

Dr. Joel Fransen - View from the Chairside: Endo, Lies, & Signed Consent Forms

Dr. O'Keefe: Well in dentistry, as we all know, we treat people not just teeth. Sometimes our relationships with people, patients don't go as well as we would have liked. I'm speaking today with Dr. Joel France an endodontist in the lower mainland of BC and he's going to talk to us about a case that went south. Joel what is the nature of this case?

Dr. Fransen: I believe you addressed it quite well, but yes, this is a case where technically I think the goals were met, but socially and psychologically the relationship broke down and problems started to develop; and despite my effort, the best efforts of myself, the general dentist and my team, we were not able to rehab the situation and this quickly escalated into quite an adversarial situation. And if we didn't have good documentation records, it could have gotten even uglier than it did. And so, I learned a lot from this case and I hope you guys can too.

Dr. O'Keefe: What do you think are the three top learning points from the case that you're going to show us?

Dr. Fransen: We're treating the tooth and the person behind it and sometimes we can concentrate too much on the tooth and I think as dentists, perhaps we can certainly focus a little bit more on the people on cases like this. Realize that if you psychologically don't connect with the patients, it can be a problem. And again, good documentation, good records base all your treatments on sound diagnosis and then be able to back that up.

Dr. O'Keefe: Let's go and have look at your case.

Dr. Fransen: Yes, quite interesting case. I hope you find it an enjoyable and interesting and learn some good points for it. I certainly, after the dust settled, did learn a lot from this case

Dr. Fransen: Endo, lies and signed consent forms. This presentation is bit of a difficult case that I came across and I've learned a lot from it and I'd like to share some of the information that I've gleaned from this case [that] has helped me that I hope you will find helpful as well. The picture here is the ride to conquer cancer myself and a number of other dentists and specialists have a team better outcomes too, and we've been in the BC ride to conquer cancer now for eight years and we raised money for oral cancer research. Anyway, we'd love to have more dentists join the team from all over this great country and we're always accepting donations. That money goes to the BC cancer association, the Dr. Michelle Williams Oral Cancer Research and Education Fund. Anyhow, onto the case.

Dr. Fransen: So, this is a referral I got and I was very excited about this referral back in 2013, so it's about five years ago; and as a first referral I got from this dentist and as a

specialist, you're really keen when you get a first referral from a dentist because this could be a patient once or twice a month or every week depending on it.

Dr. Fransen: So, for a specialist this is much more important when you get a new dentist sending you patients because it's different than a dentist getting a family because when a dentist gets a family, even if they're [inaudible] and have 20 kids, it's not as big as perhaps as a specialist having a new dentist referral. So, we were on our A game. We were all chuffed. We got to, hey, we got a new referral here and this is a slip and it says, you know, the 4.6 is positive to percussion and the 4.7 is also positive to percussion, perhaps the 4.6 a little bit more, but on the referral slip there says 4.6/4.7 and I get that quite often. You know, it's on the upper right. Will you pick out which one, you know, help us out here. And we work together as a team.

Dr. Fransen: Sometimes the dentists are quite sure it's one tooth and sometimes they're not sure at all and that's okay, that's the person's coming to me for an evaluation and that's what we'll do for them. Now, this is different. A referral slip from a dentist to a specialist is different than a lab slip to a lab when you get a crown. And so I mentioned that this will become more relevant later on, but [for] a technician, accuracy and precision are primary concerns. You want that lab tech to do two full gold crown on that 4.6 and they want the margins tight and you want the bite right. But as a professional, when a patient comes to a specialist, we have a different responsibility and it's much more involved if I get a referral slip and the dentist says do a root canal on the 1.1, but it's actually the 2.1, I'm not going to do the root canal on the 1.1 because the patient paid for an examination and we needed to do the right thing. And if I happen to follow the referral slip blindly, that's not much of a defense that I did the wrong thing.

Dr. Fransen: So, just like general dentists, we're all professionals and we have, you know, quite a robust realm of responsibilities. And at the end, the biggest responsibility is not only to do the right thing, but to make sure that we do no harm. We have to evaluate the person, we have to understand the medical issues and we have to customize the treatment and address the primary concern. But sometimes, we also find pathology that they have no symptoms for, so it's a completely different relationship from a dentist with specialists, we're colleagues, than it is from a dentist to a technician. And that'll come up in a little bit. So, this is the first PA that we took to the patient. The patient didn't come with x-rays from a general dentist.

