

Consequence of Non-treatment Script

There are three major pieces to explaining the consequences of non-treatment to your patients during a consultation.

Patients typically object to treatment under the concerns for either fear, pain, time, or money. To help patients fully comprehend the consequences of choosing to not seek treatment, you must complete three important steps: discuss their progressive condition, discuss how the unpredictable nature of their situation can become a problem, and discuss how the problem can escalate if left untreated.

Step 1

Inform the patient that they have a progressive condition. This means that the condition is prone to changing and becoming more challenging for them to manage and for the doctor to treat.

Step 2

Discuss the unpredictable nature of their situation and that it can become a problem. It is extremely important for the patient to have enough information to make an informed decision on their own. The goal is to help the patient see on their own that they do not only need treatment, they want it as well. Give them specific details of issues other patients have experience by not getting this issue treated to help them understand that the condition will not just go away or get better with time.

Example for an extraction: “We often have patients who get into the exact situation that you are in. Then a little while down the road, when their condition is worse and we can’t control the infection, they really wish they had taken care of it when it was the small problem that it is for you right now. I am telling you this because I want to make sure that you know the road ahead. This can get unpredictable. Most people do this when it is diagnosed, at least partially for the reason that they do not want to be surprised by it later.”

Step 3

Discuss how the problem can escalate if left untreated. The point is not to scare the patient but to ensure they understand how the condition could progress without treatment.

Example for an extraction or implant: “Infection control and bone retention are the most important things in this case. Both of those are progressive conditions. Without prompt treatment, the infection could spread to adjacent teeth or to into an infection that is more difficult to control.”

Script Beginning Example 1:

Patient: “I don’t know if I can afford it. That costs a lot of money and I am worried about being able to pull that off.”

Treatment Coordinator: “I am glad this came up. If money is a concern, this is actually the least expensive and greatest value for you, and I am going to tell you why.”

Script Beginning Example 2:

Patient: “I am scared, I am in pain, and I don’t want this to hurt.”

Treatment Coordinator: “I understand, and I am really glad that this came up. A lot of patients don’t know that the earlier we get to treatment, the more points we can control. We can better control and treat the condition with general and local anesthesia that will contribute to you having a more peaceful experience and a faster recovery.”

Alternative Treatment

If a patient is still unable to see the benefit of treatment, you can discuss alternative treatments and why your doctor’s proposed treatment plan is the option they should choose.

Use the following information to guide your conversation with the patient as it relates to bridges and endodontic treatment. By understanding the information below and other dental statistics, you will be able to better inform patients on the importance of treatment.

Dental Bridge Rates

An investigation of 156 dental bridges constructed for 132 individuals had a average bridge failure rate of 35.5%. The major cause for failure was revealed to be periodontal disease (36.6%) and secondary caries (23.2%). The average lifespan for the bridges was 6.1 years with 4.5 years for the unfailed bridges.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/8809699>

Endodontic Treatment Rates

Endodontic treatment success rates are between 86-98%. However, there are variable definitions for “success” and “failure” for endodontic treatment. Common factors that can be attributed to endodontic failure are:

- Persistence of bacteria (intra-canal and extra-canal)
- Inadequate filling of the canal (i.e., canals that are poorly cleaned and obturated)
- Overextensions of root filling materials
- Improper coronal seal (i.e., leakage)
- Untreated canals (both major and accessory)
- Iatrogenic procedural errors such as poor access cavity design
- Complications of instrumentation (e.g., ledges, perforations, or separated instruments)

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4784145/>

