A family affair

Should you treat your nearest and dearest? A lot of dentists do. I, however, have very strong reservations about what I know can often turn out to be a ‘sticky wicket’. Don’t get me wrong, I do understand why many dentists choose to treat family members and in the majority of cases everything passes off uneventfully. I firmly believe though that treating one’s relatives has a magnifying effect, which tends to enhance the difficulties or problems that are intrinsic in any treatment. Firstly, there can be considerable pressure applied to the dentist from close relatives to provide treatment, a lot of imploiting from the potential recipient of care who believes that they will get the very best care and attention possible. Patients would argue that if they were married to a computer expert and their computer had problems they would expect the ‘PC doctor’ to come to their rescue. So, if that person is instead married to a dentist, why shouldn’t the dentist partner treat their spouse’s mouth? Indeed, when discussing the topic of ethical treatment planning with students and dentists I often say something along the lines of ‘What would you do if this were your mother/sister/daughter?’ – but this does not mean that I am actually advocating that one should treat this notional family member. There are several reasons why a dentist might acquiesce, such as not wishing to lose face, pride, no perceived alternative provider – all of which I see as being fundamentally flawed excuses. Many dentists are just plainly and simply, and for want of a better word, coerced against their better judgement to provide treatment.

Once the decision has been made to proceed, the planning process is often compromised. Judgment is clouded and likely based more on emotion and personal feelings than on an appropriately detached, professional objectivity. The dentist may be reluctant to probe sensitive areas or carry out procedures that might be uncomfortable (ID blocks, retraction cord etc), thus compromising diagnosis and treatment outcomes. The larger and more complex the case, the greater the aesthetic component and the more demanding the patient, the greater the likelihood of it all ending badly. The scenario of a dentist being married to a hypochondriac or someone with body dysmorphic disorder sounds like a marriage made in hell! One study of American physicians reported that 33% of doctors surveyed had observed another physician ‘inappropriately involved’ in a family member’s care and 22% admitted to acceding to a specific request about which they felt uncomfortable. To make matters worse, expectations are perhaps exaggerated, decisions made and treatment provided that would never be entertained in a ‘normal’ patient, for example, the use of porcelain when gold is clearly preferable or the heroic attempt to save a tooth when all logic says it is beyond salvation. Bad news is often ‘sugar-coated’ in order to prevent immediate negative repercussions, the result being that dentists will often paint themselves into a corner, treatment-wise, and when things take a turn for the worse (such as restorations or teeth failing), they often struggle to make amends and fail to rectify the situation. This can then place considerable strain on the relationship – the closer the relationship the greater the strain. Referring the family member patient to another dentist would, of course, be the most sensible course of action but this is often viewed, wrongly in my opinion, as a sign of weakness and the dentist bravely, but erroneously, soldiers on compounding an ever-worsening situation until something gives – the dentition, the relationship, or both.

So my overall advice is to proceed with great caution. Treating one’s own family members is like entering a minefield; you may negotiate it safely but you may also find yourself in deep trouble, says Philip Newsome.