

Out-of-hours and emergency cover

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S Naidoo

CASE SCENARIO

A patient awoke with terrible toothache during the night after a visit that afternoon to his dentist. He had a long appointment during which time two large restorations were placed in his lower molar teeth. He rang the practice to enquire whether it was possible for his dentist to see him out of hours but there was a pre-recorded message that provided only the opening hours of the practice. There was no mention of any out-of-hours number or a mobile phone number to call in case of an emergency. In desperation he eventually went to another private practitioner where he was treated at significant cost. He later laid a complaint against his dentist as to why the practice did not have any emergency arrangements for their patients.

COMMENTARY

The duty of care is an important professional and ethical responsibility. A professional person is expected to be socially responsible. For example they should have compassion for those suffering pain and hardship, an awareness of social issues where the dental profession is in a position to play an important or central role (for example, in relation to physical abuse in all its forms, discrimination etc) and humanity in both professional and personal matters (for example, providing assistance in an emergency situation or after hours). The dental profession holds a special position of trust within society and the profession must in return make a commitment to high ethical standards of conduct.

From an ethical perspective, the provision of emergency or out-of-hours care is based on the principles of beneficence and non-maleficence. Beneficence refers to doing good and the active promotion of goodness, kindness and charity. The practice of dentistry is firmly rooted in the principle of "*primum non nocere*" – first do no harm (non-maleficence). From a legal perspective, all practitioners (in both the private and public sectors) are obliged to provide emergency care to all patients irrespective of the patient's ability to pay for services (Chapter 2 of the National Health Act).¹

The Health Professions Council of South Africa (HPCSA) in their guidelines for good practice in the health care professions, state that the health care practitioners should: always regard concern for the best interests or well-being of their patients as their primary professional duty and in emergency situations, '*provide health care within the limits of their practice, experience and competency. If unable to do so, refer the patient to a colleague or an institution where the required care can be provided*'. Such referrals are in full accord with the endeavours of professionals to promote access to health care, but it should be further noted that in an emergency situation, practitioners '*shall be obliged to provide care in order to stabilise the patient and then to arrange for an appropriate referral to another practitioner or facility*' (HPCSA, 2008).²

It is an ethical and legal responsibility of every dental practitioner working in any branch of dentistry to ensure that patients for whom responsibility has been accepted, have access to emergency treatment outside of normal working hours and *that such arrangements are made known to these patients*.³ These arrangements should cover any time the practitioner is away from the practice, including after regular business hours. Failure to ensure this may result in serious professional misconduct. There are many ways to provide emergency coverage for patients and these include arrangements with colleagues, with the public and private emergency dental facilities etc. Unless there has been a prior arrangement, the emergency care dentist usually provides the patient with palliative care and the patient then returns to their own dentist for definitive care, except if the patient requests otherwise.

During an emergency visit, dentists must guard against doing only a cursory examination, taking a superficial medical and dental history, forgoing diagnostic tests and investigations and focusing only on the presenting condition. It is sometimes difficult to do otherwise as there may be pressure from the patient to sort out the immediate cause of their presenting problem – however, it is imperative that the patient is examined holistically and thoroughly.⁴

'Dentists on call' who provide care for another dentist's patient are still required to keep treatment records. The patient's dentist should also be provided with reports or copies of the records, referral letters, radiographs or any other investigations that were carried out. A word of warning for

S Naidoo: BDS(Lon), LDS.RCS (Eng), MDPH (Lon), DDPH.RCS (Eng), MChD (Comm Dent), PhD (US), PG Dipl Int Research Ethics (UCT), DSc (UWC). Senior Professor and Principal Specialist, Faculty of Dentistry, University of the Western Cape. Department of Community Dentistry, Private Bag X1, Tygerberg 7505. E-mail: suenaidoo@uwc.ac.za.

out-of-hours care: It is generally unwise for a dentist to treat any patient without a third party being present, especially when a male dentist is treating a female patient. In general, the third party should be appropriately trained to assist the dentist in an emergency situation, but if the patient happens to be of the opposite sex to the dentist, this third party can also fulfill a second useful role as a chaperone. This will often be a dental nurse/assistant, but it could equally well be a parent/family member or other third party who is accompanying the patient. In an out-of-hours emergency situation, dentists will sometimes find themselves seeing patients when no one else is present on the premises at all and while every effort should be made to avoid these situations, the patient's needs and interests should always be the clinician's primary consideration.⁵

When we accept patients into our care, we are obliged to provide such care whenever it is required even when the practice is closed and when you are away. It can be seen from the above case scenario that the dentist has failed to meet his obligations. A professional person's duty of care has an ethical, as well as a legal dimension, and goes back to the first principle of being mindful of the needs and expectations of others (the 'neighbour' principle), of striving to provide all aspects of care to the best standards of which you are capable.⁵

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References

1. South African Parliament. National Health Act, 2004. No.61 of 2003. Government Gazette, Vol. 469, 23 July 2004, Cape Town.
2. Health Professions Council of South Africa. General Ethical Guidelines for the Health Professions. Booklet 1. Guidelines for good practice in the health care professions. Pretoria, May 2008.
3. Scarff JR, Musick DW. Always on call: thoughts from a neophyte physician. J Clin Ethics. 2012; 23(2):175-6.
4. Dental Protection Limited DPL Riskwise South Africa #14. The risks of emergency (and out of hours) consultations. April 2011.
5. Ethics, values and the law. DPL Dental Ethics Module 4: The Duty of Care. 2009

Readers are invited to submit ethical queries or dilemmas to Prof. S Naidoo, Department of Community Dentistry, Private Bag X1, Tygerberg 7505 or email: suenaidoo@uwc.ac.za