Dr. Fransen: And that's okay because in order for me to have a diagnosis, I do have to take at least one x-ray of my own because we have been sent the wrong x-ray,. So anyway, as you can see, the 4.5 is overfilled, that root canal was done many years ago, no pain or problems. So, it's interesting as a note, but no treatment is necessary. The 4.6 root canal was done outside of Canada. And there's some suspicion of some apical activity. We haven't got the distal, we haven't got the

apices of the 4.7. So, Let's try again. Let's take another PA. Okay. I still haven't got the distal apex. I always like to have two PAs and one bitewing for every tooth that I do a root canal on. The two PAs are good because they give you more information. I also don't like to have my dental assistants restricted to take in one PA because of the patient here is just take one PA and they happen not to get the apex.

Dr. Fransen: Then we have an uphill battle of explaining what why we'll take a second PA. So, in our office, we always say we're going to take a couple of x rays. So, we did our two and we still didn't get the apex of the 4.7. So, let's take a third, a little bit closer. We still didn't get it. Well that's. We restart. The patient reaches intolerance. You're not taking any more x-rays on me. I don't want to be going anymore. Stop, stop. Stop. Okay. So, anything I say about the 4.7 now is strictly speaking, and this is something I'm more strong about than I was five years ago, was is an opinion because I don't have a diagnostic x-ray of the 4.7 because I don't have the whole tooth structure on it. Also, if you have a PA and you don't have the entire border of the radiolucent lesion, you do not have a diagnostic x-ray unless you can see the boundaries of the radiolucency, the imperfection, that's not a diagnostic x-ray.

Dr. Fransen: So, it's perhaps a fine point, but it's worth noting. So, everything is strictly speaking for the 4.7 at this point is an opinion more so than diagnosis. I can provide a sound concrete diagnosis on the 4.5 or the 4.6 and it's something I've learned over the years. As you can see there, there's a potential radiolucency on the 4.6. So, if we went strictly off the x-rays right now, you know, our attention will be drawn to the 4.6, perhaps the 4.5 and not really to the 4.7. We don't really see much going on there. Here's the bitewing. I always take a bitewing there, a little hint up there of a possible plunger cusp on the 1.7 it's a heavily restored filling and this person is in their late thirties so that tooth has had some, gone through a fair few meals and so certainly concerned about possible cuspal fractures on the [inaudible].

Dr. Fransen: So, this is the information that I collect when I do an examination. As you can see here, clinically it is a little bit different than radiographically. The 4.7 is a culprit. You cannot touch that tooth. It is extraordinarily sensitive. When I do the [inaudible] it's sensitive and we have a treatment order, the 4.7 is a primary concern for the patient. The 4.6 is not even close to being sensitive to the 4.7. The percussion palpation is not an issue. Yes. The pulpal diagnosis on that is strictly speaking wrong for the 4.7, but I addressed that in my notes. My pulp test information locks after a certain period of time.

Dr. Fransen: So, anyway we had a good thorough discussion about what we're going to do and what we're going to do is we're going to make a judgment call and we're going to do a root canal on the 4.7. Then, and I discussed with the patient strictly speaking, the pulp of the 4.7 is healthy and you don't need a root canal

so you could choose to have a crown or an onlay or bite adjustment and we can see how the pulp responds. The patient declined that treatment, says I've had bite adjustments, I am not interested in further bite adjustments. This 4.7 has caused me pain. I want the pain turned off even though it responded not bad to cold when I tested it, the patient said cold on that tooth is just too much. It didn't linger, but it was just too much. And the patient said, I want a root canal on this tooth, understand that. I could try, but the patient was fatigued [inaudible] the other path and was risk adverse and expressed in no uncertain terms I don't want to crown on that tooth and then have the tooth respond badly and then you'd have to do a root canal through the crown.

Dr. Fransen: I want to have a prophylactic root canal. So, the diagnosis, even though strictly speaking, it's an opinion is asymptomatic [inaudible] because the pulp is healthy, but our thoughts are restoration of this tooth would push the nerve over the edge because there's deep cracks on this tooth and in order to restore the tooth properly, we will probably develop irreversible pulpitis. Symptomatic [inaudible] the tooth is definitely extraordinarily sensitive to bite and it's not, there's a little typo there. It's not retrieving, it's just treatment. And I will address the 4.6 previously treated and it needs retreatment, but we are going to delay treatment of the 4.6 and we know that there's a radiolucent lesion there, but we're prioritizing 4.7 because that's painful. We're not missing what's going on with the 4.6 and in hindsight in 2018 nowadays, I'd speak more about the 4.5 as well saying there's some extrusion of sealer that was done many years ago.

