

Managing Conflicts and Ending the Dentist-Patient Relationship

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Executive Summary

This Standard of Practice sets out requirements for dentists related to managing conflicts that affect the dentist-patient relationship¹ and ending the dentist-patient relationship.

The expectations set out in this Standard apply to all treating relationships, including where patients are also employees of the dentist or the dental practice. This Standard does not apply when the dentist-patient relationship concludes because care has reached its natural or expected end, or when the patient chooses to end the dentist-patient relationship.²

This Standard is supported by companion resources which provide supplementary information and guidance. These resources include FAQs, case scenarios, a decision tree, and template dismissal letters.

As there are many situations in which a conflict may arise or where dentist-patient relationship may end, this Standard focuses on overarching requirements that apply broadly, rather than

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

² See the FAQs for guidance on these scenarios.

34 addressing all possible scenarios. Specific examples and scenarios are addressed in the
35 companion resources.³

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37 **Definitions**

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39 **Key terms are defined below for the purposes of interpreting and applying this Standard of**
40 **Practice. In some cases, these definitions may be specific to this Standard or area of practice,**
41 **and not applicable to other College documents or areas of dentistry. Where a definition has**
42 **specific or limited application to this Standard or area of practice, this will be identified in a**
43 **footnote.**

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45 **A breakdown in the dentist-patient relationship** occurs when the trust and/or respect that is
46 essential to a safe and effective dentist-patient relationship has been lost by one or both
47 parties and cannot be regained. This includes but is not limited to situations where:

- 48 • the patient is repeatedly non-compliant with office policies (for example, related to
49 non-payment of fees, missed appointments);⁴
- 50 • the patient or a person closely associated with a patient has engaged in abusive or
51 harassing behaviour, or poses a risk of harm⁵ to the dentist, staff, and/or other patients.

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53 **A conflict** refers to any situation that negatively impacts the trust and/or respect in a dentist-
54 patient relationship and may compromise safe and effective care. These situations may involve
55 one or more of the following:

- 56 • comments, actions, or behaviours, made in-person or online, intentionally or
57 unintentionally, by the patient, a person closely associated with the patient, the dentist,
58 or staff who work at the practice; or
- 59 • a disagreement between a dentist, a patient, a person closely associated with a patient,
60 or the dentist's staff.⁶

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62 **Persons closely associated with a patient** include, but are not limited to, the patient's:

- 63 • spouse or partner;
- 64 • friend;
- 65 • parent or guardian;
- 66 • substitute decision-maker;⁷ or
- 67 • a person who holds power of attorney for personal care for the patient.

³ Some examples include where the patient fails to pay fees, misses appointments, refuses treatment, dictates treatment, posts a negative review online, or submits a complaint to the RCDSO.

⁴ Appropriate steps in these situations will be informed by the circumstances of the situation. Dentists in these situations are advised to review the corresponding case scenarios to support appropriate decision-making.

⁵ Abuse, harassment, and harm include, but are not limited to, verbal, physical, emotional or psychological abuse, sexual harassment, and reputational harm.

⁶ This definition of "a conflict" is specific to the requirements and topics addressed in this Standard and may not apply in other contexts.

⁷ Substitute decision-maker (SDM) is defined as a person who may give or refuse consent to treatment on behalf of a person who lacks capacity. A more detailed definition can be found in the [Consent to Treatment](#) Standard.

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For a definition of **conflict of interest** see RCDSO's [Conflict of Interest Guidelines](#), and for a definition of **dental emergency** see RCDSO's FAQ (*in development*).

72 Principles

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The following principles are derived from the [Foundations of Professionalism](#) document and form the basis for the requirements set out in this Standard.⁸

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1. An effective dentist-patient relationship requires mutual trust and respect.
2. Dentists act, first and foremost, for the benefit of patients and in service to their health and well-being. This includes collaborating and communicating effectively within professional relationships and facilitating continuity of care.⁹
3. The principles above continue to apply when managing conflicts with patients and persons closely associated with patients, and when ending the dentist-patient relationship.

86 Managing Dentist-Patient Conflicts

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Conflicts that affect the dentist-patient relationship can arise between dentists and their patients, persons closely associated with a patient (for example, a parent or spouse), and/or staff who work at the practice, and can lead to a breakdown in the dentist-patient relationship. Efforts to resolve conflicts that affect the dentist-patient relationship can improve mutual trust and respect and prevent a relationship from breaking down.

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The following requirements apply when conflicts arise that affect the dentist-patient relationship.¹⁰

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1. Dentists must make reasonable efforts to resolve conflicts that affect the dentist-patient relationship in the best interests of the patient¹¹ except where, in the dentist's professional judgment:
 - a. reasonable efforts to resolve the conflict have previously been made and have failed;
 - b. the patient or person closely associated with the patient has engaged in abusive or harassing behaviour; or

⁸ The [Foundations of Professionalism](#) document articulates the core principles and duties of the profession and serves as the foundation for all RCDSO [Standards of Practice, Guidelines, and Advisories](#).

