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Orthodontic Treatments in Taiwan

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INVESTIGATION OF MEDICAL DISPUTES INVOLVING DENTISTS PERFORMING ORTHODONTIC TREATMENTS IN TAIWAN

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INTRODUCTION

Although medical disputes are undesirable incidents for doctors and patients, the frequency of medical disputes in dentistry has increased rapidly in recent years. According to Taipei City Health Department, 4744 public cases were received from 2010 to 2015, of which nearly 40% were disputes caused by patient–doctor disagreement in the treatment process. The departments with the highest frequencies of medical disputes were surgery
(43.1%), internal medicine (15.6%), dentistry (10.9%), ophthalmology (6.6%), and orthopedics (4.6%). In particular, the 2015 statistics revealed that dental medical disputes had risen to the second place, outranked only by plastic surgery disputes. The statistics from Taichung City Health Department in 2015 also showed similar result. Among the 87 cases of dental disputes for which the Taiwan Healthcare Reform Foundation provided consultation services, orthodontic treatment accounting for 17.6%, outranked only by surgical tooth extraction (19.8%). These statistics show that medical disputes arising from orthodontic treatments have experienced rapid growth in recent years.

Until now, insufficient number of relevant academic studies have been conducted in Taiwan. According to results obtained by South Korean scholars Kim and Huang (2014), 27.5% of a groups of surveyed orthodontists in South Korea were subject to orthodontic treatment disputes or controversies, with the most frequent complaint being patients’ dissatisfaction with their appearance after treatment (18.6%). In Taiwan, one study employed a questionnaire to determine that a quarter of the investigated dental institutions had been subject to medical disputes; however, the study focused on the increased costs deriving from medical disputes. A relevant paper on medical disputes was published in 2010, but its main purpose was to explore dental patients’ cognition degree of medical disclosure. Although some statistical data have been published recently, they were the results of universal surveys conducted by the government or relevant agencies that warranted in-depth analysis or investigation.

The present study was conducted with support and assistance from the academic and medical affairs committees of the Taiwan Association of Orthodontists and served as a follow-up study of another conducted in 2010. A questionnaire survey was issued among clinicians who performed orthodontic treatment in Taiwan in 2016 to understand the current statuses of medical disputes arising from orthodontic treatments and how it has changed in recent years. The objective was to provide clinical practitioners with a reference for treating patients.

**MATERIALS AND METHODS**

**Research design**

This study was a descriptive study using cross-sectional investigation. Data collection was conducted using a structured questionnaire to understand the current statuses of medical disputes arising from orthodontic treatment from orthodontists’ perspectives. The results were compared with those of the aforementioned 2010 study.

**Participants and sampling**

Dentists who performed orthodontic treatment were recruited as research participants. Questionnaires were distributed at the 2016 Annual Meeting of the Taiwan Association of Orthodontists.

**Questionnaire design**

The questionnaire comprised the following three sections: Section 1: General information, which collected the demographic information of the surveyed orthodontists; Section 2: Medical service information, which focused on the actual situations of medical disputes or controversies; and Section 3: Investigation on all surveyed orthodontists’ subjective opinions on medical liability insurance and orthodontic treatment-related medical disputes or controversies, regardless of whether they had such experiences. In addition, relevant topics on clear aligner therapy and orthognathic surgery were included. Table 1 shows the questionnaire content design.

**RESULTS**

Initially, 200 orthodontists were expected to complete the questionnaire. Ultimately, calculation of the data yielded only 181 valid datasets.
Table 1. Questionnaire Content

Questionnaire Survey on Orthodontic Medical Disputes conducted by Taiwan Association of Orthodontists 2016

1. What is your gender? □ Male □ Female; Years of practice: ________ years
   Are you the dentist-in-charge in your clinic? □ Yes □ No

2. Which dental practices do you perform?
   □ Orthodontic treatment only □ Combination of orthodontic treatment and general dental practice

3. In which region do you practice?
   □ Taipei City □ New Taipei City □ Keelung City □ Yilan County □ Taoyuan City
   □ Hsinchu City □ Hsinchu County □ Miaoli County □ Taichung City □ Changhua County
   □ Nantou County □ Yunlin County □ Chiayi City □ Chiayi County □ Tainan City
   □ Kaohsiung City □ Pingtung County □ Penghu County □ Hualien County □ Taitung County
   □ Kinmen County

4. What is the focus of your orthodontic treatment? (You may select more than one)
   □ Functional orthodontics □ Labial orthodontics □ Lingual orthodontics □ Clear aligner therapy

5. What is your general orthodontic treatment fee?
   □ Less than NT$90,000 □ NT$90,000–130,000 □ NT$140,000–190,000 □ NT$200,000–250,000 □ More than NT$260,000

Medical Services

1. Have you had any orthodontic-related medical disputes or controversies during your career? (You may select more than one)
   □ Never (please skip to Question 8)
   □ Yes, and monetary compensation was involved. This has occurred ________ times during my career.
   □ Yes, but no monetary compensation was involved. This has occurred ________ times during my career.