Dr. Fransen: It's stable, you know, star points. We're going to give the treatment of 4.7 low marks, but performance the 4.5 gets an A+ because that's been there for 15 years. Let's not touch it, but we certainly don't want to ignore it. So, this is a clinical shot of the 4.7 when we started treatment. So, the patient went away, had time to think about the decision and mull it over and I always encourage the patient if they have questions afterwards to ask us questions and if they want to change up the treatment and we also reserve the right if the patient came in and then all of a sudden they had swelling on the 4.6 and that was problematic then we'd change our game plan and perhaps address the 4.6. But that was not the case and the patient confirmed yeah, it's the last tooth. I want it done. I'm not interested in just bite adjustment, I want the root canal, which seems weird, but sometimes people do say I want a root canal and this was the case with the patient I want a root canal on that last tooth. So, we did. As you can see, it has an old amalgam and it's breaking down. So, conservative dentistry works up until a point, but perhaps you don't want to be so conservative that things start to break down as pronounced as this one. This tooth is the buccal cusp there. I'm really concerned about the distal buccal cusp. That was the one that was really sore. And it's got cracks, no probing defects, no mobility, but if we don't get a crown on this tooth, fairly soon those cracks will propagate. And, the survivability of this tooth is going to be a concern.

- Dr. Fransen: We operated on the tooth. I left post space for the restoration of this tooth. This was a new referral to me and I didn't know this dentist, preferred placing cores or if they're like me placing cores. I worked with dentists and some dentists really prefer to place the cores themselves because they use their materials and they're quite particular and they don't want me to paint them into a corner by placing the core. I might do something that doesn't mesh with their idea and things. So it's, it's a working relationship and on some cases, even on a dentist who likes placing cores, no, Joe, I don't want you to place a core for this reason or that reason. So, we work it out, but I couldn't get in touch with his dentist and I couldn't finalize what the game plan was. So, I erred on the side of caution.
- Dr. Fransen: I want to keep this referral happy. I'm going to place a temporary and let the dentist place the core. If they went back and says, I don't want to place a core, why didn't you finish it up, then I'd be happy to have the patient back and I'll place the core. So, we temporize it and this was discussed with the patient too. And I took a shot of that, I like to put PermaFlo Purple over canal orifices it's just an extra barrier for direct coronal leakage and that's the case, not the prettiest root canal, again, seen in the world, but I believe it's effective. We got to the end of the root. Sometimes no matter how nice of a dress you are, it's not going to look pretty, but it's not looking bad, but you know, we completed the case and the lady went up front and things started to go downhill there and the lady up at the front said, who are you Dr. Fransen to decide who does a final filling? Why am I not deciding who does a final filling?
- Dr. Fransen: Are you getting a kickback for my general dentist for letting them do the core filling? Whoa, no, no, no, no, no. We chatted about this. You can go back to your dentist and again get the core filling and they might be able to do the crown at that time. No, I wasn't part of that decision, you know, and we're infringing on our autonomy and you know, all bad things. So, I said okay okay, hang on. Would you like us to be the core filling? Yes. Okay, take my day sheet, tear it up, throw it into the garbage. I didn't say that to her, but we'll bring you back and we'll do the core. There is another fee for the post and core. Are you aware or are you happy with us paying it? Our fees [inaudible] follow basically the fee guide.
- Dr. Fransen: So, it's the same as the general dentist's. Happy fine. So, we did the core, and there it is. I took out the amalgam filling. I might've left the buccal on there, but you know, the patient's going for a crown. So, I did an MODBL composite with peerless carbon fiber post, and checked the bite. So, this is a copy of my letter to the general dentist. You know, we did the carbon fiber post core and I did phone the dentist after that appointment because we did have an incident, the patient was quite angry and her voice started to raise at the front desk and we needed to bring her to the back. So, whenever you have an adverse situation or something unexpected occur with a patient, I like to contact the dentist. I

contacted and I said, well, the patient is rather new to us and we're not that familiar with her.

Dr. Fransen: We don't really mind if you place a core no problem. And again, we had a thorough discussion with the lady about the 4.6. Okay. The 4.6 we're going to do at a later date. We want the dust to settle with the 4.7. Yeah, I understand that. And the patient didn't like the crown on the 4.6. The crown on the 4.6 was done outside of Canada and the patient was very risk averse and I don't get this request very often, but the patient said I want the crown on the 4.6 removed before you do the retreatment because I really don't want to be in this situation where you can't get that crown to go back on. So, okay, so this patient is informed and making decisions and is cognizant of what's going on.

Dr. Fransen: Well, she came back; and it was like sometimes it's the tooth and sometimes it's not the tooth and sometimes we have to watch out for the subtle signs. And this is not her tooth, but this is a little devil too because it was trying to tell me, yeah venture with caution buddy. And I could've used a little bit perhaps more of a warning sign on this case, but one month later now and the bite is really bad usually if the patient comes back sooner than one month. But anyway, lady came back one month later and sure enough, the distal buccal cusp was a little high. I might've been a little bit rushed with my composite. I'm doing it because we're now really far behind and I did grab some, have the composite slightly high, so I adjusted it and she said it felt much better and seems to be okay. I said, it's not going to feel perfect for a little while, but it should get better. And she left relatively happy.

