

1 Managing Conflicts and Ending the 2 Dentist-Patient Relationship

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4 Date:

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19 Executive Summary

20
21 This Standard of Practice sets out requirements for dentists related to managing conflicts that
22 can affect the dentist-patient relationship and ending the dentist-patient relationship¹ for
23 reasons other than the natural or expected conclusion of the patient’s care. ²

24
25 The expectations set out in this Standard apply to all treating relationships, including those
26 where patients are also employees of the dentist or the dental practice. This Standard does not
27 apply in circumstances where it is the patient who ends the dentist-patient relationship.

28
29 This Standard is supported by companion resources which provide supplementary information
30 and guidance. These include FAQs, Case Scenarios, and a template patient dismissal letter (*to
31 be developed*).

32

¹ In this Standard, “dentist-patient relationship” refers to the treating relationship that exists between a dentist and their patient. It does not address other relationships that may exist between a dentist and a patient, such as a personal, familial, or employment relationship.

² See FAQ concerning the application of this standard to acute care (e.g., short-term specialist care, consultations), and leaves of absence (*to be developed at a future date*).

Definitions

A breakdown in the dentist-patient relationship occurs when the mutual trust and/or respect that is essential to an effective dentist-patient relationship has been lost and cannot be regained.

A conflict refers to a situation that can compromise safe and effective treatment and lead to a breakdown in the dentist-patient relationship. For the purpose of this Standard of Practice, a conflict is defined broadly to include the following situations:

- A disagreement between a dentist and a patient, or between a dentist and a person closely associated with a patient (a disagreement may be personal or related to the patient's care);
- Rude or otherwise disruptive behaviour by the patient or person closely associated with the patient toward the dentist, staff, or other patients; or
- A brief deviation from expected professional behaviour by the dentist, or from appropriate behaviour by the patient, that may be inadvertent or accidental but is unwanted (i.e., an unintentional boundary violation).

Persons closely associated with a patient include, but are not limited to:

- a spouse or partner of a patient;
- a friend of a patient;
- a parent or guardian of a patient;
- a substitute decision-maker for the patient; or
- a person who holds power of attorney for personal care for the patient.

For definitions of **emergency care**, **urgent care** and **non-emergent/non-urgent care** see the RCDSO [FAQs](#).

Principles

The following principles form the foundation for the requirements set out in this Standard.

1. An effective dentist-patient relationship requires mutual trust and respect.
2. The paramount responsibility of a dentist is to the health and well-being of their patients. This includes addressing conflicts, behaviours, or circumstances that could compromise the provision of safe and effective care, facilitating continuity of care, and not abandoning their patients.³

³ Principle #1 in RCDSO's Code of Ethics states "the paramount responsibility of dentists is to the health and well-being of patients."

- 72 3. The principles above continue to apply when managing conflicts with patients and
73 persons closely associated with patients, and when ending the dentist-patient
74 relationship.
75

76 Managing Dentist-Patient Conflicts

77
78 In some cases, conflicts can arise which can lead to a breakdown in the dentist-patient
79 relationship and compromise the effective provision of care. This can occur, for example, when
80 the patient or a person closely associated with the patient is rude or disruptive; repeatedly fails
81 to comply with established office policies (e.g., concerning cancellation of appointments); or
82 engages in fraud (e.g., prescription-based).
83

84 The following requirements apply when conflicts arise that affect the dentist-patient
85 relationship unless there are reasonable grounds to believe that the patient poses a genuine
86 risk of harm to the dentist, staff, or other patients. In these circumstances, dentists are under
87 no obligation to attempt to resolve the conflict with the patient.⁴
88

- 89 1. Dentists must make reasonable efforts to resolve conflicts in the best interest of the
90 patient and preserve the dentist-patient relationship. Reasonable efforts may include (as
91 examples):⁵
- 92 a. having a direct conversation with the patient or person closely associated with
93 the patient (where possible), either in person or virtually;⁶
 - 94 b. actively listening and trying to understand any conflicting points of view;
 - 95 c. acknowledging differing perspectives and/or concerns;
 - 96 d. identifying the underlying cause of the conflict;
 - 97 e. explaining to the patient or person closely associated with them:
 - 98 • the professional obligations of the dentist;
 - 99 • the issues negatively affecting the dentist-patient relationship;
 - 100 • how the issues are negatively affecting the relationship; and
 - 101 f. involving the patient or person closely associated with the patient in the
102 development of a solution to address the conflict, including any expectations and
103 next steps.
- 104
- 105 2. Dentists must communicate in a professional and empathetic manner when making efforts
106 to resolve conflicts.
107

⁴ Depending on a dentist's role in the dental practice, the dentist may have specific responsibilities related to workplace harassment and workplace violence, for example, under the [*Occupational Health and Safety Act, R.S.O. 1990, c. O.1.*](#)

⁵ See the Case Scenarios for Managing Conflicts with Patients for examples (*to be developed at a future date*).

