



Risky Business: How to Talk to Parents about Treatment Safety

The health risks that endanger children are not necessarily the health risks that scare parents. Let's face it, some parents will ignore their child's obesity, permit unlimited fatty snacks and sugared drinks, put off buying mouth protectors, and overlook a teen's use of tobacco. Yet these same parents worry about the safety of fluoride, x-rays, sedation and extractions. This seeming lack of logic is frustrating, especially in view of your extensive efforts to protect patient safety.

Talking to parents about their safety concerns carries definite benefits. It can build trust, encourage parents to be full partners in care, and help them make wise decisions about their child's treatment. However, communication about treatment risks, an integral part of informed consent, is a complex and challenging process. This issue of *PMM News* discusses how you and your team can successfully talk to parents about both perceived and actual treatment risks, and thus provide parent reassurance and full informed consent.

Informed Consent: A Quick Update

Informed consent means providing all relevant information regarding diagnosis, treatment needs, proposed treatment, and any reasonable alternatives in a manner that allows the patient, custodial parent or legal guardian to participate in and have autonomy in dental care decisions. In particular, you must disclose all information considered material to the decision-making process and provide a warning of death or serious bodily injury when that is a known risk of the procedure. (This definition is drawn from the 2005 *AAPD Oral Health Policies and Clinical Guidelines*—specifically the guideline on Informed Consent—which you may read in its

entirety on www.aapd.org.) Further, state laws determine the criteria for informed consent, and these standards differ from state to state. For example, some states apply the standard of information which a reasonable, prudent patient in similar circumstances would wish to know. Others use the criteria of information which a healthcare provider practicing within the standard of care would reasonably provide to a patient in the same circumstances. Written consent is required by some states. Even if it is not mandated in your state, the AAPD advises written consent to decrease the potential liability from miscommunication.

Three C's: Communication, Commitment and Control

Although you provide a careful discussion of potential treatment risks, you have no doubt noticed that many parents go beyond the dental data to decide whether their child will be safe. They consider such risk characteristics as to whether the situation is understandable, familiar, voluntary, and most important, under their control. The following tips will help you take into account the parent's perspective in risk discussions.

One: Communication. Do you ever wonder if all this required talk about treatment risks is damaging to parent trust in your practice? It isn't. Parents are more confident, comfortable and compliant if they consider themselves well-informed on both the benefits and risks of treatment. In short, a risk often seems safer if you talk about it. Imagine that your little girl tells you there is a monster under her bed. Would you tell her, "Don't be silly. There are no such things as monsters"? Or would you turn on the light and look for monsters together? When you and parents examine the "monster" of procedure risks together, parents can be reassured through a comprehensive understanding of the proposed treatment.



Be prepared for a risk discussion to take longer than you think it should. Because you are talking about potential harm from the parent's perspective, the information is scary. Anxious people don't listen well. There will be a gap between what you say and what the parent understands. Familiar words, simple sentences and message repetition will increase parent knowledge and confidence.

In addition, consider weighing the risks of treatment against the risks of no treatment. For example, to a parent concerned about the safety of x-rays, you might say, "You are wise to consider the risk of any treatment before you make your decision. But a dental x-ray poses a far smaller risk to your child's health than an undetected and untreated dental problem."

Two: Commitment. Suppose a parent asks you about medical emergencies during dental treatment. You shrug and say, "Sure, we've had them, but they're rare. Nobody's perfect." Wrong answer. The parent understands that emergencies happen and would not leave your practice because you had one. However, a parent would leave your practice if you seemed unconcerned about medical emergencies. When asked about potential risks, describe all the steps you and your team take to protect patient safety. For example, "Pediatric dentists, along with their staff, are rigorously trained in managing medical emergencies with children should they arise. But our goal is to *prevent* medical emergencies. One of the important ways we safeguard patients is taking a thorough medical history. We carefully note health conditions, medications and potential drug interactions. For example, just this week I treated a little boy with leukemia, and carefully planned his treatment in view of his condition. It went great, and now his mouth is comfortable."

Three: Control. Although air travel is statistically safer than car travel, most of us feel safer in a car than in a jet. Why? Because we are in the driver's seat. Parents feel safer when they are in the "driver's seat" at the pediatric dental office. Therefore, your messages about treatment safety must carry the theme of parental control over the course of treatment. Along with informed consent, you should emphasize that final treatment decisions remain always in the hands of parents. To further increase parental sense of control, discuss actions that they can take to help protect their children from risks. For example, for the parent concerned about a medical emergency, you might say, "You know, parents play a valuable role in protecting their child from a medical emergency. One way to do that is to keep me updated on any changes in your child's health history, as well as any medications, both prescription and over-the-counter."

