Implants
The key to successful implant dentistry is planning and predictability

There can be few techniques that have had such a fundamental impact upon restorative dentistry and prosthodontics than osseointegrated implants. It is no great surprise that implants are impacting on the dento-legal front as well.

Notably, in terms of problems arising from the provision of implants, but also due to the fact that implants are increasingly being proposed as alternatives to bridgework or dentures as remedial treatment in negligence claims arising from the loss of one or more teeth. This can often drive up the amount of damages claimed by patients, although there is room for doubt that many of the patients receiving these damages ever proceed with the implants that have been proposed for them.

An analysis of the factors that result in negligence claims against dentists relating to implant dentistry (Fig. A) reveals that most of the problems arise from shortfalls in the preliminary stages (ie, patient selection, case assessment, investigations, diagnosis, treatment planning and consent) rather than the treatment itself.

Indeed, many of the problems that result from the procedures themselves can also be traced back to deficiencies in the case assessment and treatment planning stages. Let us now examine some of these issues in more detail.

Preliminary Considerations Training
A number of Dental Boards and Dental Councils around the world have expressed their concern that dentists sometimes get involved in implant procedures without having sufficient knowledge, understanding, training and experience to undertake these procedures safely and to an acceptable standard. Furthermore, this same allegation sometimes features in negligence claims as an alleged breach of a dentist’s duty of care. Of particular concern is the short training course that is promoted, organised and conducted by those companies and individuals who have a direct commercial interest in expanding the number of dentists who are carrying out these procedures.

Fig. A

Problem areas with implants
- Case assessment/investigations/consent 28%
- Unsatisfactory aesthetics/function 14%
- Collateral damage 22%
- Other 9%
- Effect of implants 3%

When do things go wrong?
- Surgical phase 34%
- Restorative phase 27%
- Joint responsibility 36%
- Other issues 3%