

Practicing safe prescribing in dental practice: Medico-legal, ethical, and professional considerations

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Executive Summary

Clinical Rationale

Prescription writing privileges provide dental practitioners with one of its most powerful therapeutic tools, but are simultaneously faced with a myriad of professional, ethical and medico-legal challenges to comply with safe prescribing standards. Safe prescribing of medications will prevent adverse reactions and promote achieving successful treatment outcomes, and minimize ethical and medico-legal dilemmas.

Key points

- Prescribing medicine should be done in a responsible manner always observing the fundamental principle that the benefits thereof should be greater than the risks.
- The legal responsibility for prescribing always lies with the individual who signed the prescription.
- You are accountable for your decisions and actions when prescribing medicines, and when authorising or instructing others to do so.
- Before you prescribe, you must be satisfied that you can make an adequate assessment, establish communication and obtain the patient's consent.
- Medication you prescribe must serve the patient's needs and best interest.
- Understanding the interactions and potential adverse effects of medications is critical for patient safety.

Practice implications

- Keep up to date with the best available evidence on pharmacology and therapeutics, and work within the limits of your scope and competence.
- Prescribe medicine once you have adequate knowledge of your patient's medical history including all medications.
- Check that the medication that you prescribe is compatible with any other treatments the patient is receiving, including over-the-counter medications.
- Seek advice from an experienced medical colleague, or clinical pharmacologist if you are unsure about any aspect of prescribing medicines.

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Introduction

Prescribing medicine is one of the most common interventions in health care used to treat patients and forms an integral part of dental practice. Although prescribing medicine represents only a small part of dentistry, prescription writing privileges provide dental practitioners with one of its most powerful therapeutic tools.¹ 'Prescribing' is used to describe many related activities, including, supplying prescription medicines, prescribing medicines, and advising patients on the purchase of over the counter medicines and other remedies.² The prescription of a drug, irrespective in what context, e.g., face to face, or remotely using a telephone, online, or other technological platforms, is a complex and legally relevant medical act and a source of responsibility. Through the prescription, the dentist performs a recognition activity of the patients' subjective right to supply medicines for preventive, prophylactic or therapeutic purposes, making this right operational with the issue of a script.³

However, prescribing medicines are like a double-edged sword, firstly it has beneficial effects with the potential to save lives and improve quality of life, and secondly it may have potential serious harmful effects on the patient.

An increasing aging population, combined with multiple long-term co-morbidities, health care specialization and better access to medications has contributed to a rise in complex medication regimens that have contributed to more patients taking multiple medicines for conditions, often managed by a variety of health care providers resulting in a potential increase of drug interactions and adverse drug reactions (ADRs).⁴

Furthermore, dental practitioners have been implicated in the improper, or over-prescription of antibiotics, a practice which has contributed to the universal problem of antimicrobial resistance resulting in antibiotic treatment failure and, consequently, increasing mortality and healthcare costs.⁵⁻¹² The financial cost associated with drug interactions, adverse events and inappropriate prescribing result in enormous and unnecessary financial costs every year.^{13,14}

Investigations into prescribing habits have revealed that dentists prescribe antibiotics more often during time constraints, where they have difficulty in making a definitive diagnosis, or if treatment needs to be delayed.¹⁵ Unnecessary or inappropriate prescribing could also be for personal or inconvenience reasons, such as to avoid working late or going out to see an afterhours emergency patient.⁷

Dental practitioners must understand the potential implications of medicines they are prescribing and potential interactions with other medications, irrespective of whether they are prescribed or bought over counter.

Purpose

The purpose of this review is to promote safe and efficacious

prescribing and to enhance dentists understanding of the ethical, legal, and professional challenges and dilemmas that they confront when writing prescriptions.

Medico-legal considerations

Dentists registered under the Medical, Dental, and Supplementary Health Service Professions Act (Act 56 of 1974) 16 are automatically conferred the privileges of authorized prescriber of controlled medicines and scheduled substances for medicinal purposes as per Medicines and Related Substances Act (Act 101 of 1965) 17.

• Scope of authority

The scope of prescription-writing authority granted to dentists in South Africa include any medicinal substance or mixture of substances aimed at managing the oral health of a patient, including the treatment or prevention of a disease or some other definite curative or therapeutic purpose, but does not include the satisfaction or relief of a habit or craving for the substance used or for any other such substance.

