

**A RESPONSE TO
DRAFT
SEDATION PRACTICE STANDARD**

**As proposed by the Dental Council
Is this a Right Touch Regulation?**

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Response to the proposed Dental Council Guidelines for sedation in Dentistry

Introduction:

Dentistry in New Zealand has a long history of providing sedation for anxious patients. The practice of sedation techniques has been in the scope of practice in New Zealand under the Dental Act. Training for sedation has been done through mentorship, although some basic training in catheterization and observation of sedation procedures is given at undergraduate level at Otago School of Dentistry. The NZSSD (New Zealand Society for Sedation in Dentistry) offers courses in IV sedation theory and practice as well as private organizations e.g. EmCare, that offer ACLS/Core courses for dental professionals and their staff. In 2005, the NZDA created guidelines for Sedation in Dentistry. These have been the standard of care for some years and have provided more than sufficient guidelines for safety in the practice of sedation in dentistry. The new initiative by the Dental Council to align the guidelines with the law has merit, however, are the additional inclusions suitable for the New Zealand environment?

Concerns:

The Draft proposal if adopted would restrict a number of clinicians from providing sedation in the private practice setting disproportionate to the risks for most ambulatory patients. Of primary concern to regulators and clinicians is patient safety balanced with availability of treatment without anxiety e.g. in the use of IV sedation.

One response to this problem has been the use of “Right Touch Regulation” used in the UK, (October 2015, <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf>). This aims to provide an appropriate level of regulation.

There are eight elements that sit at the heart of *Right-touch regulation*:

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change

Too little regulation is ineffective, and too much regulation is onerous, and consequently, in the case of sedation in New Zealand patients, reduced access to sedation in dentistry at increased cost.

Sedation is being used in dentistry as an important adjunct to treatment for many New Zealanders. The proposed additional legislation seek to reinforce the level of safety as set out in the NZDA guidelines. The risk is that these proposals will force dentist to remove sedation as an adjunct in clinical settings to many

New Zealanders by an unworkable number of steps to gain or maintain competence in practice. My Thesis therefore is this, is there evidence to show that the proposed regulations would increase safety and maintain access of sedation dentistry in New Zealand? From our history and the scientific literature, this does not seem to be the case.

Outline:

1. The authors experience in Australia
2. Patients with difficult cognitive profiles
3. Anxiety in dentistry
4. ACLS guidelines vs Core competencies
5. Number of ACLS trained personnel during surgery

Australia and Access to Sedation in Dentistry

The author has worked consulting in private specialist practice in Australia from 2009–2013. The number of dentists performing sedation in Australia has decreased to a negligible number due to the perceived overregulation. There is fear among dentists that any minor event or adverse outcome from treatment using sedation would lead to loss of their license to practice, or a lawsuit. Some employ anesthetists to come into their practice which adds considerable cost to dental treatment (the exception being, oral surgical procedures which are done in hospital and are covered by some health care schemes).

My concern is that people who could have restorative and or minor surgical procedures with sedation are not seeking care in Australia, as there is no facility to address their needs.

It is also challenging to find anesthetists who will come to dental practices to do sedation work in Australia, especially in the rural setting.

Conclusion:

Aligning ourselves with Australian regulations on sedation in dentistry would be a retrograde step, diminishing access to sedation dentistry for many New Zealanders, the result being a decline in oral health.

Patients with Difficult Cognitive Profiles

Some patient's anxiety can be alleviated through non-sedation techniques. However, children, mentally impaired and psychologically scarred patients can benefit from IV sedation. Collado et al 2013, did a prospective study with these patients showing the safety and efficacy of IV sedation in these patients. I quote from Valerie Collado:

“In the present study, as in that undertaken by Ransford et al. [31], the type of dental treatment performed was different between patients with a dental anxiety disorder and those with intellectual disability. This suggests that the main role of this procedure in the population with intellectual disability may be to enable simple regular maintenance and prevention and/or to enable examination *for the most reluctant patients*. For these patients, general anaesthesia may still be indicated if complex treatment is required. *For patients*

with dental anxiety alone, intravenous midazolam sedation seems sufficient to be able to undertake all types of dental treatment.” (italics added).

Collado also found that the use of IV sedation in this prospective study was safe and effective for this population.

In New Zealand we are using similar guidelines to France and I would expect the safety of our patients to be similar to that found in this study.

Conclusion:

Current practice of IV sedation with Midazolam in dentistry is safe and effective with the current regulations in New Zealand.

Anxiety in Dental Patients

Susan Cartwright in her Thesis for MEd, at AUT found that anxiety was a common reason for not seeking dental care. The surveyed New Zealand population responded, “when asked to identify the most deterrent factors with respect to dental visits the results show that most are deterred by cost (62%) followed by fear (11%) and accessibility (2%). This confirms the large number of New Zealanders who will not seek care due to anxiety, and highlights the benefit from the use of sedatives in dental treatment.

Under the current regulations, many dentists in New Zealand can provide care to anxious patients with the use of IV sedation techniques. However, many dentists that I have spoken to have said that they will no longer continue to provide this service due to the increased amount of “red tape”.

Conclusion:

With changes in the regulations, many dentists will not continue to offer IV sedation in dentistry and many people with anxiety will not seek dental care as shown in our New Zealand population.

ACLS guidelines vs Core competencies

ACLS guidelines have been used since 1974 for advanced cardiac life support internationally. The training has proven effective in private practice settings, universities and hospitals. Some New Zealand Dentists have advanced training internationally using this system. This is comparable to Advanced Life Support (ALS) taught in the United Kingdom.

ACLS courses, are currently offered in New Zealand through various private organizations in dentistry.

Advanced ACLS Hands-on courses are offered at various international congresses and conventions. These courses are consistent with international regulation. These offer a high level of Continuing Education. Therefore, clinicians who travel to international meetings would maintain a high standard of training of sedation practice.

Conclusion:

ACLS is currently an international standard offered to train and update clinicians in management of sedation patients. This should still be the standard even if New Zealand chooses the Core competencies which may be used as a local alternative to the international gold standard.

Number of people continually in the operatory during sedation

Safety is always the primary objective in all medical and dental procedures including interventions that are done under IV sedation. Are there any studies showing greater safety during sedation with an increased number of clinicians in the operatory throughout the sedative procedures? Is there evidence of decreased co-morbidities and mortalities when three clinicians are in the room who had these CORE competencies? There seems to be little evidence to suggest this, if any.

It seems prudent to have a surgical safety check list, which has been shown to reduce morbidity and mortalities from surgeries. This was shown in one multi-centered study (including Auckland Hospital). There is no mention of the minimum number of ACLS/Core Competency trained personnel in the operatory. "A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population"

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N Engl J Med 2009; 360:491-499 [January 29, 2009](#)

Conclusion:

Increased number of personnel in the operatory at all times, as proposed in the draft, will have the most profound affect on the cost of sedation to patients seeking treatment. The question remains, is there evidence that this increase in staffing would provide increased safety?

Summary:

The author would be happy to submit further evidence about the significant issues with the proposed changes. However, one would prefer to hear the evidence based approach that was used to propose additional regulations that may put dentistry beyond the reach of average New Zealanders.