Australia

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for hygienists, dental therapists and oral health therapists

Dental Protection

Teamwise

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Why, when and how this should be done

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Why it matters

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Welcome

Happiness depends on ourselves – Aristotle

Twelve short months have passed since our last edition of *Teamwise*, and when you reflect back on that year, what did it bring you? Likely it brought you a mixed bag of opportunity, challenge and emotion, just as life will and should. The easy times are usually, well, easy, and I don't know about you, but I rarely reflect on my good times or successes, dismissing them through a lens of optimism and good luck. But my bad times and my failures, they get ample airtime. Usually after dark when all is quiet, and my duties for the day have been fulfilled. They creep out then, and demand my undivided attention, disproportionately beyond what they should be entitled to.

As many of our readers will be aware, Dental Protection has a strong focus on practitioner wellness, and simply put, there is a reason airlines always tell us to put our own oxygen mask on first before helping others. Coupled with that, the unwelcome fact we must face is that we cannot grow as individuals or as professionals without challenge, or as the wall of my children's Kindergarten read 'No rain, no flowers'.

There are many ways to develop resilience to challenge, which helpfully also provides an antidote and prophylaxis to burnout, and one simple way is to grow our happiness. Let's be honest, on a day-to-day basis, our own happiness is often the furthest thing from our minds, as the frictions of conflicting priorities of patient, practice and team rub against our home lives, and all of the obligations that come with that and force their way to the top of our perpetual to-do lists.

Pleasingly, there are many simple steps we can put in place to promote our own happiness and many of these can be found here. One simple and elegant solution that we can all start right here and now is taking a moment to reflect on what we love to do, (and what we don't), and consider whether we are spending our precious, and limited discretionary time doing what we love, or what we hate. What is your passion? Do you make time for it every day? If not, why not? How could you make the time? As practitioners, we have such a small amount of discretionary time in our week, and so often we fill this with things we don't enjoy and not with the things that are meaningful to us. Studies show us that making time for what you love increases happiness and reduces your likelihood of burnout, so its importance is critical.

The same goes for your working hours. What do you love to do? Certain procedures or patient types? Can you do more of these? What procedures do you hate? Can you refer or handover these to a colleague (ensuring continuity of patient care). Studies are clear that in our working lives, spending 20% of your time doing something that is meaningful to you increases your happiness and is protective against burnout.

I am going to suggest that we all approach the next twelve months identifying where some discretionary time may be available to us, and try to do some things we love with those we love. And on return to the practice we look at our books and see if we can structure them to do work that is more meaningful to us. If we can, we will be happier and healthier and by extension, safer, and I truly believe these are things we all would want to attain, if we could.

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When should I refer?

We all have an obligation to act in the best interests of our patients, and this may require us to refer them to other practitioners from time to time. ***Dr Simon Parsons*** offers some advice on when, why and how this should be done.

It can be difficult to know when to refer a patient to another practitioner for a variety of reasons. These can include geographical isolation and the tyranny of distance such referral may entail, financial constraints, a lack of trusted relationships with specialist external practitioners, a desire to build one's own practice and not outsource complex treatment, or even just the fear of being made to feel ridiculous if the issue proves to be nothing.

So how do we decide when a referral is necessary, and when might it be a smart decision even when it isn't absolutely essential?

It can be helpful to remember some of the indications for referral as the *Smart S* referral framework. Let's look at these now.

Second opinion

We all encounter patients who may have irregular symptoms or signs of disease. These may manifest, for example, in the form of a surgical site that hasn't healed after an extraction, pain of uncertain aetiology, or random radiographic findings that cannot be easily explained. Whenever a diagnosis is uncertain, a further opinion is valuable. That second opinion provides a 'fresh set of eyes' and may override any cognitive biases or deficits in knowledge and skill.

It may also reassure you, as the referring practitioner, that you are clinically sound – sometimes the second opinion will simply confirm what you initially thought. When it doesn't, it becomes a positive learning experience.

Further, consider referral to a patient's medical practitioner(s) whenever you are uncertain about the best approach needed for ongoing treatment, or where you suspect the presence of an untreated underlying condition. Referral of such a patient back to his or her GP for further information, investigations or management prior to committing to ongoing care is prudent especially where a patient has co-morbidities or is frail. Outline in that referral what your treatment plan involves and why the medical practitioner's input is required, for example:

Dear Dr

Mrs Jones is scheduled for extensive treatment with me under local anaesthesia on (date). I am mindful that she is currently taking anticoagulant and thrombolytic medications to manage an underlying medical condition. Could you please forward me a list of all her current medications and advise if you wish her to take any drug 'holiday' in the immediate pre-operative or post-operative period? Do you require any additional precautions to be taken to ensure her wellbeing? I would also be grateful if you could please indicate whether you believe she is medically fit to undergo this procedure.

Thanking you,

Sincerely

Ms OHT

At Dental Protection we regularly deal with cases where there would have been a much better likelihood of a prompt resolution of a complaint or claim had an expert opinion (such as from a specialist dentist or medical practitioner) been sought before treatment was underway. Unfortunately, the obtaining of such expert opinions after the patient has experienced an adverse outcome often only confirms an inadequacy in the original assessment and treatment of the patient. By then, any helpful window of opportunity to seek more information for the patient has been lost.

Scepticism

Any patient who is reluctant to accept your provisional diagnosis, and recommended treatment plan may benefit from another practitioner's insights. If the second practitioner confirms your diagnosis and recommendations, the patient is likely to hold you in higher esteem, be more compliant with the treatment, and be more likely to accept your views in future.

The second practitioner may also be able to offer the patient additional options that you may be unable to provide yourself, thereby ensuring an effective consent process has been followed.

