

# Serious Medical Treatment Decisions

## BEST PRACTICE GUIDANCE FOR IMCA<sub>s</sub>

### DENTAL TREATMENT



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## Introduction

This guidance was developed by the Action for Advocacy IMCA Support Project and is part of the Serious Medical Treatment (SMT) best practice guidance. It is aimed at IMCAs who are supporting and representing people when best interests decisions about serious medical treatment are being made. Much of the IMCA's role is to ensure that what is important to the person is considered when the decision is being made, to ensure relevant questions are asked on behalf of the person and alternatives suggested where it is believed they would be better suited to the person's wishes and feelings. The guidance aims to support the IMCA's work.

This guidance will cover SMT decisions about dental treatment where the person lacks capacity to give or withhold consent to the treatment. It should be read in conjunction with Action for Advocacy's Instruction and Report Writing guidance where further information about IMCA instruction or writing IMCA reports is needed<sup>1</sup>.

## Definition of SMT

Regulations for England and Wales define serious medical treatment<sup>2</sup>. It involves:

- giving new treatment
- stopping treatment that has already started, or
- withholding treatment that could be offered

In circumstances where:

- if a single treatment is proposed there is a fine balance between the likely benefits and the burdens to the patient
- a decision between choice of treatments is finely balanced, or
- what is proposed is likely to have serious consequences for the patient

## Serious consequences

Serious consequences are those that could have a *serious impact* on the patient either from the treatment itself or due to wider implications such as:

- prolonged pain
- distress
- side effects of the treatment such as reduced immunity

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<sup>1</sup> [www.actionforadvocacy.org.uk](http://www.actionforadvocacy.org.uk)

<sup>2</sup> <http://www.legislation.gov.uk/ukxi/2006/1832/regulation/4/made>

- major consequences such as stopping life sustaining treatment or amputation
- serious impact on a patient's future life choices

A person will have a right to an IMCA if such treatment is being considered on their behalf.

### Decision maker

The decision maker is the person within the responsible body who is required to ultimately make the decision. For decisions about serious medical treatment the responsible body is the relevant NHS organisation. The MCA Code of Practice (6.17)<sup>3</sup> clarifies this further by advising whoever is providing treatment will be the decision maker, therefore for different decisions this can be a range of professionals but for most SMT decisions this is likely to be a medical consultant with specific expertise in the area of decision making e.g. orthopaedics, dentistry, oncology, surgery etc.

### IMCAs involvement in dental treatment decisions

Decisions about whether or not to instruct IMCA for dentistry decisions must be taken on an individual basis. Some dental treatment will be considered serious medical treatment particularly if there is consideration of using a general anaesthetic to carry out the treatment.

### Who will instruct the IMCA?

An IMCA should be instructed as early as possible in the decision-making process.

1. When a dental treatment decision is being considered for a person by a dental surgeon at a local practice and the dental surgeon will be carrying out the treatment. They must instruct an IMCA as soon as it is evident that the patient lacks capacity to consent to or refuse the proposed treatment and there is nobody else who (other than a paid carer) who can support and represent the person.
2. In situations where a referral is made to a dental unit at a hospital where the treatment is to be given, and the final decision about that treatment will be made by a practitioner at the hospital, the dentist at the local practice should

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<sup>3</sup> <http://www.publicguardian.gov.uk/docs/mca-code-practice-0509.pdf>

instruct an IMCA as this would mean that the IMCA can be involved at an early stage in the process.

3. If it is not evident that IMCA instruction is required until the patient is seen at the hospital dental unit, an instruction to the IMCA service should be made as soon as possible after the patient has attended the appointment at the hospital.

## Options for pain relief:

### General Anaesthetic

Any technique resulting in the loss of consciousness is defined as general anaesthesia.

The British Dental Association states in the guidance 'Ethics in dentistry' (Advice sheet B1)<sup>4</sup> '*General anaesthesia, a procedure which is never without risk, should be avoided wherever possible. It must only be provided within a hospital setting which has critical care facilities. This means it cannot be provided within primary care.*'

The guidance goes on to say that General Anaesthesia must only be given by someone who is:

- On the specialist register of the General Medical Council (GMC) as an anaesthetist
- A trainee working under supervision as part of a Royal College of Anaesthetists' approved training programme, or
- A non-consultant career-grade anaesthetist with an NHS appointment, under the supervision of a named consultant anaesthetist, who must be a member of the same NHS anaesthetic department where the non-consultant career-grade anaesthetist is employed.

### Conscious Sedation

Conscious sedation is when the patient enters an altered state of consciousness in order that pain and discomfort can be minimised. Patients who receive conscious sedation are usually able to speak and respond to verbal cues throughout the procedure, communicating any discomfort they experience to the dentist. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely.