⁶ Dentists' are reminded that their obligations for professional conduct extend to non-regulated staff who work in the dental practice and non-regulated staff's communication with patients (e.g., when discussing matters related to consent to treatment on behalf of the dentist).

- 108 3. Dentists must only end the dentist-patient relationship due to a conflict where reasonable
109 efforts to resolve the conflict in the best interest of the patient have failed.
110
- 111 4. Dentists must not disclose any personal health information when resolving conflicts with
112 persons closely associated with patients without the patient’s consent unless the person is
113 the patient’s substitute decision-maker.⁷
114
- 115 5. Dual relationships, conflicts of interest, and boundary violations with patients can lead to
116 conflicts, complicate the treating relationship and risk undermining the provision of safe
117 and effective care. Dentists must address these matters in accordance with relevant
118 requirements set out in the RCDSO’s [Prevention of Boundary Violations and Sexual Abuse](#)
119 [Standard](#).

120 **Ending the Dentist-Patient Relationship**

121
122 The following general requirements apply whenever a dentist ends the dentist-patient
123 relationship prior to the natural or expected conclusion of the patient’s care. In circumstances
124 where there are reasonable grounds to believe that the patient poses a genuine risk of harm to
125 the dentist, staff, or other patients, dentists are under no obligation to engage directly with the
126 patient (e.g., in person) when ending the relationship.
127

128 Whether it is necessary or appropriate to end the dentist-patient relationship is often a matter
129 of professional judgment which must be guided by this Standard of Practice, its accompanying
130 resources, the facts of the situation, and the best interests of the patient.
131

132 **GENERAL REQUIREMENTS**

133
134 In most circumstances, the dentist-patient relationship only ends when it has been formally
135 ended by the dentist or the patient.⁸
136

- 137 6. To end the dentist-patient relationship, dentists must first:
- 138 a. formally notify the patient of the decision to end the relationship in a written notice
139 (physical or electronic) that includes:⁹
- 140 • the reason(s) for the decision;
 - 141 • the date when care will no longer be provided;¹⁰
 - 142 • whether they may return to the practice to receive treatment from any other
143 oral health care professional who works at the practice;

⁷ Legislative requirements for the collection, use, disclosure, and transfer of personal health information are set out in the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A.

⁸ For greater clarity see the FAQ regarding when the dentist-patient relationship ends (*to be developed at a future date*).

⁹ The requirement to provide a written notice does not preclude the dentist from also notifying the patient verbally that the dentist-patient relationship is ending.

¹⁰ This may be a specific date or after stabilizing treatment has been provided, if applicable.

- 144 • instructions for accessing or transferring dental records;¹¹ and
145 • any instructions regarding outstanding payments for treatment provided, or
146 payments that have previously been made for treatment that will not be
147 completed.¹²
148 b. ensure any urgent or emergency treatment needs are addressed, and the patient’s
149 condition is stable;
150 c. communicate to the patient any outstanding, non-urgent or non-emergent
151 treatment needs, and when they should be addressed; and
152 d. provide the patient with reasonable assistance in finding a new dentist.¹³
153
154 7. If the patient has a substitute decision-maker (e.g., the patient is a child or incapable
155 adult), the dentist must provide the written notice to the patient’s substitute decision-
156 maker.
157
158 8. If the patient is undergoing active, long-term treatment (e.g., orthodontic treatment),
159 dentists must also:
160 a. inform the patient of their oral health status in relation to initial treatment goals,
161 including the status of any dental services the dentist agreed to provide in an
162 agreement, if applicable;
163 b. inform the patient of options to stabilize their condition, if applicable; and
164 c. offer and/or arrange a transfer or referral to another dentist for stabilizing or
165 ongoing treatment, if appropriate (e.g., based the patient’s treatment needs and the
166 rationale for ending the dentist-patient relationship).
167
168 9. Dentists must establish and satisfy the terms of an agreement or arrangement with a
169 patient and, if necessary, discontinue needed dental services in accordance with legal
170 requirements.¹⁴
171
172
173

¹¹ Legislative requirements for the collection, use, disclosure, and transfer of personal health information are set out in the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A. Additional guidance for dentists related to personal health information, including the transfer of records, can be found in applicable RCDSO resources, including (among others) the College’s Practice Advisory on [Release and Transfer of Patient Records](#).