Dr. Fransen: Two months later, the patient comes back and the patient is not happy and the patient has a referral slip and it says treat the 4.6. So, the patient comes down and she's quite wound up and she says, you did the wrong tooth, you should have done the 4.6 and here's the referral stuff. I'm like, Whoa, okay And I go back to the technician versus professional. This lady's ready for fun, so I didn't want it throw it into her face well, we got a scan referral from your dentist saying do the 4.6 or 4.7, and I, because I didn't think that would be helpful, I suggested to her, well, you know what, you paid for an endo exam, and we chatted about it. We know the 4.6 [inaudible], we prioritized the 4.7 and we're putting the 4.6 in the back burner.

Dr. Fransen: And your primary concern at that time was the 4.7 and when we chatted about this, no, no, no, no, no. You did the wrong tooth. You should have done the 4.6 and you should've never touched the 4.7 and nothing wrong with it and let it out. I said, okay, well, is there anything wrong now with the teeth? Yeah, the 4.7 is still sore. Okay, but you have to retreat the 4.6. I said, okay, well hang on. I will do whatever it takes to get the 4.7 right. It might have a small fracture on it. [Inaudible] might be [inaudible] with the tooth and we might not be able to save

it. So, let me do what I can and I promise you this, you're going to get no for the bills for me. I will do whatever it takes to get that 4.7 right.

Dr. Fransen: And if we can't save the 4.7, I will certainly give you some of your money back, but I cannot make any promises towards the 4.6. And why would you want me to touch the 4.6, if I can't get the 4.7, right? No, no, no, no. You have to retreat the 4.6 and retreat the 4.7 and put a new crown on the 4.6 and pay for the crown on the 4.7. Whoa. Let's just back up a little bit here. Let me get the 4.7 right. Once that's all done and dusted, we can readdress the 4.6. And I'm thinking in the back of my mind, if she goes through this, I'll give her a discount for the treatment of the 4.6. Just make life easy. Let's see how it goes. No, no. I said, okay, well can I have that referral slip that you have there?

Dr. Fransen: Because you know, that's very, you know, it's obviously important and I would like to have it for my records. No, no, no, no. I'm keeping it for my records and you can't have it, and storms out and you know trying your best to slam doors and just made a big scene like Whoa, my goodness. So, of course I phoned the dentist and I told the dentist things did not go right out. So, phone the dentist after the one month post-op, write a check and said, look man, I'm sorry. I think the bite was high, I think it's going to be a bit better now, but you might want to delay the crown on that tooth for a little bit till the dust settles. And I called the dentist after that and the dentist is like, yeah, we, she came in and, they had a look at the bite and they thought that was a little high and then they got a hint that the patient really wanted to have a 4.6 root canal done for free and thought I should pay for it.

Dr. Fransen: So, anyway, we had, you know, a frank discussion about things. And so we're working as a team and not much happened, but that patient crossed the line at that point in time. Now, warning lines have come up because that was a forged document that was not right, that referral did not come from the dentist and the writing is wrong, but the patient knew enough not to give it to me so I could scan it and have proof of it, but I will never forget seeing that referral slip and having it waved in front of my face. But at the end of the day, we're not technicians. We're professionals. So, a month later, I get a letter and I'll just read through the letter quite quickly. So, I confirm that I came to your office for a root canal. I attended your office for the root canal, you performed it, but this is a huge error.

Dr. Fransen: My tooth 4.7 had nothing wrong with it at all and I didn't know what I left your office that you'd done the wrong tooth. Anyway, right after that I started experiencing a lot of pain, didn't have any pain before, so I knew though and at which time you ground down my tooth. It was a month after the appointment, but nevermind. And I also prescribed antibiotics and then she continued to have pain. She had antibiotics three more times and still extreme pain. Went back to see her dentist instead the dentist said what? He did the 4.7. I would never

referred it out for the 4.7, I could have done that. And I'm being so desperate because once again, good help for me. Went to see another endodontist who did a thorough exam, which is different than the examination I did. And then said, you need the 4.7 root canal redone.

Dr. Fransen: So, I did my little lie detector test on this letter and lie number 2, the 4.7 was sore before she came and saw me, the general dentist knows that, and it was the most sore tooth when we did our exam. So, I stand behind my diagnosis. I did not do the wrong tooth. And we have signed consent forms. We're doing the 4.7 and the 4.6 is on the back burner. You also prescribed. I never prescribed antibiotics. Why would I prescribe you antibiotics if the 4.7 is sensitive to bite. It was asymptomatic irreversible pulpitis, was asymptomatic apical periodontitis. There's no infective process there, antibiotics, I might as well prescribe you smarties, they're not going to do you any good. Maybe anti-inflammatories or some pain medications, but I never prescribed antibiotics so she's wrong on that front. I have no idea what antibiotics she u took or where she got the antibiotics from.