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<sup>4</sup> [http://www.bda.org/Images/b1\\_ethics\\_in\\_dentistry\\_-\\_mar\\_2009.pdf](http://www.bda.org/Images/b1_ethics_in_dentistry_-_mar_2009.pdf)

The Department of Health guidance document ‘Conscious Sedation in the Provision of Dental Care<sup>5</sup>’ sets out specific recommendations for the use of conscious sedation in primary care and in hospitals. It underlines ‘*the importance of the referring dentist and the sedationist considering alternative methods of pain and anxiety control and discussing these with the patient before deciding that conscious sedation is appropriate.*’

It goes on to say in the Executive Summary that ‘*Competently provided Conscious Sedation is safe, valuable and effective and gives advice that only patients in ASA class I and II<sup>6</sup> should normally be considered suitable for sedation as outpatients.*

IMCAs can access guidance produced by the Royal College of Surgeons of England - Faculty of Dental Surgery and the Royal College of Anaesthetists in August 2007 ‘Standards for Conscious Sedation in Dentistry: Alternative Techniques – A Report from the Standing Committee on Sedation for Dentistry<sup>7</sup>’

#### Conscious sedation techniques:

The guidance ‘Conscious Sedation in the Provision of Dental Care’ identifies techniques for conscious sedation. ‘*The three standard techniques of inhalation, oral and intravenous sedation employed in dentistry are effective and adequate for the vast majority of patients. The technique used must be selected to provide the most appropriate and least interventional means of anxiety relief for the individual patient. As a general rule the simplest technique to match the requirements should be used.*’

#### Inhalation sedation

A mask is used and the patient breathes in a combination of nitrous oxide and oxygen. This is the mildest form of conscious sedation.

#### Oral sedation

Medication in the form of a pill is ingested prior to treatment. It can be used in combination with inhalation sedation.

<sup>5</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4074705.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074705.pdf)

<sup>6</sup> American Society of Anaesthesiologists; *New classification of physical status.* Anaesthesiology 1963; 24:111

<sup>7</sup> <http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/docs/SCSDAT%202007.pdf>

### **Intravenous sedation**

Intravenous Sedation is the strongest form of conscious sedation and is usually injected into a vein in hand or arm.

A further description of conscious sedation techniques is given in the Department of Health guidance 'Conscious Sedation in the Provision of Dental Care'.

### **Local anaesthetic**

A local anaesthetic numbs a small area. It is used when drops, sprays, ointments or injections can easily reach the nerves. The person stays conscious but free from pain.

### **Medical side effects, risks and burdens**

Before anaesthesia is given, the dental surgeon will want to know information about general health and whether the patient has experienced any problems with previous anaesthetics.

### **General anaesthetic**

Side-effects (secondary effects of treatment)

Complications (unexpected and unwanted effects due to treatment)

### **Common side-effects and complications after general anaesthetic\***

- feeling sick and vomiting after surgery
- sore throat
- dizziness
- feeling faint
- shivering
- headache
- itching
- aches, pains and backache
- pain
- bruising and soreness
- confusion or memory loss
- chest infection
- muscle pains

### **Uncommon side-effects and complications\***

- breathing difficulties

- damage to teeth, lips or tongue
- existing medical condition getting worse
- awareness (becoming conscious during procedure)

#### Rare or very rare complications\*

- damage to eyes
- serious allergy to drugs
- nerve damage
- death
- equipment failure

\*Information taken from The Royal College of Anaesthetists Information leaflet 'Anaesthesia Explained'<sup>8</sup>

#### Conscious sedation

Complications with inhalation sedation are rare. Oral and intravenous sedatives have some potential complications.

#### Possible complications

- Adverse reaction to the drugs
- Breathing difficulties
- Loss of consciousness
- Hypoxia (oxygen deficiency)
- Cardiopulmonary depression

#### Clinical monitoring during treatment

The Department of Health guidance document 'Conscious Sedation in the Provision of Dental Care' recommends in the Executive Summary that '*stringent clinical monitoring during the procedure is of particular importance and all members of the clinical team must be capable of undertaking this.*'<sup>9</sup>

#### Dealing with complications

The Department of Health guidance outlines recommendations for the management of any complications during treatment. It emphasises that all dental staff should be fully trained to deal with any emergencies should they arise and equipment for

<sup>8</sup> [http://www.rcoa.ac.uk/docs/PI\\_ae.pdf](http://www.rcoa.ac.uk/docs/PI_ae.pdf)

<sup>9</sup> Conscious Sedation in the Provision of Dental Care (pg11) DH 2003

oxygen delivery, for example, should be readily available and checked regularly to ensure it is working should it be needed.

### Questions to ask the decision-maker

Q: Is a general anaesthetic being considered and if so what are the particular risks for this person (given their medical history etc)?

Q: If general anaesthetic is being proposed, is it considered absolutely necessary or could other methods of sedation be used?

