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## No X-rays, no care, say some dentists

• Local practices, state board differ on range of discretion

By Markian Hawryluk / *The Bulletin*

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For the past 20 years, Jim Johnson has been battling with his dental hygienists about the need to take routine dental X-rays.

"I think it's excess," the 61-year-old Bend real estate agent said. "I've usually been able to put them off for several years."

It's been five years since he's had a panoramic X-ray of all his teeth and six years since his last set of bitewing X-rays. But last week, on the morning of his scheduled cleaning, Johnson's dentist's office called to remind him of his appointment and to note that he was scheduled for a new set of X-rays. When he refused, the office canceled his appointment and suggested he find another dentist.

"I really believe that X-rays are a good diagnostic tool," Johnson said. "But as a preventive tool and just as a habit to zap you every six months, that's a waste of time and money and (it exposes you to) radiation."

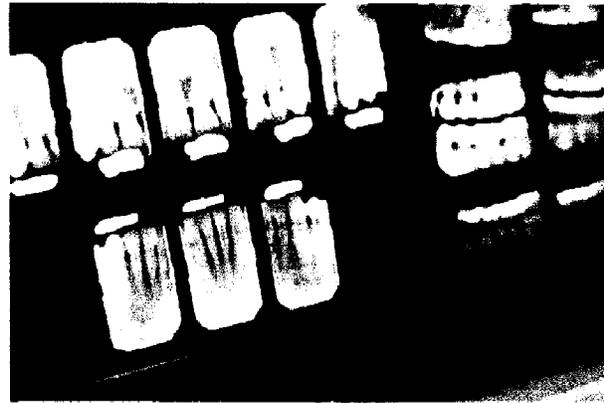
A number of Central Oregonians say their dentists have dismissed them in recent months because they refused to have X-rays taken before routine cleaning appointments.

Dentists who have in the past acquiesced to patient requests to defer X-rays are increasingly taking a harder-line stance, citing a recent communique from the Oregon Board of Dentistry, which licenses dentists in the state and investigates complaints against them.

The board's missive may have many dentists taking X-rays more frequently than called for by nationally set, evidenced-based guidelines because of liability and licensing concerns.

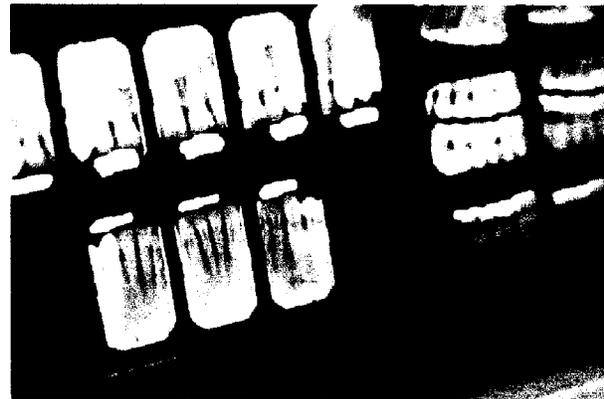
### *Current X-rays*

Johnson had been seeing Dr. Jeff Timm at Timm Family Dentistry in Bend for seven or eight years and generally avoided X-rays unless he needed work done rather than just a cleaning. Timm, who practices with his two sons, Drs. Andy Timm



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According to the Oregon Board of Dentistry, "the standard of care in Oregon requires that current radiographs are available prior to providing treatment."



and Ryan Timm, said the practice started a review of its policies last year to ensure they meet best practices and evidence-based guidelines issued by the American Dental Association.

In the midst of that process, the dentists received the February 2012 newsletter from the Oregon Board of Dentistry. The newsletter carried a reminder that "the standard of care in Oregon requires that current radiographs are available prior to providing treatment." Even if the patient signed a waiver, the board said, the dentist would still be violating the standard of care by treating without access to a current X-ray.

"So now our hands are tied a little bit," Timm said. "They don't give you a definition. They don't say it's every year or every other year. They say current. Well, what does that mean?"

National guidelines call for dentists to consider individual patient characteristics to judge their risks of decay and other dental problems before determining whether to take a new set of X-rays. Such decisions, the guidelines say, should be made on a case-by-case basis.

"We have to rely on the radiographs because we just can't see in between the teeth and into the bone," Timm said. "So it's kind of a balancing act, and it's hard, really hard."

Timm declined to comment on the specifics of Johnson's care, citing privacy laws, but said the dentists at the practice felt a span of more than five years without taking bite-wing X-rays would not meet the standard for a current radiograph even in patients with no risk factors.

