

Who Is Responsible For A Patient's Treatment?

CLINICAL CASE

Jorge, aged 6, presents at his health center's pediatric dentistry office accompanied by his mother, Ana. During the examination conducted by Dr. Alonso, it was noted that Jorge has three cavities in his primary molars. Ana, informs the doctor that Jorge has a glass of chocolate milk before bed, nightly. Dr. Alonso advises Ana on dietary adjustments and oral hygiene practices. Additionally, considering Jorge's habits and the presence of multiple cavities, Dr. Alonso recommends applying a sealant to the lower left first molar, a permanent tooth, as a preventive measure against further early-stage cavities in permanent dentition.

The dental hygienist working alongside Dr. Alonso notes that the protocol for definitive treatments in the pediatric dentistry program is designed for individuals aged 7-16. Consequently, as Jorge falls below the specified age range, the hygienist does not deem it necessary to apply the sealant to his tooth. They underscore the requirement to wait until he turns 7 before considering the treatment. While Dr. Alonso acknowledges the program's age-based guidelines, he recognizes the potential benefits of the sealant for Jorge. He believes that Jorge's age does not inherently preclude him from receiving the treatment. Dr. Alonso deliberates on whether to strictly adhere to the program's protocol or to make an exception in Jorge's case for his potential benefit.

ETHICAL ANALYSIS OF THE CASE

In this case, the application of sealant is typically not administered to patients aged 6. These treatments are typically reserved for cases where definitive or pre-definitive dentition is present, signifying the presence of permanent teeth. Therefore, such treatments are offered to start from the age of 7. However, considering Jorge's specific circumstances, the treatment could offer benefits, and furthermore, it is not contraindicated. The dilemma facing Dr. Alonso lies in whether to strictly adhere to the general protocol, which prioritizes efficient resource allocation, or whether to prioritize Jorge's clinical benefit.

In medicine, protocols serve as general guidelines; however, it is crucial to apply them judiciously to individual cases. As a result, many patients, due to their unique characteristics, may not align perfectly with protocol criteria. Nonetheless, this should not hinder them from receiving optimal treatment, regardless of their protocol status. Healthcare professionals, whether guided by protocols or not, must prioritize the patient's best interests, while also considering resource limitations that may exist.

POSSIBLE COURSE OF ACTION

- Inform Ana, that the indicated treatment for Jorge, (the sealant) cannot be given due to him not meeting the protocol guidelines.
- Reschedule an appointment with Jorge for when he turns 7 to proceed with the sealant treatment.
- Attempt to refer the patient to another center to see if they can provide the treatment, even if it has to be privately financed.
- Dr. Alonso could do the treatment himself, without the hygienist.
- Talk to the hygienist and present the arguments in favor of the treatment, to try to reach a consensus that is most beneficial for Jorge.
- Talk to the center or management to see if an exception can be made to the protocol in Jorge's specific case.
- Modify the protocol so that cases such as Jorge's can be included.
- Inform Jorge's parents of the treatment, and that it would be beneficial to their son, but explain to them that the hygienist does not want to do it, based on a protocol.
- Tell the hygienist that if they do not perform the treatment, they will be reported to the medical board.

RECOMMENDED COURSE OF ACTION

- Have a conversation with the hygienist to agree on how to move forward with this type of patient, specifically in the case of Jorge. The goal is to establish consistent criteria for conducting these treatments, ensuring that these criteria prioritize maximum benefit for the patients.

- If a consensus is reached that it is advantageous to pursue these treatments even for a 6-year-old patient, discuss with the center's management how an exception can be made in the protocol for Jorge's specific case.
- In addition, when possible (but without undue delay) we must modify the protocol so that cases such as Jorge's can be included.

DISCUSSION

In instances of professional conflicts, prioritizing patient welfare while preserving professional relationships is imperative. In cases like the one outlined, professionals should aim to achieve consensus on procedures. Collaborative teamwork not only benefits patients but also enhances the work environment. However, this should not undermine an individual's understanding of responsibilities, professional competencies, and the need for each professional to perform their designated tasks without infringing upon others' roles.

Jorge's issue stems from a protocol that serves as a recommendation rather than a strict rule. Clinical protocols can accommodate exceptions, as seen in this instance. Given the imperative to act in Jorge's best interest, if there's agreement that the sealant procedure is beneficial, management should be consulted to make an exception to the protocol. Additionally, responsible action involves revising the protocol, as no protocol is immutable. Protocols are inherently adaptable to evolving circumstances arising from their application.

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
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