Dr. Fransen: Also, the pain was better after I did the bite adjustment and the pain was also better when she came in for that bite adjustment and then it was when we did the pre-op examination. The general dentist was not surprised I did the root canal on the 4.7 because I chatted [with] the dentist about that and the dentist is on board; and the dentist certainly didn't imply to me that they would have never sent me the case if it was a 4.7 at all. I don't know if I'm getting stuck between communication and dentists, but I'm pretty sure the dentist was being forthright and honest with me in what they were saying. So, and then, I have a letter from the other root canal specialist. We'll get into that. But the recommendation that the 4.7 root canal needed to be redone is not in that letter from that endodontist.

Speaker 2: So, page two, again, a little lie detector. The 4.7 was required. I stand by my diagnosis. We went all over that. The patient is asking for \$4,700, 4,847 and change. But it's \$100 in change. Whoa, that's a lot. And now we get into the bullying thing. Please give me a check no later than, you know, a couple weeks from now and if you don't, I'm going to take legal action. And do you think \$4,700 is much. I'm going to also include some more stuff. So, how do we get a \$4,700 when we charged, you know, about \$3,000 less than that. Well not only do I want a refund for the 4.7, I then want you to pay for treatment of the 4.7. I want you to double up. Well I had the file's refund from my understanding. So we responded negatively to that. No, you won't be getting a refund.

Dr. Fransen: I'm happy to do whatever I can to help with the 4.7, but you know, no check is forthcoming. Onwards and upwards. So, another month passes by and I get notice that I'm being sued and I'm being sued personally, not my corporation. I've not been sued personally before. So, just so you know, I am incorporated,

professional corporation if you are sued personally, you have to show up in court. So, I didn't really have Jimmy Patterson deep car dealerships and other parts of Canada, but that's certainly big in BC. So, I was talking to my lawyer from CDSPI, the insurance and all that. If I bought a car, a 2012 Toyota corolla from Jimmy Patterson dealership and I didn't like it and I sued good old jimmy, Jimmy would have to come down from his penthouse in downtown Vancouver to see me in court in Richmond. about the car, if I sue him in person? Yeah. He couldn't just send a lawyer. No. Jimmy would have to show up. I really don't want to go to court. I really don't want to chat with [inaudible]. Got good documentation, I'm comfortable with my position and I'm comfortable that her position is at fault and not right. I just don't want to deal with it. So, I'd rather have the lawyer deal with it. I fix teeth. I really would like to stay away from court. No, you got to come. Okay. Well, [inaudible] information what she has against me. This is a letter from the other endodontist. The 4.7 root canal looks good, doesn't need to be retreated. And if he did it by just spend it felt better. He thinks she's got some more bite issues and, you know, it's been quite helpful with the [inaudible] compress recommendations and how to relax your muscles of mastication and she's well onboard.

Dr. Fransen: She knows that the 4.6 will be treated at a later date and that's on the back burner. So, we're getting some big inconsistency and we're getting some outright lies because then... did not say the 4.7 root canal needed to be redone. So, I have to go to court for this discovery and it's, I think one in the afternoon. So, I worked in the morning and you know, not happy, I'm all stressed about this and I got in the car and proceeded to backup into my dental assistant's car in the parking lot on my way to court. So, that's not a good day. I was like, okay, not only do I have to go to court to deal this lady, when I come back, I know how to talk to my dental assistant about her bumped their car, which I did. Full disclosure, I'm going to admit it thank god the car because she was like this patient that I'd be paying for neck injuries and all sorts of things. The dental assistant was stellar.

Dr. Fransen: Really nice about it. No problem. Anyway, still the settlement conference, we have to wait for the settlement conference. So, I'm sitting on a couch and right near me is the other couch and we're facing face to face. Of course, her lawyer sits right there and it's like right in my face staring at me and proceeds to have a blg, you know, Subway sandwich. She went into it right in front of me right before we go into court. And it's like, wow. Well, you have no troubles chewing or masticating and not seeing any pain behavior or anything like that, but keep my mouth shut and of course some stress and what. Look at this lady and my lawyer is beside me anyway, so we go in and it's really relaxed, nice informal atmosphere and the judge comes in and the judge starts off with: "I have to full disclosure, there's a conflict of interest so I can't make any final decisions here. I can only make recommendations and that conflict of interest is Dr. Fransen

[inaudible] saint john to do root canal treatments and he works out of a general dentist's office and I am a patient at that general dentist's office."