¹² Dentists are reminded that if they agree to provide a course of dental treatment on a fee for service basis and accept payment in advance of completion of the course of treatment, a failure to specify, in an agreement with the patient, obligations of the dentist and the patient in the event the dentist is unable to complete the course treatment could result in a finding of professional misconduct under s. 2(21) of the [Professional Misconduct Regulation](#) under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

¹³ Reasonable assistance involves, at the minimum, suggesting ways a patient may find a new dentist, including sharing online search tools or referring the patient to another dentist. See the FAQ regarding helping a patient to find a new dentist (*to be developed at a future date*).

¹⁴ See s. 2 (14)-(16), s. 3, and s. 4 of the [Professional Misconduct Regulation](#) under the *Dentistry Act, 1991*, S.O. 1991, c. 24, and see FAQ/RCDSO resource for more detail (*to be developed at a future date*).

- 174 10. Dentists must not end the dentist-patient relationship in the following situations (this list is
175 not exhaustive):
- 176 a. where it is prohibited by legislation, including where it would constitute
177 discrimination based on protected grounds under the Ontario *Human Rights*
178 *Code, 1990*,¹⁵
 - 179 b. where patients are non-compliant with office policies, unless the policies were
180 previously communicated to the patient and they apply to all patients of the
181 practice (e.g., regarding missed appointments, non-payment of fees);
 - 182 c. prior to providing treatment that is needed to stabilize the patient;
 - 183 d. solely because the patient has chosen not to follow dentist's treatment advice or
184 refuses treatment, unless it compromises the dentist's ability to meet the
185 standard of care, comply with RCDSO's Standards of Practice, or signals that the
186 dentist-patient relationship has broken down;¹⁶
 - 187 e. solely because a patient's treatment needs have changed, unless the entirety of
188 the patient's needs for care exceed the dentist's knowledge, skills, and
189 judgment, or their scope of practice;¹⁷
 - 190 f. solely because a patient has made a complaint about the dentist to the RCDSO or
191 written a negative review (e.g., online), unless it signals that the dentist-patient
192 relationship has broken down.
- 193

194
195 **ENDING THE RELATIONSHIP DUE TO RETIREMENT OR OTHER CIRCUMSTANCES RELATED TO**
196 **THE DENTIST'S EMPLOYMENT**

197
198 This section sets out requirements for ending the dentist-patient relationship due to changes in
199 the dentist's employment.

- 200 11. In addition to the general requirements for ending the dentist-patient relationship set out
201 above, dentists must provide notice to patients, and, if applicable, the patient's substitute
202 decision-maker as soon as reasonably possible, where the dentist-patient relationship will
203 be ending due to:
- 204 a. the dentist's retirement or ceasing to practice dentistry;
 - 205 b. the closing of a dental practice;

¹⁵ The Ontario *Human Rights Code, 1990*, prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). Protected grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability (including addictions to drugs or alcohol); family status; marital status; gender identity, gender expression; receipt of public assistance (in housing only); record of offences (in employment only); sex (including pregnancy and breastfeeding); and sexual orientation.

¹⁶ See the Case Scenarios/FAQ regarding informed refusal (*to be developed at a future date*).

¹⁷ The RCDSO's [Most Responsible Dentist](#) Practice Advisory provides guidance for referrals to specialists.

