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## Antemortem Dental Records: Attitudes and Practices of Forensic Dentists\*

**ABSTRACT:** This study was designed to provide insight concerning the attitudes and practices of forensic dentists regarding antemortem dental records reviewed for purposes of dental identification. Forensic dentists were invited to participate in a 10 item survey. The majority of the respondents reported a considerable amount of experience in dental identifications of the deceased. Sixty-six percent reported having suspected dental negligence or fraud in their antemortem record reviews. Only 17% believe that a forensic dentist should report suspected dental negligence, while 31% agree that dental fraud should be reported. Their response to additional issues addressed in the study suggests diversity in the practices and attitudes of forensic dentists in the use of antemortem dental records. In conclusion, opening a dialogue among practicing forensic dentists may lead to a standardized set of recommendations by the appropriate societies in the forensic dental community.

**KEYWORDS:** forensic science, forensic dentistry, forensic odontology, human identification, dental identification, dental records

This study was designed to provide insight concerning the attitudes and practices of forensic dentists regarding antemortem dental records they review for purposes of dental identification. The study assessed several areas of forensic dental practice, including demographics of the respondents, such as years of forensic dental experience and number of dental identifications performed over the course of their careers. Other topics assessed included the contact person to request antemortem dental records, how often records were returned to the providing dental office, and attitudes about dealing with the suspicion of dental negligence or fraud discovered while reviewing antemortem records for the purpose of dental comparisons.

There can be several aspects to the issue of acquiring antemortem dental records for use by a forensic dentist in the identification of human remains. The first aspect is that of patient privacy, and the second aspect is that of the dentist's concern for his or her own self-protection when releasing dental records. In an effort to cooperate with the dental identification of their patient, it is advisable for the private dentist to consider contacting the forensic dentist directly to clarify any discrepancies in the records or to voice their concern about potential negligence or fraud, rather than withholding valuable dental information from the investigation (1–2).

Medical examiner and coroner offices may turn to the forensic dental consultant to achieve the positive scientific identification that is necessary for the issuance of a death certificate. The death

certificate in turn facilitates the funeral arrangements, burial or cremation of the individual, life insurance benefits, social security benefits, disposition of instructions in the decedent's last will and testament, and matters of inheritance. The need for complete and accurate antemortem dental records is especially evident when dealing with large numbers of victims, such as in a busy metropolitan city or a mass fatality incident. Ultimately, it is only when forensic dentists receive a true picture of the antemortem dental information to compare with the human remains that a satisfactory determination of identification can be declared, allowing the decedent to be returned to the family for closure (3–8).

### Methods

Forensic dentists, members of the Odontology Section of the American Academy of Forensic Sciences and diplomates of the American Board of Forensic Odontology (ABFO), were invited by e-mail to participate in an online survey designed to elicit information on their practices concerning the acquisition and return of antemortem dental records to the dental providers, and attitudes about reporting suspected cases of dental negligence or fraud discovered during review of antemortem dental records. Before implementation, the research proposal had been reviewed and approved through the Committee for the Protection of Human Subjects, which is the Institutional Review Board for the University of Texas Health Science Center at Houston.

The questionnaire was administered through an online survey website. A cover letter with the study's web link was e-mailed to each dentist, inviting them to participate in the study. The cover letter requested that the dentist complete and return the questionnaire within a 4 week period. The initial mailing was followed by a second e-mailing 4 weeks later.

The online survey consisted of a cover page indicating the purpose of the study, a reminder that all responses were to be grouped and that no individual would be identifiable to ensure confiden-

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tiality of responses, and instructions for completing the survey. Next, there followed a series of 10 multiple choice items, with the potential for the respondent to provide additional information in an additional “other” open-response field.

## Results

### *Forensic Dental Experience of Respondents*

The majority of the respondents self-reported a considerable amount of experience in dental identifications of the deceased. Sixty-six percent reported that they had been actively practicing forensic dentistry for over 15 years, with an additional 18% having over 10 years of experience. Only 5% reported <5 years of forensic experience.

The ABFO offers certification based upon a dentist’s personal and professional record of education, training, experience and achievement, as well as the results of a formal examination (9). Sixty-six percent of the respondents indicated that they were currently certified as diplomates of the ABFO. The remaining 34% of respondents were not ABFO diplomates, but were members of the Odontology Section of the American Academy of Forensic Sciences.

Over half of the participants have completed more than 250 dental identification cases in their careers: 9% had experience with over 2000 cases; 12% had between 1000 and 2000 cases; 23% had processed between 501 and 1000 cases; 14% of respondents experienced between 251 and 500 cases; and only 22% reported <100 cases in their careers.

### *Practices*

Dental records from the presumed decedent’s dental practitioner must be obtained before a detailed comparison of antemortem and postmortem dental remains can be performed successfully. Participants in the study overwhelmingly (88%) reported that the agency in charge of the investigation was the entity that routinely made the official request for release of the dental records from dental offices. The other 12% of respondents were equally split, with 6% of the forensic dentists personally requesting the records, and another 6% reporting that both they and the agency would contact the dental providers.

