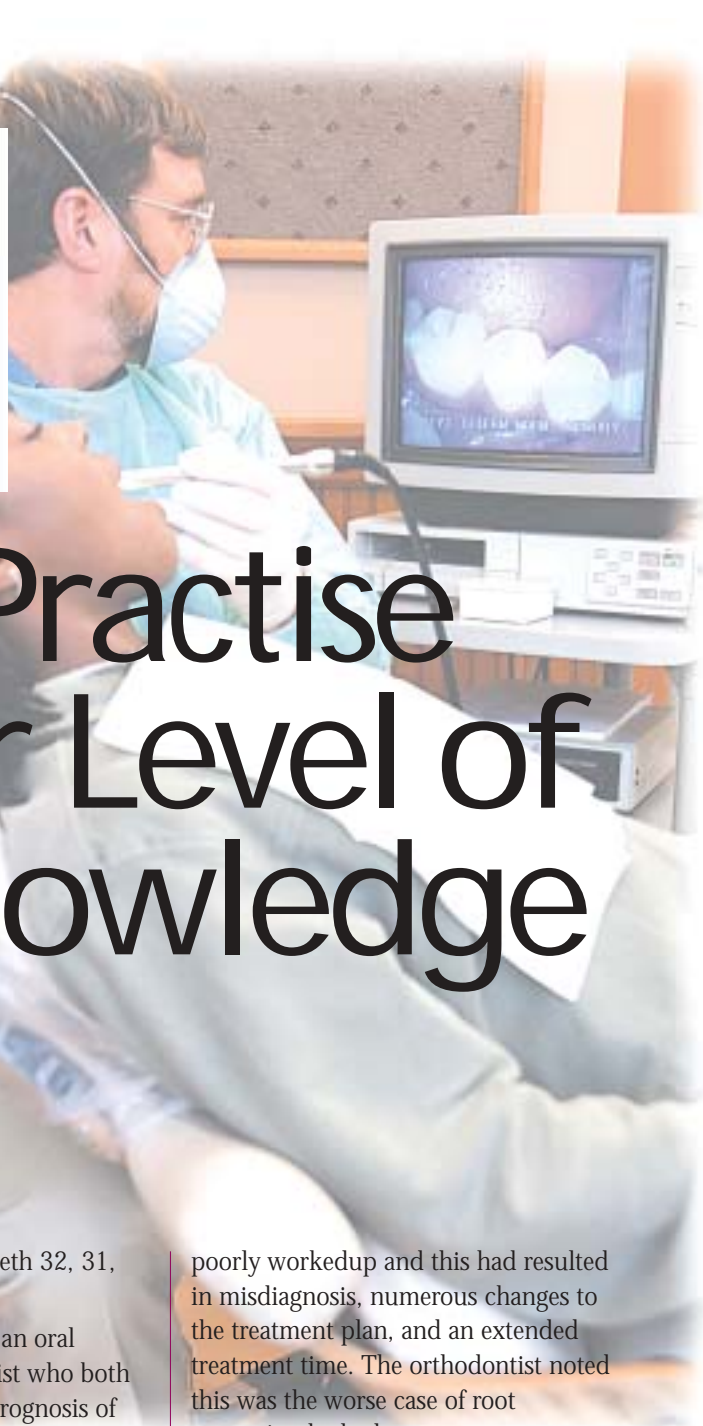
of the cases dealt with by the Committee. The law does not allow for either the dentist or the complainant to be identified.

Complaints Corner is designed as an educational tool to help Ontario dentists and the public gain a better understanding of the current trends observed by the College's Complaints Committee.

These scenarios are an edited version of some

If you have any questions about this column, please contact:

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# Know and Practise Within Your Level of Skill and Knowledge

## THE CASE

The patient explained that he had been a patient of a general dentist for the past 20 years. During that time the dentist had provided recall examinations, fillings, and orthodontic treatment. The orthodontic treatment occurred over four years when the patient was in his early teens.

The patient recently left the dentist's practice because he took a job in a different city. Shortly after moving, he began experiencing some discomfort and mobility of his upper anterior teeth. The patient contacted a local dentist and was seen for an emergency examination. This dentist took anterior periapical films and found the patient had over 60 per cent root resorption of teeth 12, 11, 21, and 22. Further examination found severe

resorption of the roots of teeth 32, 31, 41, and 42.

The patient was referred to an oral surgeon and a prosthodontist who both agreed that the long-term prognosis of the involved teeth was extremely poor. After lengthy consultation, it was agreed the best course of action was to extract the affected teeth, fabricate transitional dentures, and once healing was complete, place implants and implant supported crowns.