2. Which types of malocclusion have these disputes or controversies involved? (You may select more than one)
   □ Class I □ Class II division 1 □ Class II division 2 □ Class III
   □ Open bite □ High mandibular plane □ Orthognathic surgery □ Spacing
   □ Others

3. Which of the following categories do these disputes or controversies belong to? (You may select more than one)
   □ Facial profile □ Periodontal disease □ Root resorption □ TMD
   □ Endodontic problem □ Midline deviation □ Dark triangle □ Bracket dislodge
   □ Caries □ Relapse □ Prolonged Treatment time □ Treatment fee
   □ Chih

4. How have you resolved the medical disputes or controversies you have encountered? (You may select more than one)
   □ Private settlement □ Mediation by insurance company □ Mediation by the professional association
   □ Mediation by the Health Department □ Court litigation □ No action was taken
   □ Other ____________________________

5. What is the cost of resolving such disputes? (You may select more than one)
   □ Less than NT$100,000 □ NT$100,000–500,000 □ NT$500,000–1,000,000 □ More than NT$1,000,000 □ No cost

6. What do you think are the main reasons for the medical disputes and controversies listed above? (You may select more than one)
   □ Failure to perform the duty of disclosure □ Poor communication □ Intentional blackmailing by patients
   □ Medical negligence □ Hospital (clinic) management problems □ Inadequate equipment
   □ Inadequate medical techniques □ Other ____________________________

7. Demographic information of the patients involved in the aforementioned medical disputes or controversies:
   (1) Gender: □ Male □ Female
   (2) Age: □ Younger than 10 years □ 10–20 years □ 20–40 years □ 40–60 years □ Older than 60 years
   (3) Education level: □ Elementary school □ Junior high school □ High school and vocational high school
       □ University and 5-year junior college program □ Master □ PhD
   (4) Occupation: □ Agriculture □ Industry □ Commerce □ Service industry □ Military, public office, and education
       □ Self-employed □ Student □ None (housekeeping)
8. Before each treatment, did you ask in detail about the patient’s medical history and explain the treatment content and plan?
   - [ ] No  [ ] Rarely  [ ] Every Time  [ ] Depends on the treatment

9. What do you think are the major reasons for not being subject to medical disputes and controversies? (you may select more than one)
   - [ ] Well-equipped clinic  [ ] Excellent medical techniques
   - [ ] The medical fees are cheap so that patients rarely complain
   - [ ] Good communication with patient
   - [ ] The doctor–patient relationship is excellent because most patients are the doctors’ neighbors, family, and friends
   - [ ] Other

10. Are you currently or were you previously an employed orthodontist?
    - [ ] Currently  [ ] Previously  [ ] No

11. If you are or were an employed orthodontist, have you ever had any disputes with or feelings of discontent toward the clinic?
    - [ ] Yes (please continue to the next question)  [ ] No

12. If yes, which of the following aspects did they involve?
    - [ ] Commissions  [ ] Taxes  [ ] Assistants/equipment/hardware  [ ] Patient arrangements  [ ] Treatment beliefs
    - [ ] Other

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Subjective views on orthodontic-related medical disputes and controversies

1. Which of the following malocclusion treatments do you think are likely to lead to medical disputes or controversies? (you may select more than one)
   - [ ] Class I  [ ] Class II division 1  [ ] Class II division 2  [ ] Class III  [ ] Open bite  [ ] High mandibular plane
   - [ ] Orthognathic surgery  [ ] Facial asymmetry  [ ] Spacing  [ ] Others

2. Which of the following situations occurring during treatment do you think are likely to lead to medical disputes or controversies? (you may select more than one)
   - [ ] Facial profile  [ ] Periodontal disease  [ ] Root resorption  [ ] Caries  [ ] Endodontic problem  [ ] TMD  [ ] Dark triangle
   - [ ] Bracket dislodge  [ ] Relapse  [ ] Midline deviation  [ ] Prolonged Treatment time  [ ] Treatment fee
   - [ ] Others