Q: If conscious sedation is being considered, which method(s) is deemed to be most appropriate for this person?

Q: Which anaesthetic technique will give the greatest benefit?

Q: Are there any issues with the use of needles for this person?

Q: What are the risks associated with this type of conscious sedation?

Q: What are the potential risks during the procedure?

Q: Are there any post-treatment risks?

Q: Will carers be given information about postoperative risks, pain control and management of any possible complications?

Q: Will the person experience pain after the procedure? If so, how will this be managed? Could there be issues with the administering of pain-relieving medication?

Q: What are the possible side effects of using that particular form of anaesthesia?

Q: Is it appropriate and of benefit to the person if some sedation is given whilst the person is at home?

Q: Is not providing dental treatment an option?

Q: Is treatment possible over several sessions, where appropriate, which would require less sedation?

Q: Is treatment possible without the removal of any teeth?

Q: If teeth are to be removed, will there be any issues about the person being able to eat their normal diet?

Q: If tooth/teeth are to be removed, are false teeth to be provided?

Q: Is it essential for the person to be treated at hospital or could sedation be used at the practice?

Q: If conscious sedation is to be used, how will the patient's condition (blood pressure, pulse, level of responsiveness etc) be monitored?

Q: Is it possible/appropriate to consider the use of a milder form of sedation before considering using general anaesthetic?

Q: Is there a specialist community dental service where treatment can be given?

## Questions to ask the person and those who know the person

Q: Can the person give their views on whether they would want the treatment?

Q: Has the person ever had previous dental treatment and how did they react to it?

Q: Has the person had experience of receiving injections in the past and are there any issues related to needles?

Q: Is the person usually able to indicate pain? How are they with pain-relieving medication?

Q: Does the person have a history of accepting regular dental treatment?

## Points to highlight within the IMCA report

- the expressed views/feelings/beliefs of the person including any advanced decision to refuse treatment relevant to the particular circumstances
- the views of others – carers/family/professionals in terms of the actual treatment but also their perception of what decision the person would have made if they could
- any issues related to the person's likely ability/inability to cope with the treatment and aftercare
- information about diagnosis, prognosis and proposed treatment options
- known benefits, risks, burdens, limitations of the treatment
- relevant legal (including MCA) or medical guidance
- ethical issues
- religious or cultural issues
- consideration of the least restrictive option. If the dental surgeon is considering the use of general anaesthetic is there an appropriate alternative, which could be used?

## Further guidance & resources

### **British Dental Association**

Ethics in Dentistry Advice Sheet B1

[http://www.bda.org/Images/b1\\_ethics\\_in\\_dentistry\\_-\\_mar\\_2009.pdf](http://www.bda.org/Images/b1_ethics_in_dentistry_-_mar_2009.pdf)

### **Department of Health**

Conscious sedation in the provision of dental care: report of an Expert Group on Sedation for Dentistry, Standing Dental Advisory Committee 2003

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069257](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069257)

### **The Royal College of Anaesthetists**

Anaesthesia Explained May 2008

[http://www.rcoa.ac.uk/docs/PI\\_ae.pdf](http://www.rcoa.ac.uk/docs/PI_ae.pdf)

Standards for Conscious Sedation in Dentistry: Alternative Techniques  
A Report from the Standing Committee on Sedation for Dentistry 2007

<http://www.rcoa.ac.uk/docs/scsdat.pdf>

Risk information leaflets 2004

<http://www.rcoa.ac.uk/index.asp?PageID=1209>

### **The British Dental Health Foundation**

<http://www.dentalhealth.org.uk/>

### **Society for the Advancement of Anaesthesia in Dentistry**

<http://www.saad.org.uk/>

## **Best practice guidance range**

The IMCA Support Project has produced a range of guidance on the involvement of IMCAs in SMT decisions that can be accessed on the Action for Advocacy website under IMCA Support Project, articles and resources.

### **The involvement of Independent Mental Capacity Advocates in Serious Medical Treatment Decisions**

Best Practice Guidance for Healthcare Professionals and IMCAs. Includes case examples, example policies and useful forms.

### **Serious Medical Treatment - Specific Decision Guidance for IMCAs**

The guides cover some common SMT decisions IMCAs may be involved in.

Do Not Attempt Resuscitation (DNAR)

PEG Feeds

Chemotherapy

End of Life Care

Dental Treatment

ECT Factsheet

### **Serious Medical Treatment Checklist (for the involvement of IMCAs)**

A useful A4 chart which gives information aimed at health professionals about when to instruct IMCA.

### **IMCA involvement in SMT decisions leaflet**

A leaflet aimed at healthcare professionals which gives information on the IMCA role and when and how to instruct IMCA.

[www.actionforadvocacy.org.uk](http://www.actionforadvocacy.org.uk)

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