Dr. Fransen:

I don't know this lawyer at all. Never met him, never treated them. I don't even think it was the office at the same time, but somehow this Judge knew that I went up there and okay, well that's great. So what? I might even have to come back again. So, anyway, he proceeds to go on for two hours where this lady goes on and on and on about how I ruined her life and she has two letters from two specialists and it basically boils down to those letters need to say that my treatment was sub par, substandard, and if they say that then she's got legs to her case; essentially you can beat me over the head with it a little bit about. Okay. I am response for pain and problems because my treatment was insufficient. Well nowhere the letters did say that. I gave you a copy of the letter from the endodontist as the root canal looks good. We think it's a bite issue. The 4.7 root canal treatment does not need to be done. She also had a letter from an oral surgeon. The oral surgeon said, yeah, I can put implants in there. So she said see the oral surgeon says he can put implants in there. But that's the extent of the oral surgeon's letter. He didn't comment on the restorability of the teeth and it's not his expertise and he didn't comment on the quality of the endodontist. It's not in his realm of expertise. Basically. It's like if you go to a cabinet maker and see cabinets on the wall, and you say yeah it's a cabinet on the wall; and the oral surgeon's going to work with the general dentist and the general dentist says, you know, for restorable reasons or this reason, I think an implant's going to work well unless the oral surgeon has grave reservations about the recommendations.

Dr. Fransen:

It also just going to work with a general dentist for that and that was the extent of the oral surgeon's letter. I should have gotten CE points for this because the way the judge handled this lady was extremely good. I mean my goodness. I think I'm better at handling awkward patients nowadays, this guy was absolutely super fantastic and he was after two hours able to get the penny to drop because we need to go and get a letter that says Dr. Fransen's treatment is no good, and if you don't, this case will be dismissed and you have three weeks to do it. So, it all kind of wrapped up near the end and then I didn't say dicky bird the whole time, I was keeping quiet, just sweating, just hating it. And you got someone there and just saying you're the worst dentist in the world, you know, for two hours straight, you're an awful person and you suck and all that jazz and just, do you have anything to say Dr. Fransen? At the end, I'm like, whoa. I didn't expect that. No, I didn't, so I said no, I don't. I really don't know what I could say. I'm afraid that anything I do say I'll further inflame the situation and upset that person more. And the lady then proceeded, I'm not upset. And then proceeded to go on for 10 minutes about telling me how bad of a person I was and how upset she was. But she wasn't upset. So, starting a sentence like, I'm not upset, It's like starting a sentence off, I'm not a racist but so anyway blah blah blah. That was the end of it. So, we go. So, sure enough,

three weeks pass and no letter. So, the case gets dismissed and I am like home free and clear, I can move on with my life and, the dentist had also left that job at the time because I think that in speaking with the general dentist that patient was wanting the general dentist to help her argument against me that, you know, I should just send the 4.6 and [inaudible] the gentleman.

Dr. Fransen: I'm sorry I can't help you in this, you know. And so she moved on to another general dentist's office and, I got a letter three weeks later. So, Dr. Fransen when I was referred to you, I thought you were the best endodontist, you know, I came from Steveston village, and Steveston is spelled differently. You must be the best. Well, I'm afraid I am 4 miles east of Steveston village, so I'm not the best and there are no endodontists in Steveston village, but I guess if they were they wouldn't be the best. But, unfortunately things did not get as I'd hoped. And I think that's a Freudian slip. I think she means check, and actually had no alternative but to write to me and tell me more about her problems, which I'm well aware of all of her problems and the 4.7 caused her problems until I went in there and abused the tooth and she is still suffering from it.

Dr. Fransen: And, so we'll go over it a little bit so, you know, "things didn't get as I hoped for" again, reporting a lie. We have proved that the 4.7 was a problem beforehand, but she's still perpetuating that untruth that the 4.7 was asymptomatic before I saw her and, the case was dismissed. Well that's truthful. And there's no doubt, you want to help me? Well, perhaps that's a but time-sensitive information that boat might have sailed by now. You know, I don't want to treat this patient and nor do I want to see the patient again. I'm happy to move the records on to anybody else. But again, [inaudible] lies, the two dentists and two specialists say the tooth cannot be saved. No, that endodontist didn't say that. And the oral surgeon didn't say that, and we don't have letters from the general dentist.

Dr. Fransen: And extraction would be better. Well, that's come out of left field. No one said extraction of the tooth. And she, you know, she can't eat or sleep well she was eating at the discovery very well and certainly didn't look like she was starving and look well rested. But since then she, you know, her physician's prescribing antidepressants. Well we have a signed medical history from you when you first came to see me, you were on antidepressants when we did our first exam. So, that speaks to having a signed medical history information because if we didn't have that then maybe you should have a leg to stand on as far as why I've caused her the antidepressants. You might've changed your antidepressant medications since you saw me, but you did not go from no antidepressants to antidepressants because of this tooth. I might have gone from not taking antidepressants to antidepressants, but you certainly haven't.