3. Do you use clear aligner therapy (CAT) for orthodontic treatment?  [ ] Yes  [ ] No (please skip to Question 6)

4. Have you ever encountered any difficulties while using CAT during treatment?  [ ] Yes  [ ] No (please skip to Question 7)

5. What problems have you encountered when using CAT? (please describe and continue to Question 7 upon completion)

6. What are your reasons for not using CAT? (you may select more than one)
   - [ ] Insufficient torque control  [ ] Unable to achieve ideal occlusion  [ ] Poor patient compliance
   - [ ] Immature technology  [ ] High cost  [ ] Unfamiliar with the operation of this technology
   - [ ] Other

7. Do you have any experience of combining orthodontic treatment and orthognathic surgery?  [ ] Yes  [ ] No

8. Have you ever encountered any difficulties when performing orthodontic treatment after orthognathic surgery?  [ ] Yes  [ ] No

9. Which problems have you encountered? (you may select more than one)
   - [ ] Unexpected postoperative malocclusion  [ ] Patient dissatisfaction with postoperative appearance
   - [ ] Postoperative appearance asymmetry  [ ] Surgical complications  [ ] Other (please describe)

10. Have you ever purchased medical liability insurance?
    - [ ] Yes, coverage amount: ___________________________ (please skip to Question 12)  [ ] No (please continue to the next question)

11. What are your reasons for not purchasing medical liability insurance? (you may select more than one)
    - [ ] It is of little use  [ ] It is not necessary  [ ] Private settlement  [ ] Other

12. If a customer complaint where the patient requests a partial refund occurs, will you accept it?
    - [ ] Yes, I will make concessions to avoid trouble.  [ ] No, I will defy the request and seek legal measures if necessary
    - [ ] Others
The “Demographic Information of the Surveyed Orthodontists” in Section 1 shows that slightly more female orthodontics had been surveyed (53.6%; Figure 1). Respondents who were also the practitioners in charge of their clinics accounted for 44.1% (Figure 2). Those who performed a combination of orthodontic treatment and general dental services accounted for 50.6%, which was similar to the proportion of dentists specializing in orthodontic treatment (49.4%; Figure 3). The respondents’ areas of service predominantly concentrated in metropolitan areas such as Taipei City, New Taipei City, and Taichung City (Figure 4). Among the major clinical orthodontic treatments conducted by the respondents, labial orthodontics, functional orthodontics, clear aligner therapy (CAT), and lingual orthodontics accounted for 60.4%, 25.6%, 12.3%, and 1.8%, respectively (Figure 5). Regarding the orthodontic treatment fees, most of the surveyed practitioners’ fee were NT$90,000–139,999 (68.5%; Figure 6).

Regarding “Medical Services” in Section 2, 32.3% of the surveyed orthodontists had experienced medical disputes or controversies (Figure 7). Regarding the

![Figure 1. Male–female ratio of surveyed orthodontists.](image1)

![Figure 2. Ratio of surveyed orthodontists serving as the dentist-in-charge.](image2)
Figure 3. Proportion of surveyed orthodontists who only performed orthodontic treatments.

Figure 4. Surveyed orthodontists’ service regions.

Figure 5. Proportions of surveyed orthodontists’ clinical orthodontic treatment content.
classification of malocclusion, Class II Division 1 had the highest proportion among the medical disputes and controversies, accounting for 21.5%, followed by Class III malocclusion, which accounted for 18.5% (Figure 8). Most disputes involved patient complaints related to their facial profiles, which accounted for 23.9%, followed by those related to prolonged treatment time (17.9%) and relapse (10.4%; Figure 9). Regarding the resolution of these disputes and controversies, most orthodontists (66.7%) opted for private settlements, whereas 23.4% adopted other approaches such as coordination with hospitals, the Department of Health, professional associations, or insurance companies. Only 6.7% settled disputes through legal proceedings (Figure 10). Of the disputes and controversies in this study, 34.5% involved monetary compensation. Of these, coverage
Figure 8. Classification of malocclusion involved in medical disputes or controversies.

Figure 9. Classification of clinical problems involved in medical disputes or controversies.

Figure 10. Proportions of various dispute and controversy resolutions.
Figure 11. Amount of monetary compensation for medical disputes and controversies.