⁹ See 2., a. and 2. c., in the RCDSO's [Foundations of Professionalism](#).

¹⁰ Depending on a dentist's role in the dental practice, the dentist may also 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.

¹¹ See the case scenarios for specific examples (*in development*).

- 104 c. the patient or person closely associated with the patient poses a risk of harm to the
105 dentist, other patients, or staff.¹²
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- 107 2. Dentists must use their professional judgment to determine what efforts are reasonable
108 given the circumstances of the conflict and with consideration for the patient’s best
109 interests.¹³ Reasonable efforts to resolve a conflict may include but are not limited to:
110 a. engaging directly with the patient, whenever possible, either in person, virtually,
111 over the phone, or in writing;¹⁴
112 b. trying to understand and acknowledge the patient’s perspective and concerns;¹⁵
113 c. informing the patient of:
114 i. the professional obligations of the dentist;
115 ii. what is causing the conflict; and
116 iii. how the conflict affects care; and
117 d. working with the patient to develop a mutually acceptable plan to address the
118 conflict, including any immediate next steps and ongoing expectations.
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- 120 3. Inappropriate professional boundaries with patients can contribute to, or lead to conflicts.
121 Dentists must manage professional boundaries in accordance with requirements in the
122 RCDSO’s [Prevention of Boundary Violations and Sexual Abuse Standard](#).¹⁶
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- 124 4. When efforts to resolve a conflict¹⁷ involve engaging directly with someone other than the
125 patient, dentists must not disclose any personal health information except with the
126 patient’s consent or as permitted by law.¹⁸
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128 Ending the Dentist-Patient Relationship

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130 The decision to end a dentist-patient relationship requires thoughtful consideration as it can
131 significantly impact the patient’s oral health and continuity of care.
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133 Whether it is necessary or appropriate to end the dentist-patient relationship is often a matter
134 of professional judgment. Decisions must comply with this Standard and take into consideration

¹² In all of these circumstances (1., a. – c.), dentists are not required to attempt to resolve the conflict with the patient and may end the dentist-patient relationship in accordance with the requirements in this Standard.

¹³ When resolving conflicts, dentists are expected to act in a professional and empathetic manner consistent with the principles and duties set out in RCDSO’s [Foundations of Professionalism](#).

¹⁴ For more advice on communication with patients, including information on the use of an apology, see the resource related to fostering an effective dentist-patient relationship (*in development*).

¹⁵ One of the ways this can be accomplished is by using active listening techniques. See the resource related to fostering an effective dentist-patient relationship (*in development*). for more information on active listening.

¹⁶ These include, as examples, professional boundaries in dual relationships and in relation to gift-giving.

¹⁷ Such as those set out in Provision 2., a. – d. of this Standard.

¹⁸ 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.

135 its accompanying resources, other relevant RCDSO documents,¹⁹ the circumstances of the
136 situation, and the best interests of the patient.

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138 **GENERAL REQUIREMENTS**

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140 The following requirements apply whenever a dentist ends the dentist-patient relationship
141 prior to the natural or expected completion of the patient's care. This includes when the
142 relationship is ending due to a conflict, or when the relationship ends for reasons unrelated to a
143 conflict.

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145 5. Dentists must not end the dentist-patient relationship where it is prohibited by legislation,
146 including where it would constitute discrimination based on protected grounds under the
147 *Ontario Human Rights Code*.²⁰

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149 6. Dentists must ensure that decisions to end the dentist-patient relationship are supported
150 by a clear and defensible rationale and are made with consideration for the patient's best
151 interests.²¹

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153 7. Dentists are advised to consider ending the dentist-patient relationship in circumstances
154 where patient care may be compromised. This includes where the dentist believes:

155 a. the dentist-patient relationship has broken down and cannot be repaired.

156 b. they are unable to provide safe and effective care that meets the Standard of Care,
157 or complies with RCDSO's Standards of Practice or the [Foundations of](#)
158 [Professionalism](#).

159

160 8. Dentists must take the following steps to end the dentist-patient relationship (limited
161 exceptions are set out at Provision 12):

162 a. Take reasonable steps to notify the patient of the decision to end the relationship
163 through a written notice (physical or electronic).²² The notification must include the
164 following information:

165 i. the date when care will no longer be provided by the dentist;²³

¹⁹ such as the RCDSO's [Change of Practice Ownership](#) Practice Advisory, [Release and Transfer of Patient Records](#) Practice Advisory, and [Prevention of Boundary Violations and Sexual Abuse](#) Standard.

