Managing patient expectations and providing clear, accurate information about care and treatment is an essential risk management strategy for dental practices. Failure to do so might increase the risk of patient complaints, requests for refunds, and even litigation. The need to manage patient expectations is particularly important when patients seek elective cosmetic dental treatment.

Dentists who specialize in providing cosmetic services need to be confident that their patients have a realistic understanding about the results of treatment. Most providers of cosmetic services are aware that litigation may still occur — even when the clinical outcome was satisfactory — because the patient anticipated a different result.

Patient Misperceptions

Several factors contribute to patient misperceptions about cosmetic procedures. First, the desire to maximize one’s appearance is a highly emotional issue, and some patients expect that a cosmetic treatment or procedure will make them radiantly beautiful rather than simply address a particular cosmetic challenge.

Second, many cosmetic procedures aren’t covered by insurance, so patients must make significant financial investments to obtain these procedures or treatments. As a result, some patients find it difficult to accept the possibility that the results may be less than stellar.

Third, some patients are not merely seeking to improve their appearances; they are really trying to overhaul their identities. When such patients discover that — regardless of the clinical results — they must still deal with the same personal issues, their disappointment may be both illogical and unrelenting.

Finally, the doctor and staff need to be sensitive to the possibility that patients may recall promises and optimistic predictions rather than discussions about risks and limitations. Therefore, the importance of informed consent in the cosmetic dental environment cannot be overstated.

Promises Are Risky

Dentists who promote themselves as cosmetic specialists must be especially careful that their advertising and marketing strategies don’t promise more than they can deliver. When in the market for “self-improvement,” some prospective patients hear only what they want to hear. For this reason, marketing strategies often are designed to promise emotional rather than physical results.
Examples of slogans that perpetuate emotional promises include:

- “Lose years by improving your smile!”
- “A whole new smile — a whole new outlook on life!”
- “Get the appearance you deserve!”
- “Straight teeth — new confidence!”

None of these slogans offer a physical result; rather, they promise an idealized “happy ever after.” This type of advertising may draw in potential clients, but it also may attract some people whose vision of change is impossible for even the most talented practitioner to help them achieve.

**Advertising and Marketing Liability**

Dentists who provide cosmetic services should carefully assess all prospective ads, signs, and brochures designed to sell their services. When reviewing these materials, doctors and staff alike should ask the following questions:

- Will this advertisement attract patients who have realistic expectations?
- Will this advertisement require that we achieve an impossibly high standard of care?
- Does the language use superlatives, make promises that are unrealistic, or urge patients to judge the results by emotional rather than clinical standards? Does the language promise or imply absolute satisfaction?
- Do advertisements make critical statements about competitive approaches to the services being offered? Do these comments inadvertently hold the practitioner to a higher standard by comparison?

While advertising motivates a potential client to take action — for example, to buy a particular product or service — marketing strategies generally are designed to trigger initial interest and help individuals identify wants or needs. Marketing materials also may provide reassurance to a client that he/she has made a wise decision, thereby preventing the postdecision guilt known as “buyers’ remorse.”

Dentists who provide cosmetic services should be careful to distinguish between marketing materials and educational materials. Educational materials should offer patients objective, clear information about the risks and benefits of proposed treatments.

Educational materials are an important component of informed consent. They help patients negotiate the sometimes difficult process of formulating their questions, and they give doctors the opportunity to clarify and respond to patients’ concerns. Liability exposure increases when educational materials are written in terms that maximize the projected outcome of a cosmetic dental treatment and gloss over its risks.
Further, employees of a cosmetic-focused dental practice — in their eagerness to contribute to the success of the practice — might inadvertently mislead patients by referring to the doctors’ skills or past outcomes with glowing terms that could lead patients to expect the same perfect results, regardless of their individual circumstances.

Practice administration should clarify for all members of the team why particular marketing approaches are acceptable and why other tactics are unacceptable.

**Conclusion**

Dentists who market themselves as providers of cosmetic services should be cognizant of the border between a promise of dedicated effort on the patient’s behalf and a promise that the patient will achieve a nebulous vision of perfection.

Advertising and marketing materials should be reviewed for accuracy and for any unintended commitments or promises that might obligate the practitioner to comply with a higher, and perhaps unachievable, standard of care.

Patient education materials should be devoid of marketing hyperbole. Their purpose is to help the patient understand the risks and benefits of a procedure, the treatment plan, and its aftermath, including the patient’s obligation to engage in certain home care procedures and follow-up appointments.

Patients will benefit from their dentists’ clear vision of what cosmetic procedures might be able to achieve — as well as candid evaluations of what they might not be able to deliver.

**CASE EXAMPLE**

A patient was “sold” on a veneer treatment plan that involved most of her teeth. The dentist assured the patient that he could beat the price quote that another dentist gave her. The dentist did the work, but did not deal with the poor state of the patient’s gums.

The veneer work looked beautiful — but the patient lost five teeth within the next 2 years, largely due to untreated periodontal disease. She sued, alleging that she should have been told that she needed restorative work before the cosmetic procedure was initiated — and she won.

Posttrial commentary from jury members indicated that they believed the dentist fully intended to “double dip” the patient by selling her bridges or implants for veneered teeth he expected would fail.
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