Sinister or suspicious

As noted earlier, where any lesion in the oral cavity or surrounding tissues seems irregular or unusual, it should be further investigated, such as via a biopsy. These situations ought to be addressed promptly to maximise the chance of early detection, and treatment of anything sinister. Timely referral to oral medicine specialists, oral and maxillofacial surgeons or other similarly qualified clinicians may make a profound difference to the long-term prognosis of a patient.

Clinicians should carefully consider how the need for such referral is communicated, as some patients may be alarmed by it, while others may be resistant to seeking further information, especially where a lesion has been present for a considerable period. It's best to avoid exaggerating (eg "this looks like it could be something very serious") or minimising (eg "I'm sure it's nothing") the issue at hand. Instead, keep your communication factual and straightforward, and be prepared for your patient to ask questions For example:

"John, it is unusual for a wound to take longer than a week or two to heal. We should get it checked to see what exactly is going on. Why don't I see if I can get you booked in with Dr Smith sometime later this week?"

"Should I be worried about it? Why the hurry?"

"I don't think you should be worried about it for the moment, John. Let's find out why your gum isn't healing. Most of the time it isn't anything serious, but I'd rather be safe than sorry, and I'm sure you would too. The sooner we find out why, the better."

The implications of a missed diagnosis altogether, or a misdiagnosis of a sinister condition as something trivial, are too serious. It is wise to assume that a patient's problem could be a serious or suspicious one until proven otherwise. Thankfully, not every patient we refer with an unusual or rare clinical presentation ends up having a serious issue.

Scope

It goes without saying that a practitioner should only perform treatments for which they've received sufficient training. Our patients expect us to be competent and so do the regulators. If any patient requires care in which you lack sufficient knowledge, skills, or experience to manage competently, they should be referred to someone who can.

Indeed, where there are dental manifestations of other disease, such as suggestions of anaemia or immunocompromise, it is appropriate to refer to medical colleagues for the further investigation and management of the underlying conditions, because those conditions are outside of the scope of general dentistry to definitively diagnose and then manage.

Consider that there may be occasions where even if a treatment is technically within your scope, it may not be in either your patient's best interests and your own to perform it. There are times where the treatment outcome may be better, or at least more predictable, or faster, where the patient is better managed by someone with more experience in that field than you. Therefore, carefully evaluate whether you are the best person to manage the patient before you, and if not, consider referral.

Where the likelihood of a better outcome might incur a greater cost for the patient, carefully consider letting the patient bear that cost, rather than you bearing the cost of failure if it arises at your hands. Do not let the notion of any additional financial cost sway any decision to facilitate the best treatment plan for a patient.

Serious harm

Referral is nearly always indicated as an option if the proposed treatment entails an inherent risk of serious harm. Most practitioners would prefer not to have caused serious harm to a patient, and have this on their conscience. If a procedure involves the risk of a serious adverse outcome, and you are unable or unwilling to manage such an outcome if it were to arise, it is

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prudent to offer referral. There is a reasonable expectation in most patients that the procedure you start is one you are able to finish. If that expectation can't be met without putting that patient at risk of further harm, referral is indicated.

At Dental Protection we have certainly encountered cases of such harm at the hands of both inexperienced, and experienced non-specialist clinicians. In reviewing the care of the patient prior to formulating a defence, one of the first questions that is always asked is, "Why wasn't this patient appropriately referred in the first place?".

Safety

When considering safety, it can be helpful to look at it more broadly than just trying to avoid any serious harm. What are the implications to the welfare of yourself and your team if you treat this patient? If a patient is aggressive, rude, abusive, or otherwise a threat to a harmonious, and safe practice, this can pose a risk to the maintenance of a safe workplace. Is that after-hours call out a safe one to attend for you, and your support staff in your practice location, or is it better to refer the patient to a hospital? Provided it is performed with appropriate consultation, and handover, referral of these patients elsewhere is wise.

The difficulty that arises is then one of, "Who do I refer this patient to? Do I really want to inflict this patient on my colleagues?" This is sometimes a dilemma, but in all but the most urgent of situations, it is usually possible to decline to treat someone even if you are unsure who should treat them next. Seek our advice if you are in doubt about how to do this.

Salvage

If something has gone wrong during treatment, it is essential to manage the ongoing welfare of the patient effectively, and efficiently. Referral is indicated unless you can confidently salvage the situation yourself.

Strained relationships

Sometimes you can find a patient is just plain hard going, and impossible to please. At other times, a patient may not warm towards you and may communicate this in a number of ways, not only doubting your advice but repeatedly failing to attend, querying your fees, quoting 'Dr Google' or exhibiting very negative non-verbal cues.

In these cases, an offer of referral may give the patient a sense of 'permission' to move on to another practice or may otherwise act to help clear the air. You might want to approach the issue delicately along the lines of:

"Jane, I keep noticing that our interaction seems strained, and you seem very tense when you're here in my chair. I'm sorry that this is the case. I just wanted to raise this so that we can explore what we should do to manage it. I feel we must trust each other and be comfortable around one another if my care of you is to continue. If you would be more comfortable being treated by another practitioner, then I will be very happy to organise for your records to be transferred to that person. What are your thoughts?"

In summary, the decision to refer may be based on one or more of the above factors. It is difficult to be criticised for referring a patient whenever reasonable grounds exist to do so. Of course, a patient may also desire to seek referral in the absence of any of these indications, in which case that request should be respected and complied with. We must respect a patient's autonomy in the decisions made about their care.

Whatever the basis for referral, be sure to act on it promptly, and document it in the clinical record.

Online regret – post in haste, repent at leisure

Dr Colm Harney,
Dentolegal Consultant, Dental Protection

Ever since the dawn of the internet and virtual communication it's been apparent that this new, and exciting medium, which would democratise, and open the world to all, has significant potential to be a double-edged sword.