Thus this scope of authority generally imposes a two part validity test. First, the prescription must be issued in good faith for a legitimate dental purpose, and second, the prescription must be issued by a dentist in the usual course of his/her practice.¹ Implicit within the 'good faith' aspect of the validity test are legal, ethical, and professional obligations of the dentist to comply with record keeping and therapeutic standards of care.

• Accountability

Dentists have the authority to make prescribing decisions for which they are responsible and accountable, both legally and professionally.¹⁸ Accountability when prescribing covers three aspects – the law, the statutory professional body (HPCSA), and the employer. The legal accountability always lies with the individual who signed the prescription. In cases of negligence the standard applied is often that set by the relevant statutory body (HPCSA) for its members.

In addition, dentists are also responsible to ensure that the instructions on a script are clear and not open to misinterpretation. Information and advice on benefits and risks of therapeutic options given to the patient during treatment discussion and consent process must be documented in detail on the patients notes/record.

• Legal requirements of script writing

To comply with legal requirements, prescriptions should clearly identify the following details:

- Name and address of the patient to whom the script relates
- Class or name of medicines prescribed
- Dose, strength or time of treatment
- Start and review date
- Name and address of the prescribing dentist

Ethical principles and virtues

Ethics involves considering fundamental questions about what is right or wrong. Integral to their professional standing within their

community and among their peers is an expectation that during their interactions with patients, friends, family and colleagues, dentists will adhere to ethical principles and virtues when making clinical decisions. Four fundamental ethical principles provide the framework for professional judgment and clinical decision making and safe prescribing, namely nonmaleficence, beneficence, autonomy, and justice.¹⁹

• Non-maleficence

A foundational principle in ethics is non-maleficence. This principle is commonly known as "Do no harm" and means that the provider's first obligation is to the patient and primarily aimed at avoiding, preventing, minimizing the risk of harm. The key principle on non-maleficence is that the harm is not disproportionate to the benefits of treatment. Because some harm is unpredictable, previous experience may influence clinical decision-making and perception of risk. As a prescribing dentist, it is also important to note that harm can be caused by error, side effects or interactions.

• Beneficence

Beneficence is an obligation to promote each patient's welfare through doing good or providing benefit that are in the patients' best interests. A patient's needs, desires, and values are taken into consideration in the dental office setting. Beneficence can also involve considering the view of others, including a medical colleague or specialist. This is done alongside an assessment of the risks, benefits, cost and varying perspectives of diagnosis, treatment options and outcomes.

• Autonomy

Autonomy is based on respect for an individual. Thus, obtaining consent and sharing decision making is a fundamental part of the prescribing process. The principle allows individuals to be self-governing and self-directing in their decision making, thus enabling patients as far as possible to make reasoned and informed decisions. Information that should be shared with the patient include, allergies, limitations of medications, adverse drug interactions, and when to seek advice in the event of ADRs.

The Hippocratic Oath places the principle of 'do no harm' above all else, and therefore by implication the most important ethical principle to practitioners. However, in medico-legal terms, a person's autonomy is seen as paramount and it is suggested that autonomy 'trumps' all other principles.²⁰

• Justice

Justice is fairness, an obligation to treat people equitably. This principle applies to patients, colleagues, and society. Dental services, including prescribing of medications, should be provided without prejudice. Dentists have a duty to make reasonable judgements to ensure that all patients have the same opportunity to access cost-effective pharmacotherapy.

• Virtues

Additional virtues that support the fundamental ethical principles

include veracity, confidentiality and fidelity. Veracity or 'truth telling underpins the duty of both effective communication and patient consent.¹⁸ It supports a relationship of trust between the provider and the patient critical to the relationship. Confidentiality is an obligation that limits access to information that is provided by a patient to a provider. Fidelity recognizes the special relationship that develops between patients and providers. It may be viewed as providing quality competent care to patients as part of the providers' professional responsibility.

Professional considerations - Duties and obligations for safe prescribing

The Health Professions Council of South Africa (HPCSA) is the professional statutory (regulatory) body that set the standards to which their members must adhere. Members are accountable to the HPCSA for their practice and can be sanctioned if their actions do not adhere to these standards. Therefore, dentists will be held accountable by the HPCSA for their prescribing decisions.

