Pediatric dentists sometimes find that they're treating young adults who have no desire to leave the practice. Although this loyalty is often a sign of a positive doctor–patient relationship, the age of the patient sometimes poses problems. Consider the following scenarios in which patient age played a role in issues that arose in the treatment of young adults:

- Dr. B had an 18-year-old patient in the final stages of a multiphase treatment plan. After the patient graduated from high school, it was difficult to get her to come to the office to finish the work. She had a summer job and numerous other precollege activities; by August, she had left for college.

- Dr. L accepted a new patient, a 17-year-old who had recently come to live with his father. The boy had numerous cavities and damage to an old filling. The boy's father bought him a car, and the boy was supposed to make and keep his own appointments; however, he missed three in a row. The father called on a Sunday afternoon complaining to Dr. L that his son had a toothache. He asked why Dr. L had not taken care of this problem, rather than ruin their weekend.

- Ashley S. graduated from high school 2 years ago. She attended college in another state. On Thanksgiving evening, Ashley’s mother called Dr. G at home. Ashley had a toothache, and Mrs. Smith hoped that Dr. G would agree to see Ashley in his office the next day for an emergency appointment, even though Ashley had not been treated in the office since high school.

- Seventeen-year-old Kayla C. was a freshman at the local community college. Her health coverage was provided through her father's insurance. Kayla needed fairly extensive restorations, but she balked at having either of her parents sign the treatment plan.

Patients in this age group may present problems for pediatric dentists due to ongoing personal changes, desire for greater independence, busy schedules, and shifting priorities. Therefore, it's a good idea for pediatric dentists to develop a timeframe for "graduation" of young adults from their practices.

If a timeframe isn't established, the pediatric patient may not complete his/her treatment plan in a timely manner or at all — leaving the doctor with crowns, models, or orthodontic appliances that were designed for a particular patient and cannot be reused.
Once a pediatric patient turns 16, the dentist might consider having a 2-year planning consultation with the patient and his/her parents. Looking toward the future, the dentist can advise the family how best to complete necessary dental work within that timeframe. If the young person is also going through orthodontia, the treating dentists can work cooperatively to complete all ongoing work in that remaining time period.

These discussions are useful because they help establish a working plan for the pediatric patient’s ongoing dental work. They also allow the dentist to ask important questions related to the patient’s ongoing care. For example:

Now that Kim is turning 16, I’m wondering if you will continue to be present for her dental appointments or if she’ll be driving herself. The reason I ask is that we need to make sure that you have given an informed consent for her treatment. Also, we may need you to be present for some procedures. Let’s talk about this so that we can develop a plan that works for Kim and for you, and also for me.

By establishing a "graduation date," pediatric dentists can give patients time to look for a general dentist. College students might want to see their parents' dentist, or they might want to select one near their school.

For example, one doctor chooses patients’ 18th birthdays or high school graduations (whichever comes first) as their "graduation" date from the practice. His practice brochure explains his policy, and staff members remind parents of the policy when patients turn 16. The practice works with patients and their parents to establish a completion goal and to ensure the patients’ teeth are in good shape when they leave the practice.

Noncompliance and poor planning habits complicate many pediatric doctor–patient relationships unless the parents stay involved. When a patient’s lack of cooperation interferes with the doctor’s ability to achieve a good outcome, the doctor may find that a "graduation" date frees him or her of the obligation to always be available at all times for a noncompliant patient.

Some dentists might consider discharging certain patients who reach the "graduation" age, while continuing to treat others. It would be prudent to have a clinical reason for continuing to treat a particular patient. Extending the dates of service should be reserved for the need to complete a particular treatment plan.

One doctor says that having a graduation policy makes it easier to help young patients select a dentist who treats adults. According to the doctor,

We talk about what kind of a practice they might like to go to, and sometimes we can refer them directly to a doctor who can meet their expectations. Other times they opt to go to their parents' dentists. For kids who are going to college, we talk about the advantages of choosing a dentist who is near the
When Should the Pediatric Patient “Graduate” to Another Provider?

Our discussions aren't about 'throwing them out of the practice,' but rather about their passage to adult care. We let them know that we'll miss them, but we're proud of what great patients they've been. It's a more positive approach, and it helps us clear the way for another wave of youngsters to come into the practice.

Planning for the transition of young adult patients is beneficial for dentists and their patients. It helps provide for continuity of care, even if a patient is no longer in the immediate vicinity. Also, it encourages communication among dentists who treat, refer, and cooperate in the ongoing dental care of young adults.