For dental professionals, on the plus side of the ledger, the benefits of constructive engagement with the internet/social media include:

- **Building an online presence**, alongside the bricks and mortar practice premises.
- **Branding and marketing** which, with clever optimisation, can direct messaging in a much more targeted way – based on, for example, locations, demographics, and interests (anyone remember the blunt tool of the Yellow Pages?).
- **Patient education** to enhance branding, provide resources, and even assist with consent.
- **Patient engagement/communication** – everything from booking appointments to current messaging about Covid protocols.
- **Seamless networking and professional development with peers**, whether locally, nationally or globally.

However, as with everything in life, with benefits, and rights come problems, and responsibilities. Back in the day it really was a new frontier, where rules around responsible use, and ethical behaviour were generally a number of steps behind the day-to-day reality of online interaction.

Very quickly, flaming, as it became known, emerged as a phenomenon from the anonymity of forums and chatrooms – the act of posting insulting, hurtful, and often offensive content on the internet.

Once identified, it soon became the subject of academic studies. One of the most well-known of these was written in 2004 by Suler, who identified and named the **Online disinhibition effect**.[1]

This study suggested something that we all intuitively know now, that people often feel more liberated and less inhibited when communicating online, compared to face-to-face interactions. This can lead to both positive and negative behaviours.

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A lowering of inhibition can have positive effects:

- **Self-expression**: The anonymity and perceived distance from real-world consequences can empower people to share their thoughts, feelings, and experiences more openly.

- **Supportive communities**: Online communities, such as support groups or forums, can foster a sense of belonging, and provide individuals with a safe space to discuss sensitive issues.

- **Creativity and collaboration**: Online disinhibition can lead to creative collaborations and brainstorming sessions.

At the same time, categories of negative outcomes include:

- **Cyberbullying**: The anonymity and reduced empathy in online interactions can lead some individuals to engage in hurtful behaviour they might never consider in face-to-face situations.

- **Trolling**: Some people use anonymity as a shield to provoke reactions and create chaos, disrupting online spaces, and causing harm.

- **Hate speech and extremism**: People may feel emboldened to express extreme views online, leading to the formation of echo chambers and radicalisation.

Suler identified the primary factors that contribute to online disinhibition:

- **Anonymity**: Many online platforms allow users to interact without revealing their true identities, leading to a sense of detachment from real-world consequences.

- **Invisibility**: Online interactions often lack physical cues, such as body language, and facial expressions, making it easier for individuals to misinterpret messages, and express themselves without the usual inhibitions.

- **Dissociative imagination**: Some individuals create personas or adopt online alter egos, further distancing themselves from their offline identities, which can result in more extreme behaviours.

- **Minimisation of authority**: The absence of traditional authority figures online can lead to a lack of social norms, and consequences, encouraging people to express themselves more freely.

Interestingly, a 2015 study from the ***Australian Medical Journal***,[2] which surveyed medical students from the 20 medical schools across Australia, found that social media use by the study population of medical students was nearly universal. While this was not surprising, 34.7% of respondents, about 1 in 3, reported evidence of unprofessional content on their accounts. This content was being posted despite guidelines that had been in place since 2010, and education around online professionalism.

This is relevant, as unprofessional conduct, whether online or offline, by a medical student may lead to disciplinary action, and has also been found to be associated with lapses during later professional practice.

At Dental Protection when we review cases, and claims, communication between patient, and practitioner is often at the heart of a complaint. This might include additional discussions around consent or variations in plans, patients signalling dissatisfaction with some aspect of care well before things blow up, or evidence of increasing non-compliance or disengagement such as frequent rescheduling by either patient or practice. Many of these communications now occur online, via email, messaging apps or even online reviews.

It is a given that the practitioner, and by default the practice, must be the adult in the room in all communications – engaging responsibly and demonstrating they have the best interest of the patient at heart in every interaction. Importantly, just because a patient behaves inappropriately online does not mean we have to climb into the dumpster with them and engage.

Sadly, looking over cases and how they spiral downwards, we sometimes see instances of the *online disinhibition effect* in both patient and practitioner communications, for example:

- Patients being abusive or swearing in online messaging, which they would never do in a face-to-face interaction at the surgery.

- Patients demonstrating impulsive behaviour or constantly changing their minds – for certain patients, every unfiltered thought is offloaded into the ether for the practitioner's consideration as they believe they have 24/7 access to the practitioner via messaging apps. Again, this relentless, and unpredictable interaction would be impossible in a face-to-face interaction.

- Online reviews which bend or distort facts to suit a narrative, or are posted as a consequence of emotional venting.
- Practitioners inadvertently breaching patient confidentiality by, for example, communicating with a party other than the patient about their care – the common trap is a response to the emotive, and hurtful online review, divulging clinical information in a public forum.
- Practitioners getting bombarded by messaging at all times of the day, and responding from a place of exasperation, or even worse with a few drinks on board after hours – it is easy to see how the disinhibition effect might be compounded.
- Practitioners initiating or responding to communications with a patient that may be sailing close to or crossing personal boundaries – for example subsequent conversations of a personal nature flowing from a friend/follow request on social media (see above reference to alcohol/after hours).

Social media platforms are continually evolving, with new features, and algorithms. If dentists are going to enter the arena and engage in the virtual world, they must not only stay informed, and adapt their strategies to remain effective in reaching their audience, they must also ensure they are compliant with guidelines – for example, as laid down by our regulator – and be mindful of the *online disinhibition effect*.

In broad terms, this necessitates a commitment to ongoing learning, and improvement.

