Response to Care Pathway Proposals

Despite having the best of intentions, the newly proposed periodontal and caries care pathways will create just as many unintended harms as the UDA system. This piece summarises why the proposed care pathways are unethical, damaging to patient autonomy, damaging to the patient-professional relationship, do not observe good clinical practice and will cause less efficient use of clinical time.

"Patient prepared to engage?"

The periodontal pathway asks one question over and over: "Patient prepared to engage?" If the answer is no, the dental care provider should withhold active treatment and keep repeating the same preventive messages. Similarly, in the red caries pathway, if there is no improvement, it states no further treatment should be offered. This attitude is extremely problematic.

Firstly, how do we judge that a patient is sufficiently 'engaged' or that they have changed their high risk behaviours? If the patient knows that treatment may be withheld, they will say what they need to say to get treatment. Making treatment conditional damages the patient-professional relationship. If the patient feels they can't tell us their true habits, we will not be able to support them. Conversely, the honest patient with bad habits will be penalised for their honesty.

Secondly, denying definitive treatment to patients who don't 'engage' or 'show improvement', is coercive rather than supportive. The threat of losing access to treatment undermines patient autonomy. Our role as dental care professionals is to provide information and education to patients and the public, and to support patients to make good choices. However, ultimately we must respect the individual's right to make their own lifestyle choices. Case law affirms that autonomy means "the patient's right of choice exists whether the reasons for making that choice are rational, irrational, unknown or even non-existent."[1] We must accept that some people might think a few fillings or even extractions over the course of a lifetime are an acceptable price to pay for a diet high in sugar. It is not our place to punish them for their choices and refuse them treatment when they need it.

The Healthier Wales: Oral Health and Dental Services Response[2] states that the new system for delivering dental services will be needs-led, not led by the patient's willingness to obey. Conditional care is fundamentally opposed to the NHS values of universal healthcare based on clinical need. Our job is to help people, not to judge whether they deserve help.

Can the patient engage?

The Healthier Wales document plans to make a system where "no patient falls through the gap"[3] and acknowledges that "social, environmental and lifestyle factors play a much bigger role in determining an individual's oral health".[4] This is inconsistent with the care pathways' approach of placing all the responsibility on the individual who may be a victim of their circumstances. Patients with high risk behaviours for caries are the least able to change their behaviours. The care pathways document acknowledges that these pathways may not be suitable for those who are vulnerable or disabled. However, there are many reasons for high risk behaviour that don't fall into either of these categories. These include but are not limited to those who are elderly and unwilling to change, have poor dexterity, chaotic lifestyles, low income (unhealthy foods are cheaper than healthy foods), precarious accommodation, reliance on food banks, new parents, those with multiple jobs who don't have time to prepare meals from scratch, those who struggle to balance work and care commitments… To suggest we should deny these people definitive treatment is unethical.

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1 Lord Donaldson MR. *Re T (adult: refusal of medical treatment)* [1992] 4 All ER 649 at 662, [1993] Fam 95 at 113

2 Welsh Government. A Healthier Wales: our Plan for Health and Social Care. The Oral Health and Dental Services Response. 2018. Accessible at: https://gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf

3 Ibid. p3

4 Ibid. p7

Conditional care has been shown to exacerbate healthcare inequalities.[5] Those who are unable to comply will be forced to either accept limited care or pay privately for definitive treatments.

The care pathways appear to ignore the Transtheoretical/Stages of Change Model, a widely used intervention framework for health promotion and behaviour change, which has been applied to problems such as addiction, obesity and poor oral health.[6] Real, lasting behaviour change can be a very long process and patients may be stuck in pre-contemplative or contemplative stages long term for various reasons outside of their control. Even if a patient appears to progress through the stages, relapse is common and many cycles may be necessary before the behaviour change can be considered successful. A linear, annual care plan does not reflect the complexity of the individual's changing motivations and circumstances.

False Economy

Temporary fillings are temporary. Delaying definitive treatment while waiting for a patient to 'engage' or 'improve' may lead to some patients stuck in a cycle of endless temporary fillings. This means more appointments, which will quickly become an inefficient use of clinical time and would disadvantage patients who have difficulty with travel arrangements, finding childcare or getting time off work. Furthermore, leaving people with temporary fillings long term leaves them susceptible to fracture. This will create a greater need for complex restorative work and extractions further down the line.

Similarly, leaving people with gross calculus deposits makes them susceptible to periodontal infection. We then just end up doing a sub and supra-gingival scaling as part of an urgent visit and may need to prescribe antibiotics, increasing the risk of antibiotic resistance, all of which could have been avoided. The British Society of Periodontology advises that non-responsive periodontitis patients should be given "palliative care" of scaling every three months.[7] It does not stop periodontitis from progressing, but it at least prevents periodontal abscesses and the need for emergency treatment. Obviously we want periodontal patients to engage with preventive care, but if they will not, writing them off and denying them treatment just leads to more emergency appointments later.

Co-Production

The care pathways document claims to respect the values of coproduction, but in the list of stakeholders, there is no mention of patients. The general public is surely the biggest stakeholder in the NHS. They are its beneficiaries and also its source of funding. It is only fair that they are consulted on what they want from their dental service. Lay representatives on advisory committees would provide valuable insight into how to make this new system a success.

I believe there are fundamental design problems in the proposal. Linear, annual care pathways are not appropriate or realistic for long term care and do not reflect the fact that most patients we see are long term attenders whose risk factors fluctuate, month by month as well as year by year. Prevention is not new to dental care professionals. We have been providing preventive advice and care despite the UDA system. These care pathways do not need to 'reinvent the wheel', they just need to provide a fairer way to remunerate dental care professionals for preventive care so that we can afford to devote more of our time to it.

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5 Louise Laverty and Rebecca Harris, "Can conditional health policies be justified? A policy analysis of the new NHS dental contract reforms". *Social Science and Medicine*, v. 207, June 2018 (46-54). Accessible at: https://www.sciencedirect.com/science/article/pii/S0277953618302089?via%3Dihub

6 Jamieson, L.M., Armfield, J.M., Parker, E.J., Roberts-Thomson, K.F., Broughton, J. and Lawrence, H.P. (2014), Development and evaluation of the Stages of Change in Oral Health instrument. Int Dent J, 64: 269-277. https://doi.org/10.1111/idj.12119

7 Healthy Gums Do Matter toolkit developed by the Greater Manchester Local Dental Network (GM LDN) p105: https://www.bsperio.org.uk/assets/downloads/NHS_Healthy_Gums_Doc_(online).pdf