The patient also visited an orthodontist to inquire as to whether the original orthodontic treatment was done correctly. The orthodontist reviewed the general dentist's records and stated that the case was a difficult one. The orthodontist disagreed with the treatment provided. He felt the case was

poorly workedup and this had resulted in misdiagnosis, numerous changes to the treatment plan, and an extended treatment time. The orthodontist noted this was the worse case of root resorption he had ever seen.

The general dentist responded to the complaint by stating that the orthodontic treatment was completed almost 10 years prior and his recollection of the case was poor. He did note that root resorption is a known complication of orthodontic treatment and that he always informed his orthodontic patients of this fact before beginning treatment. The dentist explained that at the time he felt comfortable treating this complicated case, but if he had to do it again, he would refer the case to an orthodontist.



### Committee Decision

The Complaints Committee obtained the patient's dental records and letters from the orthodontist, oral surgeon, and the prosthodontist.

The panel examined the general dentist's records and found them to be lacking. While a panorex radiograph was taken, there was no treatment plan, no informed consent, and no notation regarding discussion about possible complications in the chart. The daily chart entries were found to be scant, and for the most part contained only procedure codes.

The panel felt that the patient's original malocclusion was severe and the case was complicated. The panel also agreed that the pre-treatment workup was poor. This resulted in several changes to the treatment plan during the treatment, taking much longer than necessary to complete. In the panel's opinion, this case was well above the skill level for the dentist at the time.

With respect to the cause of the root

resorption, the panel agreed that the definitive cause of this condition was elusive. The panel noted that root resorption is a common complication during orthodontic treatment. In this case, there was a lack of common sense and attention to detail.

The panel agreed there were serious issues over the dentist's orthodontic treatment, his treatment planning, case workup, informed consent, and recordkeeping. As the complaint originated from treatment completed nearly 10 years prior, the panel requested a list of all courses taken by the dentist since the case was completed. The dentist provided a list that demonstrated he had taken numerous recognized courses on orthodontics for the general practitioner, including diagnosis and treatment planning and a course on recordkeeping. The dentist noted that he now refers out the majority of his orthodontics and only provides this service if the case is straightforward. The panel considered asking the dentist to take courses in orthodontics and recordkeeping. However, as he already had taken these courses and no longer practises in the same way as he did 10 years earlier, the panel felt its concerns were satisfied and the public interest was served. Instead, the panel ordered a caution to ensure he practises orthodontics within his skill level and knowledge. Furthermore, he must keep appropriate pre-treatment and treatment records, obtain informed consent, develop a detailed treatment plan, and monitor patients.

### Helpful Suggestions

- Know your level of skill and knowledge and refer the patient to an orthodontist if the case is beyond your ability.
- Always take and maintain the appropriate pre-treatment and treatment records.
- Spend time discussing the case and its possible complications. Record these discussions in the patient's chart. Obtain informed consent.
- Monitor the patient for possible complications throughout the course of the treatment.

## MAILING LABELS

### HOW THE COLLEGE HANDLES MAILING LABEL REQUESTS FROM EDUCATIONAL ORGANIZATIONS

From time to time the College gets requests from educational organizations, such as universities or third party providers, for mailing labels or member information in order to advise our members about continuing education courses. As it is part of the College's legislated mandate to promote the education of Ontario dentists, we have usually fulfilled these requests.

Now, because of the federal privacy legislation, we will do business a bit differently. When the College receives a request like this, we will review the requesting organization's privacy policy for collection, use and disclosure of personal information. If the policy meets the approval of our College's privacy officer, who is the Registrar Irwin Fefergrad, the information will be released in accordance with our own College's policy.

If you are a member with whom the College corresponds at his/her home address, and you do not wish your home address to be provided to the educational organization, you must inform the College in writing.

*If you have any questions contact:*

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*Registrar*

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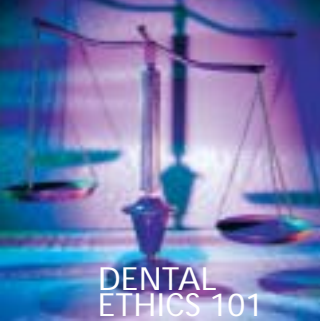
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## Case Study Discussion What Should You Do?