"We felt like in order to come under what the Board of Dentistry had said, to be practicing the standard of care, we should take some new ones," Timm said.

#### *Dental board weighs in*

While dentists routinely tell patients that the Board of Dentistry requires them to take X-rays before treatment, Patrick Braatz, the board's executive director, said that's not the board's position.

"We do get that phone call, where the caller says, 'I have to have X-rays or the doctor is going to lose his license.' And that's not what we say," he said. "The doctor may be subject to some sort of action at some point in the future if something came up. If he or she ignored certain things and didn't go forward with the diagnostic tools available, that would mean they would be practicing below the standard of care."

And practicing below that standard of care could open up dentists to malpractice claims and disciplinary actions by the board.

The board decided to include the statement on current X-rays in the newsletter "because we keep on getting phone calls from patients telling us that dentists are saying it's the law that they have to take X-rays," Braatz said. "We wanted to clarify that for the licensees, that it's not the law, it's not a board rule."

The newsletter statement, however, has led many dentists to err on the side of caution in determining the frequency of X-rays. While the board does not routinely check to see how frequently dentists order X-rays, it will take the frequency of X-rays into account when investigating complaints. Dentists, who stand to lose malpractice cases or be disciplined by the board if an investigation reveals a longer-than-recommended gap in X-rays, have every incentive to order X-rays more frequently and little motivation to hold back.

"We live in a litigious society, and a lot of times (patients) are looking for ways to blame someone else," Timm said. "If you're practicing the standard of care and something happens, you have that to fall back on. The very bottom line is you could lose your license, you could literally lose your license if you're not following the standard of care."

Braatz said the standard of care is based on the way dentists practice in the community as well as how dentists are trained in dental school.

"It isn't an exact science that says every year you need (X-rays) or every two years," he said. "There are guidelines from the Food and Drug Administration and the American Dental Association, and that's the standard."

Those guidelines call for routine X-rays in established adult patients with no apparent risk factors for decay or periodontal disease every 18 to 36 months. The guidelines also say there is "little evidence" to support use of dental X-rays to search for problems in patient with no symptoms or to obtain films from patients at preset intervals.

That is not how many dentists are interpreting the board's statement about current X-rays.

"I know that many dentists actually do consider a current radiograph to be within a year," said Christina Swartz, managing director for public and professional education for the Oregon Dental Association.

The dentistry group does not provide dentists with a definition of what is considered current and refers questions about the appropriate frequency of dental X-rays to the Board of Dentistry.

Braatz maintained that any dentists who aren't sure what "current" means have already contacted the board.

"If they need clarification on that statement, they have called this office and they have written to this office and we have given clarification," he said. "If they are erring on the side (of caution), I am not aware of it at this time."

#### *Case-by-case decision*

Chris Wood, 73, of Eagle Crest, has a long history of exposure to radiation. As a child he was treated with radioactive radium rod implants, a now-discredited treatment for chronic ear infections. He served in the Coast Guard, including a year on a LORAN C station. Last year a report by the Defense Threat Reduction Agency indicated some personnel working at such stations may have been exposed to harmful radiation. Upon his discharge physical, X-rays showed spots on Wood's lungs, necessitating further X-rays to rule out Hodgkin's disease or tuberculosis.

"I've had a lot of X-rays," Wood said. "I glow in the dark."

He decided he no longer wanted dental X-rays taken. But at his last appointment, the dental hygienist told him she could not do the cleaning unless a new set of X-rays was taken. When he refused, an office manager offered to send his records to another dental office, ending an 11-year relationship with the practice.

Wood said his dentist offered to waive the requirement for X-rays if he could bring a note from his doctor regarding his radiation history.

"My response to that was the only reason my primary care physician would even know about this stuff is if I showed him the report," he said. "I would have to provide him with all the knowledge he would need to write this letter."

The dentist told Wood that the Oregon Board of Dentistry required him to take X-rays and sent him a photocopy of the Board's newsletter with the current radiograph statement.

Braatz, however, said radiation exposure should be taken into account when determining the frequency of X-rays.

"You could have a patient who comes in and says, 'I just had major cancer surgery and I just had a lot of radiation, I'd just as soon not have any additional radiation, I'm not having any problems with my teeth,' " he said. "If those kinds of things were noted in the file, the board would say that's a reasonable standard."