1. **Education and training**: Healthcare professionals should educate themselves in the responsible use of social media. This should cover privacy regulations, ethical considerations, and the potential risks associated with social media engagement. The 2015 study cited earlier, relating to medical students, stated that medical educators 'should consider approaches beyond simply providing guidelines or policies on professional behaviour, and students should be regularly prompted to reflect on their activities, to evaluate their online behaviours, and to temper them if appropriate'.
2. **Professional codes of conduct**: Professionals should have a good working understanding of these codes, which can help clarify the boundaries and expectations for healthcare professionals. The Dental Board has specific guidelines in relation to social media use.[3]
3. **Privacy controls**: It goes without saying that healthcare organisations should implement strict privacy controls to protect patient information, and we have a podcast on that very topic. These controls should loop back to education on privacy requirements and boundaries for appropriate behaviour online.
4. **Patient consent**: Before sharing patient-related content on social media, healthcare providers must obtain informed consent from the patient. Patients should be informed about the potential risks and benefits of sharing their stories or medical information.
5. **Fact-checking and verification**: To combat the spread of misinformation, healthcare professionals, and organisations should be diligent in fact-checking information before sharing it. Encouraging critical thinking and providing credible sources can help patients distinguish reliable information from unreliable content.

Remember, if you want increased and targeted access to patients via direct messaging or social media, the reverse will be true – they will expect more access, and responsiveness from you, and your practice too.

While there is much to consider here, most of this knowledge is now embedded in the culture and something we are all conscious of as members of the digital community. The point, however, is that once we move from situations where we can look our patients in the eyes to online interactions, we need to be vigilant of the *online disinhibition effect* – where we might be provoked into reacting without considering the consequences, or even, due to not being able to pick up on social cues, having our innocent communications misinterpreted.

Regardless of the medium, an old adage that is now truer than ever in this world of instant communication – if in doubt about pressing 'send', sleep on it and it will still be there tomorrow. Hopefully, if need be, in the cold light of day, common sense will prevail.

And finally, we are always here to help too – and not only when you have a case or a claim. As dental practitioners ourselves we understand these dilemmas and can help you take a deep breath and form an objective view on the question at hand.

REFERENCES

1. Cyberpsychology & behavior: the impact of the Internet, multimedia and virtual reality on behavior and society 7(3):321-6; 2004
2. Unprofessional behaviour on social media by medical students, *The Medical Journal of Australia*, December 2015 DOI: 10.5694/mja15.00272
3. dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Social-media-guidance.aspx#

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Managing negative online reviews

We talk to many members about negative reviews by disgruntled patients and, while there are a number of ways you can respond, sometimes the simplest option is the best. ***Dr Kiran Keshwara***, Dentolegal Consultant at Dental Protection, explains

Online reviews are now part and parcel of managing or owning a dental practice. Clinicians who are not practice owners also regularly get reviewed by their patients, and while most of the reviews are positive, there are instances where you may disagree with the negative opinions of the reviewer. When you receive a negative online review, there are a number of practical steps you can take:

Do nothing

At Dental Protection, we often talk to members about such negative reviews and, in general, our advice is to ignore the review, as often they will get lost in the sea of positive reviews that your practice has.

Respond online

When choosing to do this, practitioners need to be mindful that there is the risk that an online response to someone dissatisfied can lead to further engagement with the negative review, and this may mean that the review is one of the first things that a potential patient will see.

If you wish to respond, you should be mindful of not breaching the reviewer's privacy by discussing their clinical care, and should try to keep the response simple, short and composed. For example:

"Dear Reviewer, I am sorry to hear that you were disappointed with your visit to ABC Dental and we would be keen to discuss this with you further. Please call us on 01 2345 6789, to arrange a time to meet with Dr ABC."

Contact the patient directly

If you can identify the patient from their review, you can try reaching out to them directly, and ask them to come in to discuss their concerns with you and, if a resolution is reached, this would be the time to ask the patient to remove the review. Contacting the reviewer could be a double-edged sword – the patient may agree to meet with you and the complaint can be resolved with the patient removing the review, or the patient may feel that you are harassing them, leading them to complain further. It is wise to tread this path very carefully.

Contact the patient via a lawyer

This will require independent advice from a lawyer. There are occasions whereby the lawyer can send a strongly-worded cease and desist letter to the patient, assuming they have been correctly identified. There are costs involved with getting advice from the lawyer and them writing and sending the letter, which will be borne by you. As above, there is a risk that the patient may complain further.

Ask the website to remove the review

Some details on how to request the removal of a review from Google are given below.

While this is a third-party site, this is probably the most common means for new patients to find out about your business and reach out to you. While you cannot control the reviews on Google, you may be able to ask Google to remove the reviews that you do not agree with.

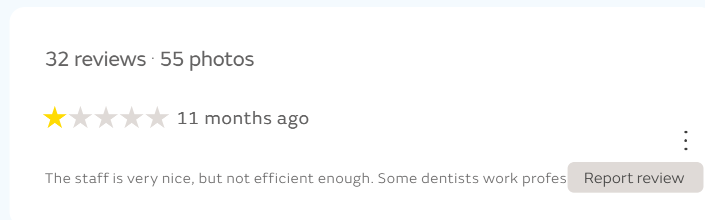
Whether this review is removed or not, will depend on whether the review contains content that Google deems to be 'Prohibited or Restricted'. This includes content that is:

- Spam or fake
- Off-topic
- Restricted
- Illegal
- Terrorism
- Sexually explicit
- Offensive
- Dangerous or derogatory
- A conflict of interest

How to request removal of a review from Google

Broadly speaking, there are three ways in which a Google review can be removed:

This can be done by anyone by pressing on the **three dots** at the right of the review.



Doing this will give you the option to 'Report review', which will further take you to another page, where you are invited to explain what you believe is 'wrong' with the review.

What's wrong with this review?

- O Tnis review is not relevant to this place
- O Conflict of interest
- O Offensive or sexually explicit
- O Privacy concern
- O Legal issue

Report

Request review removal

Assuming that you are the business owner and have a Google My Business account, you can flag reviews in Google Search using a computer by:

- On your computer, go to Google.
- Find your business profile.
- Click reviews.
- Find the review you'd like to flag.
- Point to the star rating.
- Click flag as inappropriate.
- Select the type of violation you want to report.