- 206 c. a change in the business or ownership structure of the dental practice that results in
207 changes in dental care providers or their capacity to see patients (e.g., selling the
208 dental practice to a new owner, decreasing practice size);¹⁸ or
209 d. relocation of the dentist or dental practice.
210
- 211 12. Dentists must inform patients of the plan for their continuity of care, including who will
212 take over their care and if there will be a transition period when the dentist will remain
213 with the dental practice and can continue to provide care.¹⁹
214
- 215 13. Where the outgoing dentist is unable to notify patients that the dentist-patient
216 relationship is ending (e.g., due to the dentist's incapacity, restrictions on the dentist's
217 license, or death),²⁰ the incoming dentist or the dentist who takes over the patient's care
218 must provide the notification.
219
220

221 **EMERGENCY TREATMENT**

- 222
- 223 14. As part of the ending of the dentist-patient relationship, dentists must advise patients of
224 how they can seek care in case of an emergency after the dentist-patient relationship has
225 ended.²¹ As examples, advice could include:
226
 - offering to provide emergency care directly;
 - offering to make arrangements for emergency care; and
 - advising the patient of where they can obtain emergency dental services (e.g.,
229 provide the address or phone number of a local dental practice or hospital).
230
- 231 15. Dentists must use their professional judgement when deciding:
232 a. which option(s) for emergency dental services are the most appropriate to advise or
233 offer to patients when ending of the dentist-patient relationship; and
234 b. if it is appropriate, based on the patient's circumstances, to set a time limit for the
235 offer of emergency dental services.²²

¹⁸ Dentists are reminded that changes in practice ownership must be made in accordance with the all applicable legal and professional obligations including the [Change of Practice Ownership Practice Advisory](#).

¹⁹ Dentists who continue to work at the practice are reminded that in these circumstances they must communicate professionally with patients and avoid any misleading statements, disparaging remarks about colleagues, or attempts to inappropriately solicit patients. Soliciting, causing, or permitting the solicitation of a principal member's patients, except as otherwise agreed in writing, could result in a finding of professional misconduct under the O. Reg. 853/93: Professional Misconduct under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

²⁰ For more information about what happens when a dentist dies, see the [Change of Practice Ownership and Retiring FAQs](#) and [Dental Record Keeping FAQs](#).

²¹ Dentists are reminded that failing to make arrangements for emergency dental services for a dentist's patients, or to advise a patient how to obtain emergency dental services could result in a finding of professional misconduct under the [Professional Misconduct Regulation](#) made under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

²² Both decisions will depend on the nature of care the patient requires as well as their ability to obtain care from another dentist. For more information related to putting a time limit on the offer to see a patient on an emergency basis, see the [Professional Dentist-patient Relationship FAQs](#) (*may be revised at a future date*).

236 Record Keeping Requirements

237

238 16. When ending the dentist-patient relationship, dentists must ensure appropriate
239 documentation in accordance with RCDSO's [Dental Recordkeeping Guidelines](#) and
240 [Electronic Records Management Guidelines](#).

241

242 17. When there has been a conflict and/or when ending the dentist-patient relationship,
243 dentists must document the following information:

- 244 a. details concerning any conflicts that affect the dentist-patient relationship, including
245 any instances where the patient does not follow the dentist's treatment advice or
246 refuses treatment;
- 247 b. details concerning any communication with the patient in relation to the conflict
248 (e.g., in-person discussion, e-mails, phone calls with the dentist or staff members)
- 249 c. any efforts made to resolve the conflicts;
- 250 d. steps taken to stabilize the patient's condition prior to ending the relationship, if
251 applicable;
- 252 e. a copy of the written notice provided to the patient to end the dentist-patient
253 relationship;
- 254 f. any obligations that were met by the dentist and patient in relation to dental
255 services that were not completed when the relationship ended (e.g., any refunds of
256 paid fees, or transfer of paid fees to another dentist for completion of treatment);²³
- 257 g. the date the relationship ended; and
- 258 h. any advice provided to the patient related to seeking ongoing treatment or care in
259 case of an emergency.
- 260

261 Appendices

- 262 • Template Dismissal Letter (*to be developed at a later date*)
- 263 • Case Scenarios on Managing Conflicts and Ending the Dentist-Patient Relationship (*to be*
264 *developed at a later date*)
- 265 • FAQs (*to be developed at a later date*)

²³ Dentists are reminded that a failure to record information in the patient record related to a course of dental treatment where they have accepted payment in advance of the completion of the course of treatment could result in a finding of professional misconduct under s. 2(21) of the [Professional Misconduct Regulation](#) under the *Dentistry Act, 1991*, S.O. 1991, c. 24.