# The Ethics of Dating a Patient

**S**hould dentists date their patients? Can a dentist sustain a professional and romantic relationship with a patient?

The ethical dilemma presented in this issue of *Dispatch* examines trust and the dentist's fiduciary duties to patients and three ethical issues related to dating patients, including:

- exploiting power
- conflict of interest
- role reversal

### **Fiduciary Duties of the Dentist**

According to Webster's Dictionary, a fiduciary relationship exists, "when one person justifiably places confidence, faith, and reliance in another whose aid, advice or protection is sought in some matter, the relation existing when good conscience requires one to act at all times for the sole benefit and interests of another with loyalty to those interests."

Trust is a core feature of the fiduciary relationship between the health professional and his/her patient. Unlike the trust of a friend that must be earned, the patient expects professional trustworthiness.

The RCDSO Code of Ethics confirms this fiduciary relationship when it says, "Ethical dentists will have as their first consideration the well-being of their patients." The ethical statements which have historically been subscribed to by



the dental profession have had the benefit of the patient as their primary goal.

Trust is considered at the heart of the College's Code of Ethics because the public expects that dentists will serve only their true dental needs with appropriate quality care. Dentistry is a profession that is granted greater autonomy to control its own work precisely because of public trust.

Ms. Avery has entrusted herself to Dr. Marrot for the treatment of her chronic TMD condition. She presumes her dentist will fulfill this fiduciary role by promoting her best interest, even over his own self-interest. She expects quality and appropriate care from a person who has special knowledge and expertise. If the dentist is unable to help her, she assumes that he will help her by looking for appropriate alternatives, such as another dentist.

Over two years, her oral health has improved and her reconstruction is in progress. However, when Dr. Marrot ends their personal relationship, the patient decides she must also end their professional relationship.

Separating romantic interests from professional obligations provides an array of ethical issues for the dentist and patient that undermines the fiduciary duties of the dentist.

### **Exploiting Power**

The most apparent source of conflict involves the possibility that the dentist could exploit the inequalities of doctor/patient power and therefore the vulnerability of the patient. Inequalities arise from the expertise and knowledge of the dentist and his/her professional status as doctor. Painful chronic conditions like TMD can leave the patient especially vulnerable.

The American Medical Association's Code of Ethics considers that sexual or romantic interactions between physicians and patients "may exploit the vulnerability of the patient" and that these interactions, concurrent with treatment, and with some former patients, are considered sexual misconduct.

If Ms. Avery breaks off the professional relationship, she rejects the only specialist in the area, leaves the practice with temporary restorations, and loses the special financial arrangements. Were the financial arrangements an incentive to encourage their romantic relationship?

#### **Conflict of Interests**

Another source of conflict is differentiating whose interest the dentist is serving. In a fiduciary relationship, the dentist is promoting the patient's best interest. In a romantic relationship, the dentist may promote dual or multiple interests including his/her own self-interest.

Taken to the extreme, some might think

that if a dentist does not refrain from dating patients each new patient is likely to be considered on two different bases: one as a dental patient and the other as a potential romantic or sexual interest, or indeed as both.

The codes of ethics of several American health professions specifically address this occurrence. Physicians are advised that romantic or sexual interactions, "may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being." Psychologists are advised to avoid multiple relationships that "might impair the psychologist's objectivity." Psychiatrists are also advised that "the treatment relationship may tend to activate sexual and other needs and fantasies on the part of both patient and psychiatrist, while weakening the objectivity necessary for control." Recent publicity in Ontario has provided a number of examples of these problems.

Several of these codes of ethics are clear

that having a romantic or sexual relationship with current patients is unethical. Health professionals may avoid this outcome by terminating the professional relationship and referring these patients before initiating a dating, romantic or sexual relationship with a patient.

#### **Role Reversal**

Along with conflicts of interest is the possibility for role reversal, where the professional and the patient switch places and the patient becomes the caretaker.

In this relationship, the professional can look to the patient for gratification, as it is the professional who is in a dependent role. Reversing the roles blurs the boundary between professional and patient and dismantles the shared understanding that allows patients to feel safe in the relationship.

#### **Conclusion**

When a person becomes a member of a health profession, he/she assumes certain obligations to patients, other professionals, and the larger community.

Doctors are considered fiduciaries for their patients by acting in their best interest. This trusting relationship is undermined when the professional relationship becomes romantic or sexual.

For now, Dr. Marrot should attempt to re-establish a professional relationship with Ms. Avery, perhaps using a marriage counsellor or psychologist as a mediator.

If these attempts are unsuccessful, he should provide a referral, but he should avoid future romantic relationships with his patients or refer these patients to another dentist.