There is **further information** available on how to flag reviews in your account, Google Maps and Google Search using android, a computer or an iPhone or iPad.

Filing a formal legal notice

This option should only be used if you are able to cite relevant laws under which the Google content should be removed. In cases of a 1-star review that you disagree with, this is very unlikely to be a valid option.

Note: any legal notice sent to Google may be sent to the Lumen project, which is a database of legal complaints and requests for removal of online materials. This can be viewed by anyone and while your contact details are redacted, this can be more distressing than the actual Google review. Any information provided should be objective and with patient confidentiality in mind.

By clicking on the **link** you will be taken to a page titled 'Report Content on Google'.

Report Content On Google

Google's content and product policies apply wherever you are in the world, but we also have processes in place to remove or restrict access to content based on local laws. This page will help you get to the right place to report content that you would like removed from Google's services under Google's policies or applicable laws.

You can also visit http://support.google.com for non-legal issues that concern Google's Terms of Service or content and product policies.

Legal standards vary greatly by country/region. Content that violates a specific law in one country/region may be legal in others. Typically, we remove or restrict access to the content only in the country/region where it is deemed to be illegal. When content is found to violate Google's content or product policies or Terms of Service, however, we typically remove or restrict access globally.

You may report the same content through both legal and content/product policy reporting paths, but you must file each report separately. Note that reporting content through a content/product policy path does not substitute for reporting it through a legal path and does not serve as legal notice.

Select the Google product where the content you are reporting appears

Note: You must submit a separate report for each Google product where the content appears

- Google Search
- Blogger/Blogspot
- Google Maps and related products
- Google Play
- YouTube
- A Google Ad
- Drive (Docs, Slides, Sheets, Forms, etc)
- Google Photos and Picasa Web Albums
- Shopping
- See more products

From here, you can click on Google Search > Other Search Features > Local listings (including business listings), reviews, posts, or photos.

What Google product does your request relate to?

- (●) Google Search
- ( ) Blogger/Blogspot
- ( ) Google Maps and related products
- ( ) Google Play: Apps
- ( ) YouTube
- ( ) Google Images
- ( ) A Google Ad
- ( ) Drive and Docs
- ( ) Google Photos and Picasa Web Albums
- ( ) Google Shopping
- ( ) See more products

Which product does your request relate to?

- ( ) Google Search
- ( ) Google Images
- (●) Other Search Features

What can we help you with?

- (●) Local listings (including business listings), reviews, posts or photos
- ( ) Knowledge Graph or Knowledge Panel card
- ( ) Autocomplete or Related Search

From here, you can click on Legal issue and provide further details. You will be asked to cite specific laws, where possible, and explain why you believe your rights have been infringed.

What can we help you with?

- ( ) I would like to change incorrect information on my local listing
- ( ) I would like to understand why information on my local listing has changed
- ( ) **Personal information:** content contains my personal information
- ( ) **Intellectual property issue:** report copyright infringement, circumvention, etc.
- ( ) **Court order:** a court decision has determined that specific content is unlawful
- (●) **Legal issue:** a legal issue not already listed
- ( ) **Child sexual abuse material:** visual depiction of sexually explicit conduct involving a minor

Is it defamation?

With the recent spate of defamation claims made against negative Google reviewers, it is important to consider whether a negative review is actually defamation. This is a complex area to be considered with most states, and territories as of 1 July 2021, having undergone further amendments to their relevant Defamation Acts.

A claim for defamation has to be commenced within one year of the publication of the review and the reviewer is generally required to be given notice prior to commencing proceedings.

Defamation may be claimed if:

- It involves an individual or a corporation with fewer than ten employees.
- The published material has caused, or is likely to cause, serious harm to the reputation of the person (in the case of a corporation serious financial loss). Serious harm is determined by the judicial officer.
- The published material was published to a third person (ie not a complaint made directly to the business).

Importantly, the reviewer can defend themselves if, among other things, they can prove that the published information is true, has been in a public document or is an expression of honest opinion.

Independent legal advice should be sought as each case needs to be assessed individually and based on the state or territory in which defamation is being considered.

Final thoughts

Given the nature of dentistry, we would all expect some patients not to be happy with the services provided and while a negative review may be distressing, it can be an opportunity to open communication with a patient and learn from their experiences. Most times, in our experience, focusing on providing your patients with improved care will result in the odd negative review to be ignored or seen as a blip by potential patients.

There may be instances where attempting to remove the review, either by communication directly with the patient or requesting the removal of the review from the website directly, may be warranted – but this should be carefully considered, as the patient may see this as aggression and antagonistic behaviour.

Some may choose to seek legal action, possibly claiming defamation, and it should be remembered that legal advice should be independently sought.

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Through the grapevine

Online reviews have been integrated into daily living, with many people relying on the published words of others to select places to eat, buy coffee and get their car serviced or dry cleaning done. Inevitably dentistry has been dragged into the vortex of online reviews. *Dr Annalene Weston*, Senior Dentolegal Consultant at Dental Protection, looks at the unexpected cost of this