When asked to indicate how often the dental records are returned to the providing dental office after being used in the dental comparison process, the responses were quite varied, although most made a habit of returning the records some of the time. Nine percent always return the records, 39% sometimes, and 23% usually return the records. A fairly large number, 29%, reported that they or their agency never return the records to the provider. Some participants made the comment that they return the dental records to the investigative agency they are consulting with, and then leave the decision as to whether or not to return the records to the providing dentist up to the agency. Two respondents indicated that they do not return the records to the providing dentist if they are the evidence upon which was based a “positive identification.” A few of the respondents indicated that records are returned to the dental office only upon special request.

The study next queried whether those responding to the survey had ever suspected dental negligence or fraud in the antemortem dental records reviewed for purposes of dental comparison. Negligence is the committing of an act which a person exercising ordinary care would not do under similar circumstances, or the failure to do what a person exercising ordinary care would do under similar circumstances. Fraud is a deception deliberately practiced to secure unfair or unlawful gain (10). Two-thirds of the

dentists reported having suspected dental negligence or fraud in their record reviews, while one-third did not report having these same suspicions. Some examples of dental fraud could include: performing dental procedures that are unnecessary; charging a fee for a service that was never actually rendered; and coding a simple procedure as a more complex one in order to charge more (11).

The next item on the survey asked what action the respondent took as a result of her or his suspicion of dental fraud or negligence while comparing dental records during a dental identification. As a reminder to the reader, 69% had reported such suspicions in the previous survey question. Of those responding to this item, 22% reported the suspicions while a large majority of 78% chose not to report the suspicion to anyone. The actions of the 22% who stated that they had reported their suspicions mentioned the following scenarios: contacted the treating dentist directly, reported it to the local dental association, or reported it to the State Board of Dental Examiners. Interesting comments received from other respondents included: I contacted the dentist to clarify charting, but did not report the apparent fraud; it was an interstate case and was reported to the district attorney in the area where it happened; contacted federal law enforcement; contacted the dentist but not with reference to possible fraud, needed to clarify the incorrect charting in order to establish identification; unless it is a blatant fraud, do not “stir the pot”; if it is blatant fraud, I might contact the insurer or state agency; contacted the dentist to confirm findings first; the dentist was already charged with fraud and was awaiting trial; and the medical examiner was notified.

### *Attitudes*

In the next survey question, participants were asked to consider this statement: “A forensic dentist *should* report suspected *dental negligence*,” and to indicate whether they agreed or disagreed with the statement. Only 17% agreed with the statement, 68% disagreed, and 15% chose the “other” response. Comments listed by respondents included statements such as: the philosophy of walking in another’s moccasins applies here; it would have to be pretty blatant negligence; it depends on my degree of suspicion and the blatancy of the suspected infraction; in specific cases; not without absolute proof; we should address any question to the treating dentist for clarification; this is a difficult issue that might need voluntary co-operation of the profession; it would depend upon the degree of negligence; and only if it was the cause of the demise of the decedent.

In the next and corollary survey question, participants were asked to consider this slightly different statement focusing on dental fraud rather than dental negligence, as in the first statement. Participants were asked to indicate whether they agreed or disagreed with the following statement: “A forensic dentist *should* report suspected *dental fraud*.” Thirty-one percent of responders agreed with the statement, while 63% disagreed, and only 6% chose the “other” response. Comments listed by respondents included statements such as: who says that I am qualified to detect fraud; it would have to be pretty blatant; only if necessary to prove the decedent’s identification; and one forensic dentist noted that it would not be possible to verify fraud, without becoming an investigator.

And finally, participants were asked to consider a broader issue and state whether they agreed or disagreed with the following statement: “Antemortem records received for the purpose of dental identification are to be used *only* for that purpose.” A resounding 80% of the forensic dentists surveyed agreed with the

statement, 17% disagreed, and only 3% chose the "other" category as a response.

### Discussion

A compilation of the most frequent responses to the survey items reveals an interesting composite view of the forensic dentists participating in this study. The composite forensic dentist in this study has practiced forensic dentistry for over 15 years, has performed over 250 dental identifications, receives antemortem dental records from the investigating agency, and returns the antemortem records to the investigator but not the dental office providing the records, has suspected dental negligence or fraud, but did not report those suspicions, believes that a forensic dentist should not report suspected dental negligence or fraud to a regulatory agency, and believes that antemortem dental records received for the purpose of dental identification are to be used only for that purpose.

In conclusion, the data suggest that there is diversity in the practices and attitudes of forensic dentists on the issues addressed in the survey. This is not unexpected as the responding dentists practice mainly in the United States and Canada, where each state or province may vary slightly in their regulations and standards of care. Just as there is no one regulating agency for each nation, there may never be a complete consensus to the issues studied here. Opening a dialogue among practicing forensic dentists on ways to manage the suspicion of dental negligence or fraud discovered in antemortem dental records may lead to a set of recommendations by the appropriate societies in the forensic dental community.

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