*This discussion is reprinted with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.*

## **COLLEGE'S ADVICE TO MEMBERS ABOUT THE DATING OF PATIENTS**

The *Regulated Health Professions Act, 1991*, defines sexual abuse of a patient as sexual intercourse or other forms of physical sexual relations between the member and the patient; touching of a sexual nature of the patient by the member; behaviour or remarks of a sexual nature by the member towards the patient.

According to the RCDSO's recently published Practice Advisory on the Prevention of Sexual Impropriety in the Dental Office, this very broad definition of sexual abuse makes it unacceptable for a dentist to date a current patient.

Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave the dentist open to a possible accusation.

The College advises members that if they intend to date a patient, the dentist/patient relationship should first be terminated, the account settled, and the patient information and/or duplicate records transferred to another dentist, according to the College's Guidelines on the Release and Transfer of Patient Records.

These College Advisories and Guidelines can be found on the RCDSO Web site at [www.rcdso.org](http://www.rcdso.org) under the heading of Publications.



## MAILBAG

We want to hear from you. We welcome your feedback on anything that you read in *Dispatch*, or about any of the College's policies, programs, and activities.

Sometimes a letter may not be printed with the name of the author on request, or due to its confidential nature. All letters printed in Mailbag are used with the author's permission.

The College reserves the right to edit letters for length and clarity. Due to space limitations, all letters may not be printed.

Please send your letters to:

**Peggi Mace**

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### HPARB PROCESS SEEMS UNFAIR

Every issue of *Dispatch* includes a few sample cases that have been processed through the Complaints Committee and then because either the dentist or the complainant has requested an appeal, they are reviewed by the Health Professions Appeal Review Board (HPARB).

There is something that just doesn't seem fair about this process. My guess is that for a dentist who has already been through the complaints process, to request an appeal would be a long process and hard decision. It means more time lost, more lawyers, more letters, more worry, more heartache, and more lost sleep.

On the other hand, a patient who is unsatisfied with the decision simply signs the appeal request. The patient could see this as a second chance to hopefully win the case with no significant reason for the appeal.

It seems there is much less risk for the complainant than for the dentist. Can't the playing field be levelled? Why not implement a charge for an appeal if no information is brought forward and if HPARB ends up agreeing with the decision of the Complaints Committee?

(NAME WITHHELD)

### College Registrar Irwin Fefergrad Replies

I recognize that when there is a complaint against a member, it is likely the last thing you think about before going to sleep at night and the first thing you think about when you wake up in the morning.

As you know, the College has no option, but is mandated and required by law to investigate each and every complaint and bring it forward to the Complaints Committee. There is even case law to support the proposition that, if a complainant withdraws a complaint, the conduct of the member should still be brought forward to the Complaints Committee for adjudication or decision.

Our College has made recommendations to the Minister of Health that we have authority not to have every case proceed to the Complaints Committee. In fact, we have asked for jurisdiction to be able to summarily deal with those cases that are clearly frivolous. Unfortunately, government has not seen fit to grant us this authority.

As for the appeal and review process before HPARB, all of the powers and the authority of the Board were established by the *Regulated Health Professions Act, 1991* (RHPA). The College has a very small role to play. In fact, it may sound bizarre, but the College is not even a party to the HPARB proceeding.

Both the dentist and the complainant have an automatic right of appeal and review to HPARB provided the general

concerns with the Complaints Committee's decision are set out. Then HPARB looks to see whether there are grounds of appeal consistent with its mandate.

HPARB's mandate is rather limited. It reviews two matters before deciding to allow an appeal:

Was the College's investigation adequate?

Was the Complaints Committee's decision reasonable and within its jurisdiction?

The Board looks to see that there are grounds for an appeal that fall within these two parameters. If they do, notwithstanding that there may appear to be no issues of any great significance, the matter will proceed.

The Board does not receive any new or fresh information. Only information that was available at the time of the investigation is brought forward by the parties to the proceeding. These restrictions make sense when you consider the two parameters in which the Board makes a decision about whether or not to allow an appeal.

The current legislation does not allow for the Board to assess costs or fees for frivolous appeals, or indeed, for any appeal.

And speaking as your Registrar, I believe that the last thing that any of us would want is for HPARB to have initial jurisdiction to deal with fresh issues when there is not even one dentist sitting on the Board.



Statistically, over 95 per cent of the appeals of decisions from our Complaints Committee result in no change from the first decision. As well, HPARB has never exercised its jurisdiction to make a referral of any of Complaints Committee decisions to the Discipline Committee or to Fitness to Practise Committee. And finally, our College has never received any criticism about undue delays in our process.