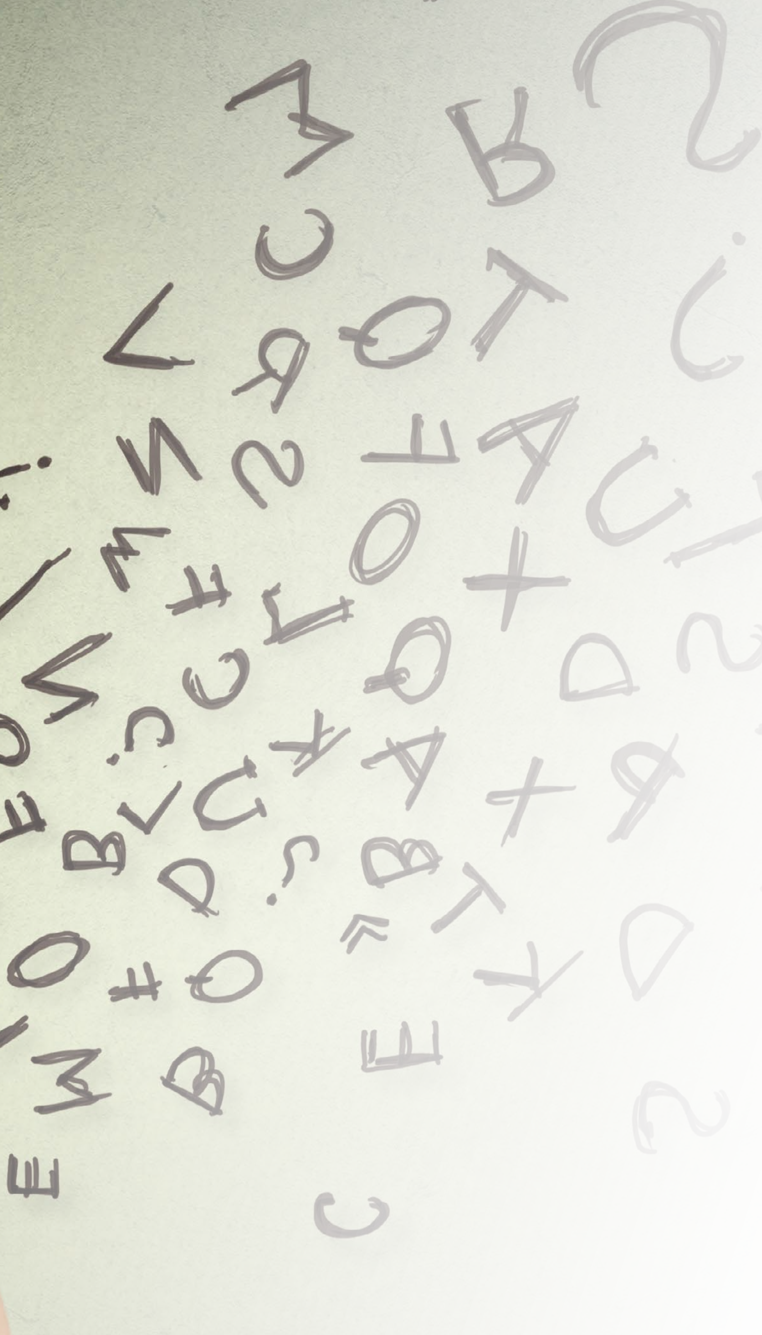
Although it's generally assumed that positive reviews drive business to us, and conversely, negative reviews push business away, I was unable to find a study to verify this as an absolute fact. As many will be aware, a recent case involving a negative Google review about a dental practitioner by a patient was successfully pursued, with the patient found guilty of four counts of defamation. In this case, evidence was provided to demonstrate that the defamatory comments were viewed by a wide audience, and that they had an impact on the practitioner's business.

So perhaps we can accept that based on the available evidence, it is more likely than not that online reviews have an impact on our business. The intent of this article is not to directly explore this, but rather to explore the impact that online reviews, specifically negative ones, have on us emotionally.

In short, if sticks and stones can break our bones, but names will never hurt us, then why does a negative online review hurt so much?

Is it because the truth hurts?

Naturally, there may be occasions when an online review calls us out on a behaviour or action we are not proud of. Not one healthcare worker I have ever met has chosen to ignore the first mandate of medical ethics, 'First do no harm'. Not one medical professional I know has made it their wilful intent to harm another. So rather than the sting of a negative review being caused by the outing of a practitioner for wilfully inappropriate behaviour, could it instead be that there are some incidents or accidents in practice that we are simply not proud of? Every healthcare practitioner will make mistakes, as we are, after all, only human. Living with these mistakes and their consequences can be hard.



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Is it because our mistakes are laid bare for all to see?

In a world of open disclosure, our errors should be discussed freely without judgement. However, an open forum where our perceived shortcomings are set out, often solely from one person's point of view for all to discuss, regardless of whether all the facts or presented ideas are actually correct, does not provide natural justice, nor constitute a fair hearing. Naturally, the unfairness of this makes us uncomfortable, but it is likely that the visceral response many have to negative online reviews is due to more than just that.

Is it because we don't know how to fail?

With many healthcare practitioners exhibiting strong type-A personality tendencies, this possibility is a strong contender for why negative online reviews cause us so much stress. The majority of healthcare providers were high achievers at school, failing at nothing in life, and live their professional lives striving to be the very best they can be. Some even strive for the unattainable concept of perfection. For many healthcare providers, a failed treatment, dissatisfied patient or negative Google review actually signifies the first failure of their life. How then do you 'fail well', and use your failure as a valuable learning experience, if you have never learned how to?

Embracing our humanity and forgiving ourselves (and each other) for less than perfect outcomes would see the profession move closer towards the no-blame culture of the airline industry that we admire with such longing. Perhaps it would also serve as a balm to the negative emotions practitioners experience when they fail. Learning to fail, and learning from our failure, would support our development and growth as individuals, and as a profession at large.

Is it because our sense of self and values are challenged?

I truly believe this plays a major part in the pain we experience as practitioners when we are criticised, and this includes a negative Google review. Many philosophers posit that within each of us is contained not one but many, with a public face and a private face that may differ. Each of us truly knows who we are, and who we are not. We know which aspects of our jobs we perform well, and which we perform poorly. We also know our own values and are people of great integrity.

Consequently, being viewed as something we are not, or, to put it more simply, being accused of something you didn't do, hurts.

We are not liars and cheats. We do not swindle or steal, or mislead and deceive, and the fundamental issue with negative Google reviews is that someone we have provided care to, to the best of our abilities, says we did. In a very public way. It challenges our core values and sense of self.