Figure 12. Distribution of causes for medical disputes and controversies.

Figure 13. Gender distribution of patients involved in medical disputes.
Figure 14. Age distribution of patients involved in medical disputes.

Figure 15. Educational level distribution of patients with medical disputes.

Figure 16. Occupational distribution of patients with medical disputes.
and had explained treatment content and plans before initiating treatment (87.3%; Figure 17). Among the surveyed orthodontists’ personal opinions on why disputes and controversies had not occurred in certain cases, 52.5% cited good communication with patients (Figure 18). Regarding the surveyed orthodontists’ employment status, 64.0% were employed orthodontists at the time of this study (Figure 19). In terms of whether the employed orthodontists had any disputes with or feelings of discontent toward their employment clinics, 19.7% had had such experiences (Figure 20). Finally, regarding the causes for such disputes or feelings of discontent, commission accounted for 26.8%, patient arrangements accounted for 19.6%, and assistants, equipment, and hardware accounted for 17.9%. Taxes and treatment beliefs each accounted for 16.1% (Figure 21).

![Figure 17](image.png)

**Figure 17.** Surveyed orthodontists’ requests for details about patients’ medical histories and explanations of treatment content and plans before each treatment.
Figure 18. Surveyed orthodontists’ main proposed reasons for medical disputes or controversies not occurring.

Figure 19. Proportions of surveyed orthodontists employed at the time of the study and previously employed.
Regarding the “surveyed orthodontists’ subjective views on orthodontics-related medical disputes or controversies” in Section 3, based on the classification of malocclusion, the orthodontist believed that the top three classifications that contributed to medical disputes and controversies were facial asymmetry (27.8%), open bite (17.3%), and Class III malocclusion (14.2%) (Figure 22). Classified according to clinical problems, orthodontists believed that the top three problems most likely to lead to medical disputes and controversies were temporomandibular disorders (TMDs) (13.2%), relapse (12.3%), and root resorption (11.7%) (Figure 23).

![Figure 20](image.png)

*Figure 20. Proportion of surveyed orthodontists who had had disputes with or discontent toward their employment clinic.*

![Figure 21](image.png)

*Figure 21. Causes for disputes or feelings of discontent between employed orthodontists and their employment clinics.*
Figure 22. Surveyed orthodontists’ subjective views on the types of malocclusion treatment relatively likely to lead to medical disputes or controversies.

Which of the following malocclusion treatments do you think are likely to lead to medical disputes or controversies?

- Unrelated to malocclusion: 0.7%
- Class I: 1.4%
- Class II: 2.4%
- Class II division 1: 4.3%
- Class II division 2: 6.4%
- High mandibular plane: 12.3%
- Orthognathic surgery: 14.0%
- Class III: 14.2%
- Open bite: 17.3%
- Facial asymmetry: 27.0%

Figure 23. Surveyed orthodontists’ subjective views on the clinical problems relatively likely to lead to medical disputes or controversies.

Which of the following situations occurring during treatment do you think are likely to lead to medical disputes or controversies?

- Bracket dislodge: 1.8%
- Treatment fee: 3.1%
- Endodontic problem: 3.8%
- Caries: 5.7%
- Midline deviation: 8.2%
- Prolonged treatment time: 8.9%
- Dark triangle: 9.8%
- Periodontal disease: 10.0%
- Facial profile: 11.5%
- Root resorption: 12.3%
- Relapse: 13.2%
In cases of “CAT,” approximately half of the surveyed orthodontists used CAT for orthodontic treatment (47.5%; Figure 24). Among the orthodontists who used CAT, 58.3% had encountered difficulties during treatment (Figure 25), among which, off tracking, discrepancy between treatment results and predictions, or the incapacity to achieve ideal occlusion had the highest proportion (41.7%), followed by poor patient compliance (22.2%) and inadequate root torque (11.1%) (Figure 26). However, among the surveyed orthodontists’ reasons for not using CAT, “inadequate torque control, the incapacity to achieve ideal occlusion, or the immaturity of the technology” accounted for the highest proportion (39.6%), “unfamiliarity with the operation of the technology” accounted for 28.5%, and “high costs” accounted for 23.2% (Figure 27).

![Figure 24](image_url). Proportion of surveyed orthodontists who use CAT for treatment.

![Figure 25](image_url). Proportion of surveyed orthodontists who have encountered difficulties in using CAT for treatment.
Figure 26. Problems encountered by surveyed orthodontists while using CAT during treatment.