The fact that HBARB supports the decisions of our Complaints Committee points to two obvious conclusions:

The College's investigation is not only adequate, but also fair, unbiased, and thorough.

Our Complaints Committee does not venture out of its jurisdiction and sets out the reasons for its decisions with great clarity.

#### **THANKS FROM THE CHIEF MEDICAL OFFICER OF HEALTH**

I wish to thank the Royal College of Dental Surgeons of Ontario for the kind words and congratulations on my new position. It is most sincerely appreciated.

Public health has always been my top priority. I am certainly looking forward to this exciting role with the Ministry of Health and Long-Term Care, and the interesting and rewarding challenges it will bring.

**DR. SHEELA V. BASRUR**

*Chief Medical Officer of Health and  
Assistant Deputy Minister*

#### **COLLEGE HELP FOR MEMBERS**

*The College offers help to members in a number of ways on a daily basis. It could be professional practice advice, help to get an exemption from jury duty or assistance in dealing with a difficult patient.*

#### **Jury Duty Assistance**

It is a pleasure to express my deepest gratitude for your eager and efficient assistance in petitioning the Office of the Attorney General on my behalf to relieve me from jury duty.

I received a phone call after just a week, verbally releasing me from this obligation.

**DR. MARTIN CHAU**

*Toronto*

Good news for you, better news for me. Your record is intact. You are now 94 and 0. They've excused me from jury duty. Boy, do I appreciate your help.

**DR. DAVE ELLIS**

*Kitchener*

If you hadn't intervened on my behalf, I don't know what I would have done. My patients would have been upset and in the case of some of them, they were in the middle of emergency treatment.

*(Name withheld)*

#### **Help With A Difficult Patient**

...thank you for taking the time to talk me through a letter I was proposing to write to a very difficult patient who swore and threatened my staff.

*(Name withheld)*

## Web Site Spotlight

The Centers for Disease Control and Prevention (CDC) Guidelines should provide dental practitioners with the information needed to make informed and intelligent choices when they select infection control processes, methods and products.

Check out the College's Web site – [www.rcdso.org](http://www.rcdso.org) – and read more about infection control recommendations.

**YOUR CHANGE OF ADDRESS IS IMPORTANT INFORMATION**

Each member of the College is required by law to report all addresses where he/she engages in practice. Practice addresses are then available to the public from the College Register. A member must report any change within 30 days of the change occurring.

You may choose to designate any address as your preferred mailing address for College communications. Please note that if your home is your preferred mailing address, then that address is not published or available to the public.

In order to ensure accuracy, all changes must be received in writing. Please forward changes by mail or by fax using the form below.

**By Mail:** Registration  
 Royal College of Dental Surgeons of Ontario  
 6 Crescent Road  
 Toronto, ON M4W 1T1

**By Fax:** 416-961-5814

SURNAME	GIVEN NAMES	RCDSO REGISTRATION NO.

Previous Practice Address	New Practice Address
STREET	STREET
CITY	CITY
PROVINCE	PROVINCE
POSTAL CODE	POSTAL CODE
PHONE	PHONE
FAX	FAX
E-MAIL	E-MAIL
EFFECTIVE DATE	SIGNATURE

Previous Home Address	New Home Address
STREET	STREET
CITY	CITY
PROVINCE	PROVINCE
POSTAL CODE	POSTAL CODE
PHONE	PHONE
FAX	FAX
E-MAIL	E-MAIL
EFFECTIVE DATE	SIGNATURE

It is a remarkable feat:

## Holding the Line on Membership Fees for 2005 while Services Expand.

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being called the Ontario Health Pandemic Influenza Plan. This is part of the government's response to the 2003 outbreak of SARS, the new highly-contagious respiratory illness that resulted in 44 SARS-related deaths.

The government's goals are "to minimize serious illness and overall deaths through appropriate management of Ontario's health-care system" and "to minimize societal disruption in Ontario as a result of influenza pandemic."

This College was invited, along with others, to participate in critiquing the draft plan. In response, we have made a major submission to government.

In particular, we concentrated on the proposal of redeployment of human resources.

It is our strong recommendation that government, in its planning, needs to identify skill sets and numbers that it thinks will be required and necessary. Once that is done, it then ought to create a central registry for identification and voluntary redeployment. The College complimented the government on its preparations and expressed our gratitude to be at the table along with other key players.

