



## LITCH'S LAW LOG

### RISK MANAGEMENT ISSUES FOR PARENTAL PRESENCE/ABSENCE

*This author acknowledges the assistance of Ms. Kathleen M. Roman, M.S., Risk Management Education Leader, Medical Protective, in the preparation of this article<sup>1</sup>*

Pediatric dentists have different philosophies concerning the benefits of having a parent/guardian present during a child's dental treatment. These different viewpoints are accurately conveyed and discussed in the AAPD's **Clinical Guideline on Behavior Guidance for the Pediatric Dental Patient**.<sup>2</sup> The relevant section of the guideline reads as follows:

#### **Parental presence/absence**

**Description:** The presence or absence of the parent sometimes can be used to gain cooperation for treatment. A wide diversity exists in practitioner philosophy and parental attitude regarding parents' presence or absence during pediatric dental treatment. Parenting styles in America have evolved in recent decades. Practitioners are faced with challenges from an increasing number of children who many times are ill-equipped with the coping skills and self-discipline necessary to deal with new experiences in the dental office. Frequently, parental expectations for the child's behavior are unrealistic, while expectations for the dentist who guides their behavior are great. Practitioners agree that good communication is important among the dentist, patient and parent. Practitioners also are united in the fact that effective communication between the dentist and the child is paramount and requires focus on the part of both parties. Children's responses to their parents' presence or absence can range from very beneficial to very detrimental. Each practitioner has the responsibility to determine the communication and support methods that best optimize the treatment setting recognizing his/her own skills, the abilities of the particular child, and the desires of the specific parent involved.

**Objectives:** The objectives of parental presence/absence are to:

1. gain the patient's attention and improve compliance
2. avert negative or avoidance behaviors
3. establish appropriate dentist-child roles
4. enhance effective communication among the dentist, child, and parent
5. minimize anxiety and achieve a positive dental experience

**Indications:** May be used with any patient.

**Contraindications:** Parents who are unwilling or unable to extend effective support (when asked).

***This column explores various risk management concerns related to parental presence/absence.***

Since this column is written from a legal perspective, it naturally enough begins with a lawyerly statement: legal risk can arise in either situation (parental presence or absence) and the degree of risk depends on the circumstances. If some of the suggestions below may seem like mere common sense, the author observes that there is a close connection between prudent common sense and the standard legal test of what reasonable care a reasonable person would exercise under like circumstances.

The dentist's primary responsibility is to ensure the safety of his or her patients, staff, and any family members/guests of patients who may be in the office. Each dentist, depending on his or her patient demographic, needs to have some flexible but clear safety parameters.

While the author is unaware of any insurance regulations, either from a professional liability or general liability perspective, that forbids parental presence in the dental operator, an element of common sense must certainly prevail. Hazards or challenges include X-ray exposure, physical proximity to the dental field, management of additional children, etc. It would be nice to assume that a parent knows not to stand six inches away from a whirling bur in their child's mouth, but the dentist and staff need to set parameters for the parents they deem "safe" to be in the operator.

Obviously, if a parent or guardian brings six children to a dental appointment, it is probably not a good idea for him or her to bring five "observers" into the dental operator. Nor is it a good idea to leave children unattended in the waiting room area so that the parent can accompany one child into the treatment area. Quite simply, by bringing additional children to the appointment, the parent has essentially opted to wait in the waiting area.

**Risk management steps should also be taken in circumstances where the parent is not present.** For example, while some dentists find that they can work more quickly when a parent is not present, the dentist and staff must always be cognizant of the child's emotional needs. There are no hard and fast rules other than patient safety and the building of that long-term positive relationship. However, in order to avoid having to make individual determinations, a dentist may be tempted to tell parents that there

is some “other” reason (e.g. state regulations, infection control, etc.) why they can’t be present in the operatory. But this tactic will not increase parental awareness and cooperation or enhance the dentist-patient relationship. Some parents will simply recognize it for being a brush off, while others may become suspicious about regulations that would seem to separate them from their children.

**Therefore, a key step for risk management is to adopt an office policy on parental presence/absence, communicate it clearly, and be consistent in its application.** Such a policy, consistent with AAPD guidelines, helps the dentist determine if/when it is appropriate for a parent or other care-giver to be present and, equally important, when it is not a good idea. By working through the various rationales, a dentist might start with a written statement to parents/guardians such as:

“There are **two critically important goals** to your child’s dental appointment.

The first goal is essential to the success of the current appointment. **The dentist needs to be able to provide diagnosis, education, and treatment in a way that allows the dental team to focus all of their attention on your child.** Without distractions or delays, the dentist can get the best possible results in a time-frame that doesn’t exhaust your child’s attention span and good will.

The second important goal is to **give your child an excellent chance to build a comfortable relationship with his or her dentist.** Ultimately, the dentist wants each patient to develop good oral hygiene habits, to willingly keep dental appointments, and to be capable of cooperating in any dental care. Nothing is more damaging over time than dental appointments that, for whatever reason, turn the child into a dental phobic.”

Based on AAPD guidelines, the dentist should reserve the right to make the determination of parental presence/absence on a case-by-case basis. Some parents if present during treatment may unconsciously give the child permission to act out, while other parents are able to keep their child relaxed and cooperative. And, as most parents are aware, the child’s orientation toward or against parental presence may change from appointment to appointment. **If the parent understands that the dentist’s decision is based on safety and on completing the work before the child’s endurance fades, they are less likely to take it personally if the dentist asks them to remain in the waiting room or to be present only for a portion of the exam or treatment.**

Educating the parent in advance can avoid any potential misunderstanding and greatly help those parents who are uncertain about their role in facilitating a pleasant dental experience for their child. It is also a good idea to educate your office staff so that they can respond with positive child-focused statements when parents voice questions or concerns.

For further information please contact Deputy Executive Director and General Counsel C. Scott Litch at (312) 337-2169 ext. 29 or [slitch@aapd.org](mailto:slitch@aapd.org).

<sup>1</sup> *Medical Protective is the AAPD’s endorsed professional liability insurance carrier.*

<sup>2</sup> *The most recent version of this guidance, as updated in 2006, is available on the AAPD Web site at: [www.aapd.org/media/Policies\\_Guidelines/G\\_BehavGuide.pdf](http://www.aapd.org/media/Policies_Guidelines/G_BehavGuide.pdf). See complete guideline for scientific references.*

## NEW CDC MUMPS IMMUNIZATION RECOMMENDATIONS FOR HEALTH CARE PROVIDERS

This past summer the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) issued revised mumps vaccination guidelines. Due to an alarming increase of mumps in the U.S., especially in the Midwest, they recommended that all healthcare workers, including dental professionals and their clinical and support staff, should be made immune to the mumps virus. The major change is that persons born before 1957 without other evidence of immunity should receive one dose of live mumps vaccine, or two doses if living in an outbreak area. The previous recommendation was that healthcare workers born before 1957 were immune to mumps because of earlier immunization schedules and compliance. **Healthcare workers dealing with particularly susceptible populations, such as preschool and elementary school children, are especially advised to adhere to these recommendations.** If a local outbreak occurs, healthcare workers born in 1957 or later and children ages one to four should also be considered for a second dose of the vaccine. The complete recommendations can be accessed at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm).

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