The ethical guidelines for good practice in the health care professions are available on the website of the Health Professions Council of South Africa²¹

- **Medical history and record keeping**

Safe prescribing presupposes accurate diagnostic assessments. A current medical history is required to ascertain not only a patient's present medication regimen, but also any medical problems that may affect drug metabolism, such as hepatic and renal dysfunction.¹ A positive response to chemical dependency, addiction, or recovery in the patient's medical history may contraindicate the prescribing of controlled substances. Furthermore, it is almost certain that a dentist will encounter patients taking medications that could potentially interact with new prescriptions (e.g., analgesics, antibiotics, and anxiolytics) in dental practice. Therefore, ensuring that patients medical histories are up to date will help practitioners avoid potentially serious adverse effects and inappropriate prescribing.

It is prudent to keep a record of all prescriptions written in a patients record. Good record-keeping of medication prescribed is essential in defending any potential complaints that may be brought against the dentist.

- **Keeping up to date**

Keeping up to date on recent medical and scientific evidence is a regulatory and ethical duty of healthcare professionals to maintain competency standards to ensure safe and cost-effective prescription of medication.³ Competency, encompasses keeping up-to-date with pharmacology, including awareness of mechanism of action of drugs, drug interactions and their adverse effects, including the methods to identify and manage adverse effects.²² Thus, recognising your own limitations is the key principle behind competency.

- **Duty of care**

Duty of care refers to the legal and ethical duty and obligation to act in a person's best interests, to ensure no act or omission results in harm, to act safely within areas of competence, and to provide

advice about the risks and benefits of treatment including prescribing medicines. Meeting this standard involves a comprehensive assessment of the patients medical, dental and medicine history and consideration of evidence-based treatment options. Any intervention by the dentist, irrespective whether preventive (prophylactic) or therapeutic, must consider a multiplicity of factors related to the type and timing of administration of the therapy, e.g., age gender, body weight, liver or kidney function, immune related conditions, medication (polypharmacy) interactions, self-medication practices, systemic conditions, mental illnesses, pregnancy and social use of substances (alcohol, drugs, cannabis). The same dosage of a drug, with the same diagnosis and type of prescription, produces different responses in different individuals.³ Clinical negligence occurs when the duty of care is breached causing physical or mental harm.

- **Patient informed consent**

The collection of valid informed consent—also in relation to the administration, pre- scription, and/or use of drugs or medicinal substances—is a legal obligation. Administration of drugs and medicinal substances presupposes the informed expression of the patient's adherence to the proposed treatment. The dentist must fully inform the patient why the proposed medication is being recommended and the expectations of treatment and side effects of the medication. The patient must be informed about the possibility that even their inadequate conduct that does not comply with the instructions of the prescription of the healthcare professional may interfere with the pharmacological action of prescribed medications.³ If you are not the patient's regular practitioner, you should ask the patients consent to contact their GP or other treating doctors if you need more information or confirmation of the information you have before prescribing or share information with their GP.²

- **Pharmacovigilance and prevention of adverse events**

Adverse drug reactions (ADR's) are the fourth leading cause of death after cardiovascular disease.³ All health care professionals have an obligation to monitor the safety of medicines. Pharmacovigilance continues to play a crucial role in meeting the challenges posed by the ever-increasing range and potency of medicines, all of which carry an inevitable and sometimes unpredictable potential for harm.²³ Pharmacovigilance activities are aimed at promoting appropriate and safe use of drugs to prevent and minimize potential risk factors.³

Suspected adverse drug reactions should be reported to The South African Health Products Regulatory Agency (SAPHRA) in accordance with the relevant reporting criteria .

Alarm signals regarding a drug, medicinal substance, or class of drugs, may lead to a change in the characteristics of the product or its use (i.e., restriction of indications, addition of contraindications and/or warning), prescription, or dispensing, until the suspension or revocation by the authorising authority.³ An essential element of pharmacovigilance is the widespread dissemination to all health care professionals of evidence-based data communicated through the scientific literature, SAPHRA, Medical and Dental Associations and Boxed Warnings' issued by the Food and Drug Administration

(FDA) in the United States.

“Boxed warnings” (formerly known as Black Box Warnings) are the highest safety-related warning that medications can have assigned by the FDA. Boxed warnings are required by the FDA for certain medications that carry serious safety risks. These warnings communicate potential rare but dangerous side effects and instructions for their safe use.²⁴ Medications can have a boxed warning added, taken away, or updated throughout their tenure on the market. The FDA uses a program ‘MedWatch’²⁵ to track and highlight adverse events associated with medications.