Dr. Fransen: And she's out of pocket for it. Well, I'm sorry if I get a service I have to pay for it and sometimes I don't like the service I get, but I still have to pay for it, you know, and in all honesty, I think the 4.7 root canal is successful. I just think that

there's other issues here. Anyway, kept perpetuating more that she can't eat and sleep or talk and now she's lost her job because of the root canal on the tooth and she couldn't even communicate well. She had two hours where she communicated extraordinary well in front of me and the judge and the lawyer. So again, perpetuating untruths. Well, maybe we should fix this regardless who's at fault. Whoa, okay. We've, that's a new tact. And, oh, by the way, no one needs to know about this letter. I'm sending it to you on the quiet.

Dr. Fransen: What? You [inaudible] my name on social media for over a year, trying to actually rally other people who'd ever made a complaint on me to get them to jump on board with this suing and encourage them to sue me. And now, you want to keep quiet? You had a case dismissed and you send me a letter. Okay. I lost in court, but he'd send me money anyway, but don't tell anybody? Oh my goodness. You've crossed the line I am sorry it's not happening. And again, you know what, this is a new one, I don't hold you responsible. I'm sorry. I don't believe you. I think you'd do anything but hold me responsible. I'm responsible for everything according to you. So, you know, it just boils down to she dummed it down from 4,700 to just over two grand. Holy cow. So, what do I do this, how do I respond to this?

Dr. Fransen: Because I'm afraid, you know, it's gonna continue on. So, I phoned my lawyer, [inaudible] there, and he said, well you got to send this letter. Are you kidding me? They just couldn't get over this letter says, hey, can you guys respond, because I really had nothing more I want to say. They said we got this and this letter was pro-etiquette, it was three sentences and I'll get to that in moment. So, let's summarize the list of lies. There's 15 lies there. Forward referral slip, asymptomatic, the 4.7 was problem free beforehand. I did the wrong tooth. I prescribed antibiotics, all not true, and she experienced extreme pain on the 4.7. Well we did have the letter from the other endodontist saying that it actually felt better after the bite adjustment. There's no extreme pain. The pain was the worst and it's documented when she first saw me for the exam, and it was always less after that.

Dr. Fransen: Her dentist was surprised. I'm in communication with the dentist. No surprise, and her dentist never said that it wouldn't have sent it to me if he did the 4.7 and the other endodontist never said that the 4.7 needed to be retreated. I damaged the 4.7. I don't know how I damaged the 4.7. The tooth was already pretty banged up, but I have photographs of it and the patient was unaware of the 4.7. Well, that's not true. You've signed consent forms. Two general dentists, two specialists we went over that cannot be saved. The tooth can be saved. She did not. she cannot eat, drink, and talk. There's no documentation of that she's just throwing this shotgun approach. I've got all these problems and it's all your fault. She started antidepressants. That's not true. You were on antidepressants when you first came in to see us and we have a medical history where you admit that and the 4.7 causes you to lose your job. We have no

documentation of that, but I find that really hard to believe and then she leaves the best one for the end, but I don't hold you responsible. Lie, lie, lie. I think you do hold me responsible. It's a shake down for money.

Dr. O'Keefe: So, anyway, the response was poetic. Three lines matter resolved in court. No money is forthcoming and please don't ever contact Dr. Fransen again. So, an absolutely great learning experience. Not fun to go through, but I like to summarize a couple things for you guys on this case. The patient lied and we have documented proof of that. Rarely, rarely, rarely have I ever come across it so blatantly, and I'm sure rarely you guys do. Ninety nine percent of the time, patients are upfront nice. Even if they're a little bit rude, we're all in the same boat. We All want the same thing.

Dr. Fransen: That was not the case here. Forged document. I've never come across this in my life before and hopefully never will and I would have loved to have had the opportunity to scan that. But basically bullying and intimidation. This lady who was shaking me down for money and really wanted me to roll over and cough up, dough, it just was not going to happen in this case. And I do have cases where I give money as a refund even if I think I'm right, it's just not worth the fight. but this was a case I think if I'd given her any money I would've been thrown back in my face and a request for more money would have been forthcoming and it wouldn't have stopped the social media character assassination neither. Wanted to negotiate. Well, I'm sorry. How can you negotiate with someone when they're not even being truthful?

Dr. Fransen: We can't even get off first base here and again, I mentioned the character assassination, so it was just a shake down for my appearance. Simple. And signed consent forms saving grace. We got it. I, you know, if this was going any further. I'm rock solid i got firm foundations. Everything is well documented. We got the scanned referral, not that the referral is everything because we're professional, not a technician. Sometimes I get a referral for the 1.6, but it's actually the 2.6, you know the dentist in such a rush to go, you know, and that's fine. They're paying for an exam, I'm responsible to figure out which tooth should be the root canal on and I certainly wouldn't blame any general dentist if they said do a root canal on the 1.6 and ended up being the 2.6. So what? That's what the exam is for. That's what the second opinion is for. Documentation versus opinion.