#### *Finding a balance*

If dentists are considering annual X-rays the standard for all patients, they aren't adhering to what is taught in dental schools either. Dr. Gary Chiodo, interim dean of the School of Dentistry at Oregon Health & Science University, said preset schedules for X-rays were abandoned long ago.

Now dentists are expected to gauge the patient's risk for decay and other dental problems to determine how often X-rays need to be taken. And X-rays should be taken with a specific purpose in mind.

"If somebody is getting new cavities every time they come in, every six months, then that's very different from somebody who hasn't had a cavity in the last five years," he said.

Established patients with no signs of problems could go much longer between X-rays.

"Three, four, five years would certainly be fine if you have that ideal patient who hasn't had a new cavity, who has not had periodontal disease and doesn't have other (risk) factors for developing oral cancer," he said. "Then certainly going out that far is fine."

Chiodo also cautioned, however, that dentists cannot continue to treat patients who simply refuse all X-rays.

"At the end of the day, if the patient is saying, 'No, I want you to provide my treatment without dental X-rays,' the dentist cannot do that," he said. "That's malpractice."

#### *Cost concerns*

Dr. Richard Fixott, a Redmond dentist, said he's had only two or three patients over his 30-plus years of practice who outright refused to get dental X-rays.

"For someone who says they don't want to take the films, my opinion on that is, I respect their wishes," Fixott said. "However, I don't feel comfortable in treating without doing a proper examination, so I ask them to respect my wishes."

When he explains the reasons why he needs a new set of films, most patients agree. And if someone declines X-rays before a routine cleaning, he allows that cleaning to proceed but asks the patient to agree to X-rays at the next scheduled cleaning.

"Especially with some of our older patients who don't have insurance or benefits anymore, then we will really extend out the time between films," Fixott said. "But there are very few people who object to the films actually because of the radiation. They're objecting because of the cost."

His office charges \$69 for a set of four bitewing X-rays, and \$100 for a Panorex-type X-ray. Most insurance companies, Fixott said, won't reimburse for a Panorex more often than every five years, but will pay for annual bitewings. Those films aren't usually a big profit-generator for dental practices, he said.

But many patients don't have insurance coverage, and those on limited incomes may struggle with the cost of frequent X-rays. Allyn Harmon, 61, is self-employed and semi-retired. All of her dental bills are paid directly out of her own pocket.

She hasn't had X-rays for five years, telling her hygienist, "not this time" at every appointment. She, too, was eventually asked to leave her dentist's practice after refusing X-rays. Her dentist told her that the state, the American Dental Association and the Oregon Board of Dentistry required bitewing X-rays every two years and full-mouth X-rays every three to five years.

"I really didn't want anybody telling me you have to have X-rays," she said. "That's not where I choose to spend my health care dollars. I'm the only one who knows whether my teeth are really more important than my heart."

She now has stopped seeking dental care altogether. While she said she could come up with the money for the X-rays if she needed to, she also has thyroid problems and is concerned how the radiation might affect her thyroid.

Harmon exchanged a series of emails with Braatz, who told her that "if a person has relatively good oral care, the dentist may only request X-rays be taken once a year or maybe every other year."

Braatz also wrote that the board advises dentists to dismiss from their practices patients who refuse to take X-rays according to the schedule the dentist has established, if that schedule is not different from what other dentists would do or what is taught in dental school.

The debate over the frequency of dental X-rays is more than an issue of patient preference or economics. Dental X-rays use ionizing radiation, albeit at very low levels, that has been linked to tissue and organ damage and the growth of benign or malignant tumors. Radiation risk is also cumulative: the more radiation exposure, the higher the risk. The move to digital X-rays has lowered the amount of radiation exposure and allowed dentists to share X-rays with other dentists more easily, often eliminating the need for a new set.

"We bend over backward to get a hold of patients' other X-rays, even if they're from another state," Timm said. "I do know there are other offices, it doesn't matter how old the X-rays are, they're going to take a brand-new set, even if they're a year old."

The risk from dental X-rays is incredibly low, but the benefit of such images is significant. Dental X-rays provide information critical to the identification and treatment of dental problems, and dentists cannot adequately do their jobs without taking X-rays at some point. Thus, dentists must balance the risks against the benefits and should explain to patients why they need to take X-rays.

"If anything, it opens up the opportunity to have that conversation," said Chiodo, the OSHU dean. "No matter what test is being ordered, ask, 'Why are you ordering that? What do you hope to learn from it? How might it change the treatment you recommend?' Those are very reasonable questions."

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