Some examples of medications with “boxed warnings” that dentists should take note of include use of: (i) Fluoroquinolones such as levofloxacin and ciprofloxacin that are associated with an increased risk of tendinitis and tendon rupture in patients of all ages²⁶; (ii) Celecoxib (Celebrex) may cause an increased risk of serious cardiovascular thrombotic events and gastrointestinal bleeding risk.²⁴ All nonsteroidal anti-inflammatory drugs (NSAIDs) may have a similar risk²⁶; (iii) Use of codeine for pain management in children who undergo surgery in or around their airway, whether tonsillectomy or an oral surgery procedure may pose a serious potential risk of respiratory depression²⁷; and (iv) use of Clindamycin in the management of dental, alveolar bone and orofacial infections and its strong association with *Clostridium difficile* infections and subsequent pseudomembranous colitis, a serious condition associated with high morbidity and mortality.²⁸

Clinicians must use their clinical judgment on whether or not to prescribe medications with these warnings to their patients, based on the principle that the benefit to the patient must always be greater than the risk of potential harms. Boxed warnings are not meant to be absolute contraindications for drugs, but instead, to bring the attention to the clinician and pharmacist on potential severe side effects.²⁴

- **Avoid inappropriate prescribing practices**

Inappropriate prescribing can result in medical errors, serious morbidity and mortality. Furthermore it also represents a waste of resources and, as in the case of antimicrobials, may harm the health of the public by contributing to increased antimicrobial resistance. The best way to manage medico-legal issues resulting from inappropriate prescribing is by preventing them.¹⁴ Reasons for inappropriate or irrational prescribing include:¹⁸

- Poor choice of medicine
- Polypharmacy or co-prescribing of interacting medicine
- Prescribing for a self-limiting condition
- Continuing to prescribe for a longer period than necessary
- Prescribing too low a dose of a medicine.
- Prescribing without taking into account the patient’s wishes
- Predating and postdating prescriptions are considered as unethical attempts to circumvent medical scheme or pharmacy regulations.¹
- Issuing prescriptions under fictitious names or for an individual who is not the intended recipient of the medication is untruthful and such deviations are considered as unprofessional, unethical and illegal.

Common prescribing medico-legal, ethical, and professional dilemmas

- **Self-prescribing for treatment that falls outside of normal practice**

Although self-prescribing of controlled substances for personal use is a common practice world-wide amongst dentists, this practice is generally not recommended and even prohibited in many State Dental Boards in the USA.¹

It is generally accepted by most clinicians that their judgement, in particular dentists, would be clouded when trying to self-diagnose and self-treat medical problems, realising that the wish to fulfil one’s duties could lead to neglect of one’s own well-being. While general dental practitioners are allowed to prescribe medication for themselves, it is generally accepted that it is good clinical practice to avoid providing medical care, including prescribing medication to oneself,²⁹ except in emergency situations and where no other doctors are immediately available.³⁰

- **Prescribing medication to family or friends**

Ethical and medico-legal considerations in deciding whether to treat/prescribe to family or friends are complicated. On the one hand, the patients’ right to choose the dental practitioner of his/her choice must be considered, respecting their right of autonomy.⁷ However, on the other hand the question of potential impairment of a clinician’s objectivity in making sound clinical treatment decisions and potentially causing harm must be considered.³¹ Dentists prescribing medications to try and help friends or family can find themselves falling foul of their professional obligations.¹⁴

In the United Kingdom general dental practitioners are allowed to prescribe medication to those close to them. However, according to the General Medical Council (GMC) guidance: “it is good medical practice to avoid providing medical care, including prescribing medication, to yourself or anyone with whom he/she has a close personal relationship, except in emergency situations and where no other doctors are immediately available”.^{29,30}

However, this does not mean that a dentist cannot provide an acute prescription when all other routes are unavailable. In doing so the dentists should be ready to justify his/her decision if challenged, and can show that his/her actions were in the patients best interest. Prescribing dentists should also be aware that convenience and best interests are not the same, although patients can often confuse the two.²⁹

If you do prescribe for someone close to you - which would include a member of staff - the prescribing dentist must inform their GP what you have prescribed and any other information necessary for continuing care. The dentist must also have the patient’s consent to share that information. If you have any concerns, it is best to contact your indemnity insurance for advice.