Dr. Fransen: Nowadays, I would have taken a pre-op PA after I'd frozen the lady to get that [inaudible] pecc before the treatment because of that, just like it's a curve on it. I wouldn't have known. So, I've learned a few things. Again, we went over all treatment recommendations and she decided on the treatment that suited her best. She changed her mind after the fact but we've documented that she chose that treatment at that time, and again, radiographs nowadays I'd probably be more inclined to take a cone beam and at an earlier time to evaluate the case

and go over things, but at that time, you know in 2013, I wasn't perhaps taking cone beams as I do now, not that I suggest that this case needs a cone beam, but I would have been perhaps more inclined to suggest one.

Dr. O'Keefe: Throughout the whole scenario the lady had much bad behavior. She was very rude. She was very aggressive. She was itching for a fight, but we didn't take the bait and nowhere in her letters and all of our documentation did she once say we were rude and were inappropriate. But I tell you what, if we gave any hint of bad behavior or attitude that would have been thrown back in our face. So, it really paid huge dividends for us that we didn't sink to the level where it came into a shouting match or a yelling match or an argument. If I refrained from showing her the referral case, the referral slip that we had scanned showing that what she was saying was wrong because I just thought it would just be throwing gas on a fire. We run a tight ship, but I'll tell you what, after a case like this, we run a much tighter ship and it pays our patients well.

Dr. Fransen: We serve in the patients better because of cases like this. It didn't destroy my soul, but, you know, I thought I got to take some positive out of this and so did my team and, you know, we're in this together and for the good patients, it's really going to pay huge dividends. And what I've learned, no one's 100 percent successful. I failed this lady socially. I think technically I did a good job on the tooth, but for whatever reason I could not connect with her socially or have her work together with the team she was out. And somehow she's saw weakness in me and thought she could shake me down for money. And, you know, I have other patients who might do that, you know, they just get a little bit angry, maybe I was late to go in to do the root canal and then they want you to get down for a little money.

Dr. Fransen: Okay. But this was such an affront, such blank lies that I dug my heels in like no way on god's green earth you're getting a cent out of me, but it's certainly sharpened my skills. I'm a team skills, so it's good learning. I should have almost submitted it for CE points for this case balance. So, you know, there's good and bad in life. And so this lady didn't ever get any money. But one of the things I do with my team now is, you know, in some cases a patient will say, you know, what you're late doing the root canal or I had a little more pain. You know, I really would like some money off my bill and in some cases it's not really legit, but I might do it for PR purposes also to help people, you know, move on with their life. Somehow they feel that they get a little bit of a pound of flesh or me, it'll make them feel better or whatever it is.

Dr. Fransen: I'll do it and [inaudible] the problem. And I remember a dentist when I first started my career [inaudible] he said you know what? Seven seconds of pain, you'd lots of dentures and he says, you know, you get some patient in there and they just didn't like the denture that I did for him, [inaudible] the denture, and finally goes seven seconds of pain of writing that refund check and the pain goes

away. The patient walks away and so I was kind yeah that kind of is true. So, if I get a case where I give say \$250 or \$50 off of a treatment that I did or a credit or something like that, I [inaudible] in my staff. Now we have to give that same amount of money to a good patient that never asked for it. Like the single mother who's working every hour, got consented to pay her bills. She comes in, gets a root canal treatment doesn't grumble, doesn't say anything and you're like, let's give her the break and it just kind of balances it and it buries that bad scenario because why should we just reward the bad complaining patients the squeaky wheels better than the good people? And it just, I find it a real good team building exercise and my staff love it because then for the next two weeks after we have a situation where I do a refund check, which doesn't happen often, it's like three times a year. We now have something positive to balance that negativity. Again, now we're much better looking at the bigger picture in dental school we're trained to treating teeth making sure we're not going to kill them. We're going to save the teeth, we're going to treat them well, but now I'm much more socially aware, especially after cases like this.

Dr. Fransen:

Are they showing and we recorded the routine, [inaudible] it was fun, but are they showing pain behavior? They got different issues and maybe it's psychology and you know, some people come in with psychological issues and in all honesty, they're grass realities [inaudible] and it's not necessarily they're after you, that might not be the case with this lady, but there are other people like that. I had one young lady come in and this a couple of years ago and, she had schizophrenia and she was convinced the tooth had a root canal and it was not the case, but if I kind of didn't, I wasn't aware of that or you don't give enough attention, we might've done a root canal on a tooth just to shut the person up, which is the wrong thing to do. But so you have to be aware of, you know, the human body behind the tooth, I guess a little bit more than I have in the past. And as you practice dentistry, you get a little better at it. And I hope you guys are going onwards and upwards. I certainly learned a lot from this case and I hope you have too.