Perspectives in practice...

MICHAEL SULTAN, clinical director of EndoCare, explains why it is very important to effectively manage patient expectations, as this will achieve patient satisfaction and avoid disappointment...

SOMEWHERE among the ever shifting sands of success and failure, lay outcomes and expectations, and if we're lucky, they may overlap.

As clinicians, we've all found ourselves in that uncharted territory, when the realisation dawns that our assessment of a successful treatment outcome is a million miles removed from the patient's expectations.

Understanding and managing expectations is paramount. The 2003 OFT report[1] stressed the importance of good communication in achieving patient satisfaction. This was also subsequently reinforced by CQC regulations, which require documentary proof of informed patient consent.

Expectation explanations

Expectations are bound up in rationality and emotion; complex attitude; hope; and fear.

At a very simple level, rational expectation is determined by what is likely to happen – if you drive at 100mph towards a brick wall, it is very likely that you'll hit it. In other words, by removing the uncertainty that would otherwise mean the car colliding with the brick wall would be a complete surprise, we are effectively managing expectations.

However, when emotional expectation becomes belief about what may happen in the future, disappointment is a frequent outcome.

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As ever, the media and advertising, especially, have much to answer for by bombarding us with images of physical perfection in order to sell anything from cars to cosmetic dentistry.

Because most of us have realistic expectations, we know perfectly well that buying a particular vehicle is not going to put us on a par with George Clooney as soon as we turn the ignition.

But, when an idyllic beach-front hotel turns out to be a building site, we will complain. Not just because it didn't meet our expectations, but it is not what we were sold. Therein lies the conundrum – the contract between dentist and patient that is so much more than the simple exchange of money for treatment or services.

A psychological contract

The term "psychological contract" was adopted in the 1960s to describe the relationship between employers and employees.[2]

But, in some ways, it could equally well apply to the relationship between dentists and patients, because the expectations of both parties will include behaviour: does the patient take advice and carry out actions to improve their oral health or aid recovery? Does the dentist pay attention to the patient's expectations, their anxiety about pain and fear?

When a patient is referred for specialist endodontic treatment, there are several layers of expectation: the patient's, obviously; their referring dentist; and the endodontist.

One always hopes – but never assumes – there will have been several consultations to lay the foundations of what can be expected, in terms of treatment and outcome, before the patient reaches the specialist.

Once they do reach us, we must then assess and manage the expectations they arrived with. Although, I do draw the line at following a cosmetic clinic that employs a clinical psychologist to interview patients to avoid problems in the future.

Endodontics is difficult, time consuming and expensive, but patients are fully entitled to expect that they will be treated well, comfortably and efficiently; that their pain will be alleviated; and the cost and longevity of the treatment will be fully explained to them. All of which sounds eminently straightforward. Except that it is at this point that the information one gives can alter a patient's expectations, which may well be necessary if they appear unrealistic.

Patient understanding

With all pain, there is the emotional component of anxiety that always needs to be addressed sympathetically.

The patient needs to understand how anaesthetics differ; that with infected teeth and swelling, unless there has been good drainage, pain is likely to persist until the treatment or antibiotics begin to work; that low grade pain from bruising is likely; and that there is never a 100 per cent guarantee of success.

Because they are invariably referred while in pain, patients are more concerned with immediate relief, rather than the longevity of the treatment. But, it is our duty to explain that, while endodontists can root fill most teeth, there may be little long-term benefit if the tooth cannot be restored. If that is the case, or there is further coronal leakage, the tooth will fail. The patient has to be made aware, that for treatment to last, the restoration on top is as important as the root filling.

It is a natural human response to want to reassure that "all will be well, and the pain will go away", but we serve our patients and our profession far better by honestly managing expectations. ■

References

1. www.oft.gov.uk/shared_oft/reports/consumer_protection/oft630.pdf.

2. Argyris, C. (1960), Understanding Organisational Behaviour *(Homewood, Illinois: The Dorsey Press Inc).*

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