- **Management of a patient request for medicine you don’t think will benefit them**

Sometimes, patients will ask for a script which in your opinion may not serve the patient’s need, or be in their best interest. In these

situations, you should explore the reasons for their request, their understanding of what it would involve and their expectations about the likely outcome.² If after discussion, you still think that prescribing medicine would not serve the patient's treatment needs, you should not provide it. You should explain the reasons to the patient and explore other options that might be available, including their right to seek a second opinion.²

- **Prescribing for non-dental purposes**

Prescriptions are appropriate only if issued for legitimate dental purposes. The prescribing of analgesics and antibiotics, although employed daily in dental practices, are inappropriate when prescribed for medical conditions outside the scope of dental practice.¹ A prescribing dentist would be unable to logically justify a prescription for oral contraceptives issued to a front desk staff member or amoxicillin suspension for a dental assistant's daughter to hold her over until her paediatrician's appointment.¹

- **Prescribing opioids and treating patients with substance use disorders**

Dental practitioners have a legal and ethical duty to manage patient discomfort responsibly. Increasing evidence suggests that dental prescribing of opioids may pose particular risks of serious harm or may be associated with overuse, misuse or addiction.¹ Nonsteroidal anti-inflammatory drugs (NSAIDs) have been shown to be more effective at reducing pain than opioid analgesics, and are therefore recommended as the first-line therapy for management of acute dental pain.³²

Practicing dentists are likely to be familiar with the prospect of patients who request controlled substances for doubtful indications. Torn between ethical obligations of beneficence and non-maleficence, the dentist may be uncertain whether to prescribe a medication with the intention of alleviating pain or to refuse the prescription due to concerns related to chemical dependency, underlying emotional illness, or ulterior motives on the part of the patient.³³

Chemically dependent patients can be knowledgeable and sophisticated when it comes to obtaining controlled substances from unsuspecting dental practitioners acting in good faith.¹ Distinguishing between drug-seeking and a sincere patient can be challenging because of exaggerated or feigned symptoms.¹

Drug-seeking patients will present claiming to have specific allergies to non-steroidal anti-inflammatory agents (NSAIDs) and request an opioid. A request for a specific narcotic medication by name should act as a red flag that the patient is more interested in obtaining drugs than obtaining dental services.¹ Other common attempts to obtain controlled scheduled substances from dentists included early refill request and duplicate prescriptions to replace "lost medication".³⁴ A useful deterrent to being manipulated into prescribing controlled substances unnecessarily is to offer an immediate appointment for the new transient patient calling in pain.¹ Further attempts to procure inappropriate medication may be minimized by requesting identification that can be copied and included in the patient record.³³

Dentists have an ethical obligation to move beyond simply refusing prescriptions for patients suspected to be chemically dependent; they should sensitively discuss the issue with these patients and be prepared to offer referral for intervention.³³

- **Prescribing for non-patients remotely**

Prescribing for non-patients per telephone, or email, also referred to as teledentistry, even for legitimate dental purposes – is inappropriate because it does not allow for any form of physical examination of the patient, or the use of diagnostic aids. Thus, the lack of record keeping renders it impossible to follow at least the minimum professional standards of care consistent with a proper doctor-patient relationship.³⁵ The prescribing of medication is *prima facie* therapeutic treatment in and of itself. Any dental procedure, including writing a prescription, requires a treatment record, which documents findings, diagnosis, and treatment plans.¹ Furthermore, no record is complete without a medical history.

- **Off-label use of prescriptions – Prescribing medication for non-approved uses**

Dentists may lawfully and ethically prescribe a medicine for treatment regimens not specified in the approved labelling or package insert approved by SAHPRA, also referred to as 'off-label prescribing'. Off-label prescribing is defined as the practice of prescribing drugs either for unregistered therapeutic indications and age groups or using unregistered doses or methods of administration. Medications commonly used off label in dentistry for example are metronidazole, a gynecological antimicrobial drug that finds indications in periodontal disease therapy, and amitriptyline, a tricyclic antidepressant, for temporomandibular joint disorder therapy.³ Ethically, medications may be prescribed for supported off-label use in the same manner as they would be for on-label use. Such prescribing is appropriate as long as there exists adequate evidence-based literature to support the benefits and risks thereof.¹

- **Prescribing for the elderly**

The evidence-base for safety and efficacy of medicines in elderly, and concerns regarding ADRs remain uncertain. Furthermore, prescribing for elderly patients can be complex and challenging for dental practitioners due to the presence of multiple disorders, polypharmacy, multiple doctor visits, self-medication practices and absence of social support impacting on the safe management of medications and well-being of the elderly.^{22,36} It is estimated that elderly are on an average of eight medications or more.³⁷

