Meiying

Meiying is a dental student in her fourth year of training. She has seen a patient requiring a filling and had the appropriate discussions with the patient about the decision to proceed with their choice of filling. At the next appointment the treatment takes place but the patient is unhappy with the amalgam filling stating that they had changed their mind.

Student dentist

Meiying has followed the correct process for discussing the treatment options and gaining consent in the first appointment and has recorded the discussion and option chosen. In the time between the first and the second appointment the patient has thought more about the materials and wanted to change to a white composite filling. During the second appointment Meiying feels under time pressure to complete the filling as she has taken longer than expected with the previous patient.

What do you think Meiying should do next?

Select an option:

- the patient has given consent so go ahead with the filling
- explain to the patient what they had chosen last time and then start the treatment
- check the patient is still happy with to go ahead with the treatment and ensure consent is still valid
See what Meiying did next...

Meiying quickly requested the patient’s signature on the consent form. Meiying showed the completed consent form to the supervisor. The patient checked the filling at the end of the treatment and stated they had changed their mind but hadn’t felt able to communicate this to the student as they seemed to be pre-occupied and in a hurry.

Meiying’s supervisor asked the patient what material they had wanted and to explain what had happened during the consent process. Meiying was immediately apologetic for her actions. She explained she had felt that as she was nearing the end of her fourth year she ought to be getting quicker treating patients. If appointments were running late Meiying felt very stressed and that she was letting patients down. Meiying said she understood how serious it was that the patient now had a filling they were unhappy with. The patient was very upset.

Although this was the first time Meiying had not ensured patient consent was valid the impact on the patient was significant. Meiying’s supervisor explained that because of this a concern about her student fitness to practise would have to be raised. Meiying’s student record was previously excellent. She had also immediately shown insight and acknowledged her responsibility in providing the wrong treatment. Meiying was therefore given a condition and received increased supervision for a period. This was completed satisfactorily and Meiying then continued as normal on the course and did very well in her final assessments. Meiying had to declare the condition on her GDC registration application.
GDC principles

3.3 You must make sure that the patient’s consent remains valid at each stage of investigation or treatment

3.3.1 Giving and obtaining consent is a process, not a one-off event. It should be part of on-going communication between patients and all members of the dental team involved in their care. You should keep patients informed about the progress of their care.

3.3.2 When carrying out an on-going course of treatment, you must make sure you have specific consent for what you are going to do during that appointment.

Other guidance

Ask your training provider if there is any other guidance or information they would recommend.

Discussion points

- Has a patient you have been treating ever changed their mind about their choice? How did you respond? If this happened again would you do anything differently to ensure patient consent remained valid?
- Have you seen another member of the dental team go ahead with treatment without gaining patient consent? What should you do in this situation as a registrant?

Disclaimer

These fictional case studies are for illustration purposes only and should not be relied on to make clinical decisions. Their aim is to put GDC guidance in context, exploring how some of the principles might work in practice.

The case studies cannot be relied on to be clinically accurate. Nor do the case studies intend to show the "correct" interpretation of GDC guidance, only one (or more) possible interpretation(s).