²⁰ The Ontario *Human Rights Code* R.S.O. 1990, c. H.19, 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.

²¹ The obligation to put patients' interests first is rooted in fiduciary law. See the [Foundations of Professionalism](#) for more information.

²² 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.

²³ This may be a specific date or after time-sensitive treatment has been provided, if applicable.

- 166 ii. clarification regarding if the patient may seek care from any other oral health
167 care professional who works at the practice;
- 168 iii. a brief rationale for the decision;
- 169 iv. instructions for accessing copies of dental records or requesting copies of
170 dental records be transferred to a new dentist or dental practice;²⁴
- 171 v. if applicable, a general description of any time-sensitive treatment needs;²⁵
- 172 vi. advice for seeking care in case of an emergency while the patient seeks out a
173 new dentist;²⁶
- 174 vii. if applicable, instructions or next steps regarding deposits for any obligations
175 or treatment owed to the patient that were not completed when the
176 relationship ended;²⁷
- 177 viii. when the dentist recommends the patient follow-up with a new dentist for
178 further care, including non-urgent care; and
- 179 ix. suggestions regarding how the patient can find a new dentist.²⁸
- 180 b. Where the dentist is unable to effectively notify the patient in writing,²⁹ the dentist
181 must take reasonable steps to notify the patient verbally.
- 182 c. Dentists must offer to complete or refer the patient for the completion of any time-
183 sensitive treatment needs that are also temporary and already underway,³⁰ except
184 in the limited circumstances set out in Provision 12.
- 185
- 186 9. If the patient is undergoing active, multi-phase or long-term treatment (as examples,
187 braces or aligner-based orthodontic treatment, or ongoing treatment for periodontal
188 disease) dentists must also notify patients, where applicable, of:
- 189 i. their current oral health status in relation to the treatment plan including any
190 needs for interim care to maintain their condition until they transition to a
191 new dentist (as examples, removal of brackets, placement of retentive
192 appliances, monitoring and treatment for periodontal disease);
- 193 ii. whether the patient must find another dentist to provide interim care; and
- 194 iii. the risks of pausing or discontinuing treatment.
- 195

²⁴ Patients are entitled to copies of their own records. Additional guidance related to the transfer of records can be found in the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A, and in applicable RCDSO resources, including the College's Practice Advisory on [Release and Transfer of Patient Records](#).

²⁵ This includes treatment that, in the dentist's professional judgment, is necessary to prevent infection, pain, premature tooth loss, and/or trauma.

²⁶ See the 'Emergency Treatment' section of this Standard for additional requirements related to emergency care.

²⁷ Dentists are reminded that failing, without reasonable cause, to satisfy the terms of an agreement or any arrangement with a patient respecting the provision of dental services is an act of professional misconduct under s. 2(15) of the [Professional Misconduct Regulation](#). O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24.

²⁸ See the supplementary resources (Template Dismissal Letters and the FAQs) for more information and examples.

²⁹ This may be due to not having the e-mail or home address of the patient, or if the dentist has reason to believe the patient may not read a written notice or that a written notice may worsen a conflict.

³⁰ Dentists are not required to provide care in all circumstances. See the FAQs (*in development*) for more information and specific examples.

- 196 10. Dentists must not fail to provide dental services set out in an agreement or an
197 arrangement with the patient, or discontinue needed dental services, without reasonable
198 cause, accept as permitted by law.³¹
199
- 200 11. Where the patient lacks capacity, dentists must provide the written and/or verbal notice
201 along with any other relevant details concerning the patient’s care to the patient’s
202 substitute decision-maker.³²
203
- 204 12. Where, in the dentist’s professional judgment, the patient or a person closely associated
205 with the patient engages in abusive or harassing behaviour, or poses a risk of harm to the
206 dentist, other patients, or practice staff, dentists may end the dentist-patient relationship
207 in accordance with this Standard. In these situations, dentists are not required to offer,
208 refer, or provide care, including as set out in Provision 8.c., but dentists must provide a
209 written or verbal notice to the patient.³³
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211 **ENDING THE RELATIONSHIP DUE TO CHANGES IN THE DENTIST’S EMPLOYMENT**

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213 This section sets out additional requirements for ending the dentist-patient relationship due to
214 changes in the dentist’s employment.