This is compounded by our inability to meaningfully defend ourselves, as we are bound by the obligations of privacy and professionalism. Our integrity ties our hands and in a perverse catch-22 situation, prevents us from defending ourselves. Because to do so, and breach our obligations and requirements, would violate the core and professional values we seek to uphold.

So when faced with a negative Google review, see it for what it truly is. Take any learning from it you need to, and please do seek advice on how best to respond. Remember that your first response in this situation may come from a place of hurt, and is therefore probably not the one you want acting as a mirror to reflect who you really are.

No place for prejudice

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Bias is pervasive and as such infuses all of the interactions we have. As dental practitioners, we try our very best to treat all patients as they would wish to be treated. But what about their bias towards us? And bias between clinicians? ***Dr Louise Eggleton***, and ***Dr Annalene Weston***, Senior Dentolegal Consultants at Dental Protection, share their own experiences of bias in the workplace

Louise

My ethnicity is a mix of Malaysian Chinese and White British. While I have encountered issues regarding my ethnicity in other areas of my life, I have not experienced race-related bias working as a dentist.

Annalene

My ethnicity is also a mix, of Eastern European and White South African. I did not experience racial issues when I worked in the UK, but regretfully this did become an issue when I started work in Australia. A memorable racial interaction was a complaint I received while working for Dental Health Services Victoria (DHSV) in Wangaratta for 'not speaking English properly'. The irony was not lost on me.

Both of us have experienced comments and negativity with regards to being young (when we still were) and for being female. Both of these factors were used to query our abilities and our appropriateness to provide care, by patients, and by colleagues.

Louise

I worked in an emergency access clinic for a number of years, extracting a lot of teeth. I encountered many male patients suggesting I would not be able to extract their tooth as I would not be strong enough. I was very direct in telling them I was the treating clinician, and the extraction of a tooth was not related to strength, rather it was the experience and use of appropriate techniques. I would not wish to move forwards with treatment if a patient did not have complete trust in my clinical abilities; however, I made it clear I was the senior dentist for the emergency service, and any patient was free to seek care elsewhere. All the patients elected to receive treatment, and thankfully all teeth were extracted successfully.

I have experienced a patient grab, and kiss me after I had extracted his tooth. At the time, I remember the patient being so pleased to be out of pain, with the tooth having now been extracted following a previous failed attempt at a different clinic, this was perhaps an impulsive action on the part of the patient. While I do not believe this gesture was meant in a sexual way, it was certainly not pleasant to be seized, and embraced by a patient with an open socket full of blood, and saliva in his mouth. I very much doubt this would have happened if I was a male dentist.

With the nature of our profession – no matter whether you are a dental assistant, therapist, hygienist or a dentist – it's obviously necessary to infringe on our patient's personal space in an appropriate manner when providing dental care. As a female working in this environment this becomes perhaps even more challenging when you are working during pregnancy, especially when reaching the latter stages. It can be difficult to manoeuvre yourself in a comfortable position, with your stomach being much closer to a patient than usual. While of course this is entirely natural, I have experienced many patients reaching out to stroke my pregnant stomach. In providing emergency care, often I had never met any of these patients before and so for me, this was overstepping the boundaries.

Other uncomfortable experiences include a patient who was under the influence of drugs exposing himself to me in clinic. The patient was clearly less inhibited but was not acting in an aggressive or threatening manner. During the time, I did not think his actions were meant in a sexual way. He may well have repeated the same actions to a male dentist. My experience was perhaps not necessarily related to the differences in how male and female clinicians are treated but it certainly does make you consider your working environment and safety as a female dentist, carrying out treatment in very close proximity to individuals you have often never met before.

The feeling of safety is essential if you are expected to carry out your job properly. I feel very lucky that the clinic I was working at did have security protocols. Emergency call buttons were available within every surgery, with an open-door policy when treating patients. If a security alarm was triggered, all available staff immediately went to investigate every situation. I worked with a great team who shared a huge amount of trust and camaraderie, which is so important. I realise, sadly, that other clinicians do not always experience this.

Annalene

I too had patients touch my pregnant stomach without permission. It was a strange experience as on the one hand, I am grateful they felt comfortable with me and saw me as a person, but on the other, I do agree that this is a boundary transgression. I was surprised by how uncomfortable it made me feel.

I suspect that every young practitioner has their ability to provide care questioned. I certainly have had my strength and ability to extract teeth questioned, by both patients and colleagues. It can be very challenging when you are a recent graduate to be questioned in this way, as your confidence can already be shaky. As Louise said, I used to back myself, and I would encourage every practitioner to do so.

The threat of sexual harassment and assault is a creepy reality for many female practitioners. I have had patients ask me on a date and bring me gifts. A dear friend of mine had a patient present her with tickets for a flight and a mini-break – with both his, and her names on. She dealt with that firmly and handed his care over to another practitioner.

I have had more than one patient touch me inappropriately, in an attempt to sexualise our time together. It is critical to have a protocol and for this to be understood practice-wide. It is also critical to be chaperoned whenever possible, and to consider an open-door policy when providing treatment if not. Naturally, these patients are best treated by others once a boundary violation of this nature has occurred.

Bias is broader than gender

Racial bias and racial abuse remain a regrettable factor in practice, as in the balance of our lives. While the expectation that every clinician will be a 'middle-aged white male' may have shifted, there can be no doubt that racial bias, whether it is conscious or unconscious, exists for both male, and females of different ethnic origins.

Challenging the challenge of bias

We have shared our stories with the hope this will help others recognise situations where they may not have been treated fairly, and to offer support.

There are many steps we can take both at individual and organisation level to challenge bias and elicit change. The first one being to acknowledge that bias exists, and that we all can view situations and circumstances through our own filter of bias. By acknowledging this, we can then take steps to ensure that bias does not become prejudicial, both in our decision-making and also against others.

