

CHILD ABUSE

It has been found that more than 65% of all cases of physical abuse involve injuries to the head, neck, or mouth. Therefore, dentists are in a prime position to be an observer of child abuse, which occurs at all socio - economic levels. However, dentists have made less than 1% of all reports. That the reporting is so low could be due to any of the following reasons:

1. The family is well known to the dental office.
2. There is a fear of losing good patients.
3. There is a fear of embarrassment.
4. There is a fear of reprisals.
5. The dentist may not be aware of the legal duty to report or may be afraid of the process.

All states have passed child abuse reporting laws under the Child Abuse Prevention Act of 1974. These reporting laws list dentists as a mandated reporter; hence, dentists are required to report suspected cases of child abuse and neglect. Mandated reporters are protected by law from criminal and civil liabilities arising from good faith reporting of suspected child abuse. Many states have criminal penalties for failing to report a suspected child abuse case. Such liabilities are not normally covered by professional malpractice insurance. Therefore, it is wise to report any suspected child abuse case. It is better for the well - being of the child to err in your suspicions than to overlook the abuse due to the aforementioned reasons. Ethically, under malfeasance and beneficence, it is the right thing to do.

Child abuse is an act of commission. It is non accidental injury or trauma inflicted on a minor (under 18 years of age) by a parent or other caregiver. It is the infliction of serious physical injury, the creation of a substantial risk of serious injury, or commission of an act of sexual abuse against the child.

Child maltreatment and child neglect are acts of omission. Child maltreatment refers to the quality of care given to the child. This occurs when the parent or caregiver fails to exercise the minimum degree of care for the child by providing food, clothing, shelter, or education. It also includes emotional abuse or neglect. Child neglect is the failure to properly provide for the child ' s basic needs, care, support, or health, including abandonment.

The American Academy of Pediatric Dentistry has defined dental neglect as the willful failure to seek treatment when treatment is necessary to allow for oral health

with adequate function without pain and infection. This includes failure to seek treatment for untreated, rampant caries, trauma, pain, infection, or bleeding. It also includes failure of the parents to follow through with treatment once they have been informed that the above conditions exist. The American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct states, " Dentists shall be obliged to become familiar with the peri - oral signs of child abuse and to report suspected cases to the proper authorities ". The courts have even stated that a dentist who fails to identify and report suspected child abuse is guilty of professional negligence.

To report a suspected child abuse case, most states have a number you can call. You do not have to be absolutely certain of abuse to report it. Only a reasonably good faith reason to suspect that the child has been abused due to neglect or nonaccidental injury is necessary to proceed with a child abuse report.

In your patient records, do not include your suspicion of child abuse. Keep it factual with your findings reported just like any other examination notes, if it is within the normal dental exam. If suspicious marks are seen outside the head and neck areas or beyond a dentist ' s normal examination, you should, on separate paper, record your suspicions and physical findings, as your personal notes and not part of the patient record. Do not question the child, parent, or guardian regarding your suspicions. Do not investigate yourself. Call and report the suspected abuse to the proper authorities. Let them proceed from there. These personal notes should be kept in a separate area and not in the patient ' s record. In this way, the notes will be protected from the parents or caregiver when and if the child ' s records are requested.

TRUE CASE 17: Child neglect

A dentist, a specialist in orthodontics, examined a new patient for possible braces. Upon examination, he found rampant caries and advised the mother that the child needed to see a general or pedodontic dentist as soon as possible for the needed dental treatment prior to any orthodontic treatment. The mother told the dentist that until the child stops eating so much candy and starts brushing his teeth more, she was not going to waste her time and money on fixing the child's teeth only to have them rot again. The orthodontist was astonished at the mother's response and again tried to explain the needed restorative dentistry. The mother became very adamant in her stance. It was a clear case of child neglect by not providing proper dental care for the child, especially when costs were not the preventive factor. The orthodontist called the Child Protective Services department in his city to report the suspected child abuse/neglect case. After describing the case to the agency, he was thanked and told that it would be put on the list; however, there were presently a number of cases of broken bones, cigarette burns, and child beatings that were currently being investigated. In other words, "We'll get to it when we can, if we ever actually do."

In 2009, a mother was charged with dental neglect of her son after failing to follow through on the dentist's recommendation, failing to show for appointments, and eventually causing the son to be admitted to the hospital with severe infection. True Case 17 was approximately 15 years prior. Hence there has been advancement in the understanding that dental neglect is a serious offense.

In a situation such as that presented above, ethical responsibilities set in when the cost of dental treatment makes the restorative dentistry prohibitive due to the parent or guardian's finances. If the dentist is not willing to take on a charity situation in providing the needed treatment at reduced fees or at no charge, then he or she must refer the parent or guardian to a reduced fee dental service provider, such as Medicaid, another government program, or a charitable organization.