- 215 13. Dentists must meet the general requirements for ending the dentist-patient relationship,
216 set out above, when the dentist-patient relationship will be ending due to:
- 217 a. the dentist’s retirement or ceasing to practice dentistry;
 - 218 b. the closing of a dental practice;
 - 219 c. a change in the business or ownership structure of the dental practice that results in
220 changes in dental care providers or their capacity to care for patients (for example,
221 selling the dental practice to a new owner or decreasing practice size);³⁴ or
 - 222 d. the relocation of the dentist or dental practice.
- 223
- 224 14. In addition to the general requirements for ending the dentist-patient relationship set out
225 above, dentists ending the relationship due to changes in the dentist’s employment must
226 inform patients of the plan for their continuity of care, including who will take over their
227 care and who will be the new custodian of the patient’s records, if applicable.³⁵

³¹ s. 14 and 16 of the [Professional Misconduct Regulation](#). O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24 set out requirements for terminating dental services under agreement or otherwise. Dentists may wish to see the RCDSO FAQs (*in development*) and/or seek out independent legal advice if they are unsure of their obligations.

³² For more information about capacity and substitute decision makers, see RCDSO’s [Consent to Treatment Standard](#).

³³ Appropriate steps in these circumstances will be informed by a number of factors, including the patient’s oral healthcare needs and the circumstances of the situation. Dentists are advised to contact RCDSO’s Practice Advisory Service for assistance.

³⁴ 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](#).

³⁵ Legislative requirements for the disclosure and transfer of personal health information to a custodian’s successor are set out in s. 42 of the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A.

228 15. Where the outgoing dentist is unable to notify patients that the dentist-patient
229 relationship is ending (for example, due to the dentist not having access to patients'
230 contact information, incapacity, or death), the dentist who takes over the patient's care or
231 the owner of the practice must provide the notification.³⁶
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233 **EMERGENCY TREATMENT**

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235 This section sets out additional requirements related to emergency care after the dentist has
236 ended the relationship.
237

238 16. When ending the dentist-patient relationship, dentists may offer to provide care in case a
239 dental emergency arises while the dismissed patient seeks a new dentist. Whether or not
240 dentists make this offer is a matter of professional judgment,³⁷ however, dentists must
241 offer at least one of the following:

- 242 a. the address or phone number of a local dental practice or hospital where the
243 individual can seek emergency care; and/or
- 244 b. to refer the individual to another dentist for emergency care; and/or
- 245 c. to provide emergency care directly.³⁸
246

247 17. Dentists must use their professional judgment to decide if it is appropriate, based on the
248 dismissed patient's needs and available options for care, to set a time limit on any offers to
249 provide emergency dental care while the individual seeks out a new dentist.³⁹
250

251 **Record Keeping Requirements**

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253 18. When ending the dentist-patient relationship, dentists must ensure appropriate
254 documentation in accordance with RCDSO's [Dental Recordkeeping Guidelines](#) and
255 [Electronic Records Management Guidelines](#).
256

257 19. When there has been a conflict and when ending the dentist-patient relationship, dentists
258 must document details related to the event(s), including but not limited to:

- 259 a. a description of any conflicts that affect the dentist-patient relationship;
- 260 b. any reasonable efforts made to resolve conflicts, including communications with the
261 patient (as examples, in-person discussions, emails and telephone calls with the
262 dentist or staff members);

³⁶ See the [Change of Practice Ownership and Retiring](#) FAQs and [Dental Record Keeping](#) FAQs for more information about what happens when a dentist dies and obligations related to patient records after a practice closes or changes ownership.

³⁷ Factors that will inform the dentist's decision include the circumstances that led to the end of the relationship, and the dismissed patient's circumstances, access to other oral healthcare services, and oral healthcare needs.

³⁸ 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 is an act of professional misconduct under s. 2(18) of the [Professional Misconduct Regulation](#). O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24 .

³⁹ See the FAQs (*in development*) for guidance about setting a time limit on the offer to provide emergency care.

- 263 c. whether time-sensitive care was provided;⁴⁰
264 d. the patient’s condition at the time the relationship ended;
265 e. a copy of the written notice to end the dentist-patient relationship, and/or what was
266 explained in the verbal notification, including the date the relationship ended;
267 f. if applicable, obligations or treatments owed to the patient that were not completed
268 when the relationship ended (such as the return of any deposits to the patient, or
269 transfer of any deposits to another dentist for the fulfillment of obligations or
270 completion of treatment);⁴¹ and
271 g. whether the patient requested to receive or have transferred a copy of their records
272 and the outcome of that request;
273 h. any advice provided to the patient related to obtaining interim care,⁴² ongoing
274 treatment, or care in case of an emergency.
275

276 Related Resources

- 277
- 278 • Template Dismissal Letters
 - 279 • Case Scenarios and a Decision Tree on Managing Conflicts and Ending the Dentist-
280 Patient Relationship (*to be developed*)
 - 281 • FAQs (*to be developed*)

⁴⁰ See note 25.

⁴¹ 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 is an act of professional misconduct under s. 2(21) of the [Professional Misconduct Regulation](#). O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24.

⁴² See Provision 9.