Needless to say, we should have a zero-tolerance policy to discrimination, and call it out when we see it rather than letting a silent endemic persist.

And finally, we should encourage our workplaces to develop policies that support staff and categorically set out that bias, or discrimination against any person on the basis of age, gender, race, being differently abled, religion, or sexual orientation cannot, and will not be tolerated.

We need to speak up, both for ourselves and others, and it is important to acknowledge that if we do not have trust, and support from our colleagues, our career in dentistry will be so much more stressful and challenging if you are on the receiving end of discrimination of any kind.

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In her shoes: using empathy in dental practice

Empathy is an essential communication tool, as understanding others' positions can assist us in understanding their point of view, hopes and expectations. But what happens if we fail to step into a person's shoes, and see things from their point of view? ***Dr Annalene Weston***, Senior Dentolegal Consultant at Dental Protection, explores this issue

A rush to judgment

Ms M was suffering with terrible morning sickness, while trying to maintain her job from home, and wrangling an energetic toddler. She was exhausted and knew her toddler was suffering too, living on a convenience diet of takeaway children's meals. However, Ms M managed to get herself and her toddler to their annual check-up, and attended Dr R.

Dr R found that the toddler had not had his teeth brushed that morning and was somewhat appalled at the state of his diet. While he had no caries yet, Dr R felt duty-bound to provide Ms M with all the relevant oral hygiene instructions and dietary advice, in order to avert disaster.

Obviously, it was important for Dr R to provide this information. But the delivery here is important, as this is a transient and circumstantial phase in Ms M's life, which Dr R would be able to establish from her son's oral cavity, and lack of restorations. Empathy is needed to provide this requisite information, in a way that supports, not criticises.

Regretfully, Dr R did not consider how Ms M may be feeling, and why, and delivered the information sternly, to ensure they 'made an impact'. Ms M felt ashamed and judged. She cried when he set out her failings as a parent. Humiliated, Ms M lodged a formal complaint with the practice, to try to ensure no-one else was degraded by Dr R as she had been.

The wrong assumption

Mr L attended the practice to enquire about options for tooth replacement. He managed his own business, and so put 'business owner' on the new patient form. He did not disclose that his business revolved around trading in pink diamonds, and was consequently very lucrative, as he did not believe this to be relevant.

Mr L booked to attend his appointment when he was on annual leave, and he was taking his leave as an opportunity to work on his hobby farm. He came across some trouble while fencing, so arrived at his appointment late and flustered, and he had not had the time to shower and change as he had planned.

Dr W, irritated by the late attendance, called Mr L through.

Now imagine you are Dr W. What options for tooth replacement are you going to offer Mr L based on his appearance? Be honest with yourself. Are you really going to give him all of the options in a balanced manner, or are you perhaps going to brush over some options based on what you believe he can afford?

Regretfully, Dr W did indeed judge Mr L on appearance, and failed to fully outline implants as a meaningful solution for Mr L. Mr L, initially amused by this judgment, took his business elsewhere, seeing it as Dr W's loss. However, with time, he began to resent being judged by a practitioner half his age and made a complaint to AHPRA on the grounds that he had been discriminated against based on his appearance.

Scenarios such as these occur so commonly in practice that they are addressed in the Code of Conduct, our roadmap document for professional practice (see box 1).

Consider for a moment: did Dr R communicate effectively and practise patient-centred care? Did Dr W practise in accordance with the current and accepted evidence base, and provide treatment options based on the best available information? Or did Dr R fall foul of judging a patient, without truly knowing the facts of the matter or stepping into their shoes. And honestly, would you have perhaps done the same?

Regretfully, many practitioners fall into the traps of pre-judgment and bias; please know that it doesn't help us as clinicians, and it most certainly doesn't help our patients.

We need to be mindful that bias is pervasive, and often based on our experiences.

Bias affects us all. As a working mother, I can recognise a 'Ms M' at 40 paces, because I have walked in her shoes, but it would be unreasonable to suggest that we have to have experienced every life experience a patient faces to truly understand them. Rather, perhaps we ought to take a moment to get to know our patients and talk with them about their expectations, hopes, and values relating to their dental care, so we can provide them with the requisite information and treatment options appropriately, and with respect.

We were able to assist both practitioners in their responses, and both had good outcomes, but this didn't make them feel good; both expressed that they knew they had let themselves, and their patients down through being biased.

Maintaining a high level of professional competence and conduct is essential for good care

Good practice includes that you:

a. ensure you maintain adequate knowledge and skills to provide safe and effective care

b. ensure that, when moving into a new area of practice, you have sufficient training, and/or qualifications to achieve competency in that new area

c. maintain adequate records (see Section 8.3 Health records)

d. consider the balance of potential benefit and harm in all clinical management decisions

e. communicate effectively with patients to ensure they have enough information to make an informed decision about their current, and future care, and respect their decision if they choose no treatment, or care

f. provide treatment options that are based on the best available information and are not influenced by financial gain, or incentives

g. practise within an evidence-based and patient-centred framework

h. take steps to alleviate the symptoms and distress of patients, whether a cure is possible, or not

i. support the right of the patient to seek a second opinion

j. respond to adverse events, and implement the principles of open disclosure

k. consult, and take advice from colleagues when appropriate

l. make responsible and effective use of the resources available to practitioners

m. ensure that your personal views do not adversely affect the care of a patient

n. reflect on your practice, and your decisions, and actions in providing good and culturally safe care, and

o. facilitate the quality use of therapeutic products based on the best available evidence and the patient's needs.

Box 1. Section 1.2 Good Care, *Code of Conduct*, Dental Board of Australia

Learning points

- Accept bias is real, and affects us all.
- Try to get to know your patients before making decisions about them, or for them.
- Engage empathy, not judgment, as you never truly know what another person is going through, if you don't walk in their shoes.

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- Investment portfolios that align with members' values
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