Risk Comparisons: Don't Compare Dentistry to Lightning Strikes or Shark Attacks

Some parents worry more about fluoride and x-rays than they do about sippy cups, junk food, soda consumption and oral piercings. Is it wise to point out these discrepancies? What sort of risk comparisons work – or don't work – with parents?

Don't compare apples and oranges. As demonstrated by the list of activities posing equal risk¹, we rely on much more than statistical risk assessments to decide about safety. As mentioned earlier, we consider an action safer if it is understandable, familiar, voluntary and under our control. As a result, comparisons with behaviors very different from dental treatment on these characteristics can make parents feel confused or even outraged. For example, although it's statistically accurate, parents won't respond positively to the statement, "Your children are safer in our office than they are while you are driving them here."

Don't make comparisons with sensational events. Tempted to compare the risks of general anesthesia to being struck by lightning or bitten by a shark? Don't! People overestimate sensational risks and underestimate more common ones. For example, most would estimate that tornadoes and asthma cause an equal number of deaths each year. Yet tornadoes kill about 500 people a year, asthma about 3,000.²

Compare dentistry with other sources of the same risk or with medical treatments. For example, a panoramic radiograph delivers about the same amount of radiation as three days in the sun. A bitewing examination is equal to about five days in the sun and a full-mouth survey about nineteen days. As an example of a medical comparison, a chest x-ray delivers about three times more radiation than a panoramic film.³



Safety Statistics: Help Parents Do the Math

When discussing certain procedures, such as the safety of general anesthesia or the outcome of treatment for severely decayed teeth, you may need to include numerical data. Unfortunately, some parents have trouble with such statements as “one patient in 600,000” or “a likelihood of 15 percent”; they simply can’t do the math. This section tells how to present statistical information in ways to help parents evaluate the possible risks of dental treatment.

Is there a difference between “.001” and “1 in 1,000”? Although these facts are identical to a math wiz, they are decidedly different to the rest of us. Parent judgment improves when treatment outcomes are talked about in terms of frequencies rather than probabilities.⁴ Therefore, “1 in 1,000” is clearer and more easily understood than “a .001 chance”.

Is “10,000 out of 1,000,000” larger than “1 out of 100”? It’s difficult for most people to assess the difference between very large numbers. So, when people hear risk information in the format “X out of Y”, they focus on the small foreground number (X) and ignore the large background number (Y). As a case in point, subjects in one study rated cancer as riskier when it was described as “affects 1,200 out of 10,000 people” than as “affects 24 out of 100 people”.⁵ Therefore, if your goal is to communicate the safety of treatment, choose the smallest possible foreground number, such as “1 in 50,000” rather than “4 in 200,000”. If your goal is to emphasize the riskiness of a behavior and thus gain compliance with healthier alternatives, then choose a larger foreground number. Or, if your goal is to build a thorough understanding, give more than one comparison.

Is a “90% success rate” better than a “10% failure rate”? People prefer positive numbers. Therefore, a treatment is perceived as safer or more effective if phrased positively (a 90% chance of success) than negatively (a 10% chance of failure). In addition, patients are more likely to act on information when it’s presented as success rates instead of failure rates.⁶

In conclusion, whether you are discussing x-rays, extractions, sedation or general anesthesia, educating parents about potential treatment risks is a challenge. But through clear, comprehensive communication and the effective use of comparisons and safety statistics, you can help parents fully participate in making wise decisions about their child’s treatment.

Increase Your Chances of Dying by One

- Smoke 1.4 cigarettes
- Drink one-half liter of wine
- Eat 20 tablespoons of peanut butter
- Fly 1,000 miles by commercial jet
- Travel 150 miles by car
- Ride 10 miles on a bicycle
- Live for 2 days in New York
- Drink Miami water for 1 year
- Live within 20 miles of a nuclear power plant for 150 years

Informed Consent Form

- Name and date of birth of pediatric patient
- Name and relationship to the pediatric patient and/or legal basis on which the person is consenting on behalf of the patient
- Description of the procedure in simple terms
- Disclosure of known adverse risk(s) of the proposed treatment specific to that procedure
- Professionally recognized or evidence-based alternative treatment(s) to recommended therapy and risk(s)
- Place for custodial parent or legal guardian to indicate all questions have been asked and adequately answered
- Places for signatures of the custodial parent or legal guardian, dentist, and an office staff member as a witness

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 **PMM** News



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