Figure 27. Reasons for surveyed orthodontists not using CAT for treatment.
Most of the surveyed orthodontists had experience of combining orthodontic and orthognathic surgical treatments (84.9%; Figure 28). Among these, 58.3% had encountered problems during orthodontic treatment following orthognathic surgery (Figure 29). The type of problem encountered most frequently was unexpected postoperative malocclusion (52.9%), followed by postoperative appearance asymmetry (22.2%) and patient dissatisfaction with postoperative appearance (13.7%) (Figure 30).

Finally, regarding the “surveyed orthodontists’ opinions on medical liability insurance,” 50.3% of the dentists had purchased medical liability insurance (Figure 31). However, when asked about the coverage amount of

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**Figure 28.** Proportion of surveyed orthodontists with experience of combining orthodontic treatment and orthognathic surgery.

**Figure 29.** Proportion of surveyed orthodontists who have encountered difficulties during orthodontic treatment after orthognathic surgery.
**Figure 30.** Difficulties encountered by the surveyed orthodontists during orthodontic treatment after orthognathic surgery.

**Figure 31.** Proportion of surveyed orthodontists who have purchased medical liability insurance.
insurance they had purchased, 64.8% were unsure (Figure 32). Among the surveyed orthodontists’ reasons for not purchasing medical liability insurance, the opinion that the insurance is of little use accounted for the highest proportion (48.6%; Figure 33). When asked about complaints where patients had asked for partial refunds, 69.7% were willing to accept such complaints and make concessions to avoid troubles, 28.3% made decisions based on the specific conditions of each case, and 11.9% refused to resolve cases through monetary compensation and would seek legal measures for settling the disputes if necessary (Figure 34).

**Figure 32.** Coverage amount of medical liability insurance purchased by the surveyed orthodontists.

**Figure 33.** Surveyed orthodontists reasons for not purchasing medical liability insurance.
DISCUSSION

Among the surveyed orthodontists, 32.3% had experienced medical disputes and controversies, indicating that more than 3 out of every 10 orthodontists who performed orthodontic treatments had encountered such problems. This finding was slightly higher than the corresponding finding from the previous statistical data (28%) by Hsu et al. in 2010, which indicates that more attention should be paid to disputes and controversies arising from orthodontic treatments. Regarding medical services, Class II Division 1 accounted for the highest proportion of medical disputes and controversies experienced by the surveyed orthodontists. Regarding subjective opinions, the surveyed orthodontists believed that the top three medical disputes most likely to occur were facial asymmetry, open bite, and Class III malocclusion, which are consistent with the orthodontists’ opinions from Hsu et al. However, a gap still exists between actual clinical occurrences of disputes and subjective identification or speculation by orthodontists. Class II Division 1, the empirically top reason for medical disputes, did not appear in most of the orthodontists’ subjective identifications, suggesting that clinicians should be more aware of potential controversies arising from this medical result. In terms of the causes for medical disputes, poor communication still accounted for the highest proportion. Women aging 20–40 years with an educational level of university or 5-year junior college program accounted for the highest proportion among the patients who had been involved in medical disputes and controversies, which is identical to the corresponding result from the previous investigation in 2010.

Figure 34. Proportion of surveyed orthodontists who have accepted patients’ requests for partial refunds.
Comparing the statistical results from the previous investigation by Hsu et al.\textsuperscript{7} with those of the present study, the differences included increases in the proportions of respondents who served as the dentists in charge of their clinics (37\% to 44.1\%) and dentists who specialized in orthodontic treatments (32\% to 49.4\%). In terms of medical disputes, the most common dispute in 2010 was midline deviation, which was outranked by lateral profile-related problems in the present study.\textsuperscript{7} This indicates a shift in focus among patients, which in turn reflects changing trends in social aesthetics. Among the clinical problems that the surveyed orthodontists deemed most likely to lead to medical disputes, TMD and relapse rose from second and fifth place to first and second, respectively. Cases involving legal action also exhibited a relative increase (from 6\% to 11.5\%). In addition, the amount of compensation increased, with the proportion of NT$100 000–500 000 of compensation increasing from 0\% to 3.6\%.