The College has written to the Attorney General with a request to have the *Juries Act* amended to exempt dentists from jury duty. So far, acting on a request-by-request basis, we have successfully managed to assist those members who have contacted us in being excused from jury duty.

Dentists treat the elderly, handle emergencies, and are in the middle of treatment. Their absence would create a health hazard to those patients dependant on them for this crucial treatment. We hope that government will be persuaded to revisit the exemption list and add to it the dental profession.

And finally, though we are just on the cusp on the long hazy days of summer,

it's not too early to give some thought to serving either on Council or on committees as a non-council member. This fall begins our election and selection cycle. I hope you will consider being a part of it. The vibrancy of the College can continue only with the work and energy that you are able to provide.

Have a great and safe summer and keep in touch.

## College Investigating Humanitarian Project to Offer Dental Services to the Needy.

Inspired by a presentation at the June Council meeting on the Donated Dental Service (DDS) program by Dr. Larry Coffee, President of the National Foundation of Dentistry for the Handicapped in the United States, the College has decided to investigate how to make this program work in Ontario.

DDS is a program that offers comprehensive dental care for the needy, disabled, aged, medically comprised, and other vulnerable people on a first come, first serve basis.

The program operates very simply. Volunteer dentists decide who they treat and when. Treatment is done in the dentist's own office. The dentist determines the treatment plan. There is no paperwork or administrative responsibilities for the dentist. It is all taken care of by a program co-ordinator. The caseload is just one or two patients a year.

You can learn more about the DDS program in the United States at [www.nfdh.org](http://www.nfdh.org).

*If you have any questions about this article, please contact:*

**DR. FRED ECKHAUS**

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*Dr. Larry Coffee,  
President of the  
National Foundation  
of Dentistry for the  
Handicapped in the  
United States*

It is a remarkable feat:

# Holding the Line on Membership Fees for 2005 while Services Expand.



IRWIN FEFERGRAD

**A**t a time when everything seems to be going up in price – taxes, gas, insurance, health costs, hydro, and the cost of living generally – I am delighted to report to you that your Council, on the unanimous recommendation of the Finance, Property and Administration Committee chaired by Dr. Bohdan Kryshchalskyj and advised and staffed by Paul Harrison, CMA, Treasurer and Director of Finance, Property and Administration, voted for no change in RCDSO fees for 2005.

Our fees will remain steady at \$1450. This is one the best deals going in the country. There are eight provinces where dentists pay \$1641 for insurance alone. Then added on top of that are the registration fees that go to the regulator.

What is even more amazing is that this will not mean a decrease or even holding the line on benefits and services and initiatives; in fact, completely the reverse.

Let me outline to you some of the activities we are currently working on which we think are exciting.

Our FLAME project (Fresh Look At Member Education) is well on its way with the development of a very important interactive CD-ROM addressing

emergencies in the dental office. We think it will be state of the art, and be of interest to each and every dentist in the province.

Under the staffing direction of Dr. Robert Carroll and the leadership of Dr. Randy Lang, Chair of the Quality Assurance Committee, we are doing this at no charge to members. As I am writing this column, we are finalizing an agreement with a venture capitalist that is prepared to offer funding to the project to the tune of \$100,000. The branding, content, and script etc. will be licensed exclusively in this province to the College.

We hope to finalize all the arrangements so that the CD will be in the mail to you before the end of the year. In the meantime, the Quality Assurance Committee is hard at work looking at concepts around educational activities. Stay tuned for more information and news.

On February 4, 2005, we are planning to hold a symposium addressing how dentists can contribute to prevention or prediction of systemic diseases while performing oral health diagnoses.

Scientific evidence is suggesting that periodontal disease is linked to many life

threatening conditions such as pneumonia, respiratory diseases, heart disease, stroke, and low birth weight babies. In fact, the US Surgeon General has stated that there is a “bi-directional interaction between oral and systemic health.” Some of the systematic conditions that can occur with oral manifestations include diabetes, cutaneous diseases, hereditary disease, joint disease, immune-compromised states, and osteoporosis. The World Health Organization, in its World Oral Health Report released last year, concluded that the correlation between oral disease and some systemic diseases is beyond debate.

Dr. Chris McCulloch and Dr. Michael Glogauer, both of the University of Toronto and leading researchers funded by the Canadian Institutes of Health Research, are assisting College staff in planning this very exciting event. We hope to be inviting leading luminaries across the health-care field to explore how we can further advance dentists' involvement, awareness, and treatment in this area.

The provincial government is deeply involved in the development of what is

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