

Implementing Shared Decision-Making in Clinical Dentistry: Chances and Change

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Abstract

Clinical Dentistry involves the diagnosis, treatment, and management of various oral diseases and conditions that affect the teeth, gums, and other oral tissues. It encompasses a wide range of dental procedures, including dental check-ups, fillings, root canal treatment, dental crowns, bridges, and implants. The main goal of clinical dentistry is to promote oral health and prevent oral diseases by addressing the underlying causes and providing appropriate treatment. Dental professionals in clinical dentistry work closely with patients to provide personalized care and ensure that they achieve optimal oral health outcomes.

Keywords: Affordable dentures • Cosmetic dentist • Sensitive teeth

Introduction

In Taiwan, the most stressful aspect for dentists, including post-graduate year program trainees, residents, and visiting staff, was reported to be dealing with medical disputes or lawsuits. According to a recent survey, the overall criminal conviction rate of dental disputes due to malpractice has risen to 35.7%. These discoveries must be valued and analyzed.

Traditionally, the patient-doctor relationship is unequal, with doctors making decisions on behalf of patients. Teaching hospital accreditation includes recent medical reforms such as patient autonomy, informed consent, and patient-centered care. In routine medical care, the concept of Shared Decision-Making (SDM) was implemented. The definition of SDM has been described as "an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options to achieve informed preferences".

Innovative techniques, progressive developments, and complicated systemic conditions characterize modern dentistry. SDM should be promoted and used in clinical dentistry. Implant placement is a major decision in comparison to all other dental disciplines. It's not surprising that implant treatment has the highest number of lawsuits in Taiwan. Digital dentistry has the potential to improve treatment outcomes. The majority of innovative techniques, however, are not covered by the current National Health Insurance system [1-4].

SDM in clinical dentistry is a process in which patients and dentists make oral health-related decisions together. Patient and dentist collaborate to understand the patient's state of illness and to determine the

best treatment for disease. Three steps have been established as a model for SDM in clinical practice: choice talk, option talk, and decision talk. However, SDM is a complex process that can be influenced by clinical and non-clinical factors, as well as the dentist and the patient. The following are the critical factors related to SDM in dentistry that were addressed and discussed in this article.

Patient autonomy is important in SDM in Western countries, primarily through the use of patient decision aids. However, the truth is that there is an information gap between the patient and the dentist.

Oral health is essential for good overall health and well-being [5]. As a result, SDM in clinical dentistry is concerned with how to educate patients in order to improve their oral health literacy.

SDM made no distinction between patient decision aids, patient preferences, or patient autonomy. The patient must respond to the treatment approach suggested by the dentist. Due to legal and ethical obligations, dentists should accept the responsibility of providing the patient with the option of choice in order to ensure the patient's oral health. Informed consent is essential for informing patients about their current illness status, treatment options, prognosis, and potential adverse reactions. This is a patient right based on autonomy, and it not only recognizes the doctors' scientific and medical authority[6]. The provision of informed consent may reduce patient confusion prior to dental treatment and prevent unexpected medical disputes.

Combining evidence-based medicine with SDM is strongly advised. Evidence-based treatment modality is beneficial in SDM to increase patient involvement, satisfaction, and compliance. Clinical dentistry cannot be practiced consistently without scientific evidence. Preference for choice, based on evidence-based medicine, could provide patients with practical information, select the most appropriate intervention method, and answer questions about potential risks. For the final decision, the potential risk, benefit, long-term survival rate, and even cost must be disclosed.

Furthermore, the authors proposed that patient-dentist communication is a key factor in establishing a trustworthy relationship in SDM. Narrative medicine, when practiced with narrative competence, is thought to improve the relationship between patients and medical personnel [7,8]. Dentists face the patient, not the other way around. Dentists can better treat patients and heal them by listening to their illness stories. Narrative medicine is an effective tool for gathering information about the perceived needs of patients and dentists.

Narrative medicine for SDM may help to avoid conflicts between patients and dentists, as well as promote greater treatment satisfaction and a better outcome. It depicts the conceptual framework for patient and dentist mutual participation in SDM [9-11].

Patients must improve their understanding, respect, and communication skills. Dentists with narrative competency prefer evidence-based medicine over other options. SDM, when established on a solid foundation, will reduce the risk of inappropriate treatment, ensure better treatment outcomes with higher patient satisfaction, and even encourage dentist achievement. Furthermore, medical disputes or lawsuits would be reduced.

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