Disputes are not limited to those between orthodontists and patients. A total of 19.7\% of the surveyed orthodontists had had unpleasant experiences with clinics, wherein cases involving money accounted for approximately 40\% (26.8\% for commission and 16.1\% for taxes), those involving patient arrangements accounted for 19.6\%, and those involving assistants, equipment, or hardware accounted for 17.9\%. On the basis of the cases wherein the Taiwan Association of Orthodontists had helped negotiating, most disputes or unpleasant experiences between orthodontists and clinics were due to poor communication, which often involved a breakdown in understanding between the two parties following a prior oral agreement. Both orthodontists in charge of clinics and employed orthodontists should pay attention to such gap in understanding.

In response to the trend of orthodontic treatment, two topics were included in the questionnaire in this study. The statistical results of CAT showed that approximately 50\% of the respondents had used clear aligners in orthodontic treatments, indicating an increase in patient demand for aesthetics and comfort. However, notably, approximately 60\% of the orthodontists encountered difficulties when using clear aligners, of which off tracking, discrepancies between treatment results and estimations, and the incapacity to achieve ideal occlusion accounted for the highest proportion (41.7\%). The results indicated that orthodontists should anticipate such problems during treatment and pay more attention when communicating with patients about matters such as prolonged treatment time after refinement, incapacity to achieve the desired results after repeated discussions with technicians, and failure to complete treatments. In addition to the aforementioned difficulties, the surveyed orthodontists’ reasons for not using clear aligners were highly correlated with their unfamiliarity with operating this appliance and the high costs involved. In other words, most orthodontists feel that controlling the movement of the teeth is easier while operating fixed appliances, and thus such appliances enable them to feel more confident about the treatment outcome.

According to the questionnaire results, most of the surveyed orthodontists had had experiences of “combining orthodontic and orthognathic surgical treatments” (84.9\%), with approximately 60\% of the respondents having encountered difficulties, of which “unexpected postoperative malocclusion” accounted for 52.9\%, suggesting that this is a common problem troubling most orthodontists and should receive substantial attention.

According to the data from the Department of Medical Affairs at the Ministry of Health and Welfare,\textsuperscript{8} the annual number of medical dispute cases handled officially has increased nearly threefold since 1995. Most disputes during this period were concluded without negligence following investigation, with cases involving negligence accounting for an extremely low proportion. The statistical data from Korea in 2014 shows that only 20 of the 484 medical disputes involved negligence,\textsuperscript{4} whereas the extremely high litigation costs, time-consuming litigation
processes, and reputations of the medical staff members involved in the remaining cases without negligence were difficult to compensate for or rebuild following settlement. According to the statistics from the Medical Evaluation Team of the Medical Review Board, Taiwan has approximately 560 medical dispute verdicts every year, with an average of 1.5 doctors being sued daily, only 0.7% of which are determined to be guilty. Each case trial lasts for 3–5 years. If the families and doctors involved refuse to accept the verdict and continue to appeal, the trial period is likely to continue for a further 5–10 years, causing considerable mental stress for both parties.

Regarding the causes for disputes, most of the practitioners who had had such experiences believed that “poor communication” accounted for a considerable proportion. In a study by Kim and Huang (2014), medical staff believed that the most common cause for disputes is patients not understanding treatment content (39.7%); however, the patients in the same study believed that negligence among medical personnel is the main reason for medical disputes (48.4%). The surveyed orthodontists in the present study believed that among the reasons why orthodontics-related medical disputes and controversies did not occur in specific cases, “satisfactory communication with patients” and “satisfactory doctor–patient relationships” accounted for 87%, thereby re-emphasizing the essentialness of quality communication between orthodontists and patients.

CONCLUSION

Based on the results of this study, orthodontists performing orthodontic treatments at the time of this study had a 30% likelihood of encountering medical disputes or controversies, which is similar to the 2010 results. In addition, the most common types of malocclusion were the same as those of the 2010 study. The results indicate that a considerable gap still exists between the actual circumstances surrounding disputes and controversies and what clinicians believe or imagine the circumstances to be; medical disputes in orthodontics often arise from places where orthodontists least expect them to occur. The results of this study differ from those of the previous investigation in 2010 in that facial profile replaced midline deviation as the clinical problem that caused the most disputes or controversies, and the proportion and cost of cases entering legal proceedings and the amounts of monetary compensation increased. Along with elevated aesthetic requirements among patients in recent years, the popularity of CAT and orthognathic surgery increased. However, most orthodontists frequently encountered difficulties during these treatments. The results of this study signify changes in the trends of orthodontic treatments and patient requirements, thereby providing a reference for clinicians who perform orthodontic treatments, particularly in highlighting the importance of clinical aspects that are easily overlooked.

REFERENCES