Dentists must be aware that the elderly patient is more susceptible to drug interactions and potential ADRs and therefore, must regularly review their patients' medical history and medication list. Although pharmacotherapy is required at times, one must weigh the risks versus benefits before pharmacological intervention. As a general rule, if pharmacotherapy is indicated for the elderly patient, it is important to follow the common advice: "start low, go slow." Finally, the dental practitioner is advised to work with the patient's physician, specialists and pharmacist to promote safe and effective pharmacotherapy.³⁸

- **Prescription pad safeguards**

Safeguard your prescription pads as you would your personal credit cards.¹ Leaving prescription pads in plain view invites theft and forgery. Simply stocking minimum quantities of prescription pads and keeping them under lock and key will often deter theft and avoid time-consuming resolution of identity theft issues.

Key principles for avoiding prescribing errors

Technically, the prescription is the dentist's responsibility and has the function of minimizing the risks and avoiding errors associated with the use, administration, and safe intake of medications to protect the patient's health, and secondly, to contain public spending for drugs provided by the public health system.³

- **Medication history**

Before prescribing any medication, the prescribing dentist should be aware of all medications the patient is taking, including over-the-counter drugs and alternative medicines. Contraindications must also be checked, including allergies, interactions with other treatments and underlying medical conditions.

- **Authentication**

The therapeutic prescription must be completed and signed by the physician/surgeon/dentist by hand, digitally, or in any case by means of an indelible, non-computer-modifiable, and clearly legible method, and without corrections. Any corrections must be countersigned.

The identifying details and titles of the prescriber, the patient's name and surname, the name of the active ingredient or drug must be indicated, with the indication "not replaceable" if deemed necessary for valid and justified conditions, place and date of compilation, and a signature of the prescriber.

Formulation

It is not mandatory, but it is advisable and synonymous with diligence, to indicate the pharmaceutical form (e.g., tablets, capsules, suppositories, suspension or injection), dosage, and frequency. Reference to paediatric or adult formulations is highly advisable to avoid situations in which such omissions may be related to adverse events. Safe prescribing includes checking that the correct dosage of the medicine, including the strength, route and frequency – is being prescribed., which is especially important when prescribing for children.

- **Quantification**

The quantity of medication to be dispensed should always be written out to prevent altering a prescription. For example, when prescribing 12 tablets Tramadol, spell out the number "twelve" to prevent patients from adding a zero, changing the quantity to be dispensed from 12 to 120 tablets.

- **Remote prescriptions**

Remote prescriptions are only acceptable in emergency situations

and should be written in the patient's record at the first available opportunity.

Be aware of patient's drug allergies and any interactions with medications they may already be taking. Consult MIMS (Monthly Index of Medical Specialities) or Drugs.Com when in doubt.

- **Implications of adverse reactions**

When adverse reactions or side effects. e.g., fatigue, sedation, impaired psychomotor function and visual disturbances have been reported, patients should be advised not to engage in any activity which requires alert motor and other skills, such as driving, operating machinery, or climbing dangerous heights until they know how the medication affects them, or are instructed by the treating clinician not to do so.

- **Contraindications and danger signals**

Hypersensitivity to any ingredients/ components of any medications contra-indicates its use. Medicines should not be prescribed to pregnant or lactating women unless the anticipated benefit clearly outweighs any potential risk to the foetus. The possibility of drug accumulation should be considered in the presence of significant renal or hepatic impairment. Tolerance to medicines is likely to be less with extremes of age.

Conclusion

Dental practitioners are increasingly being faced with the challenges associated with patients taking multiple medicines for conditions either prescribed or bought over the counter and treating patients with chronic co-morbidities on complex medication regimens. Prescription writing privileges provide dental practitioners with one of its most powerful therapeutic tools. However, dental practitioners are tasked with weighing the potential benefits against potential harms.

As practice demand for safe and effective prescribing grows, it is important for prescribing dentists to continually update and critically reflect on legal, ethical and professional dimensions of prescribing decision-making. Dentists have to understand and anticipate the potential implication of drug interactions and resulting adverse reactions, and how to minimize the risk of medication errors and harm when prescribing medications. In the event of something going wrong, the person who is held accountable will usually be the person who signed the prescription.

As with other aspects of dentistry, experience, education, documentation, ethics and common sense, will go a long way in guiding dentists to make correct and safe prescribing decisions.

Although there is no universal agreed definition of safe prescribing, dentists should always ensure that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them.

References

The full list of References 1-38 is available from:
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