

Original Article

Pilot Study – To Investigate the Frequency of Patient Identity Validation When First Registering with a UK Dental Practice

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ABSTRACT

Aims: The aim of this pilot study is to investigate the frequency of identity validation for patients, when they first register with a dental practice.

Methods: The pilot study reviewed responses made by 16 dental practices in the South West of England to the question, “When a new patient first registers with your practice, is any proof of identity required before they are able to book an appointment and see a clinician?”

Results: All 16 of the dental practices surveyed reported not asking new patients for any form of formal identification.

Conclusion: With none of the practices surveyed asking for the proof of identity when new patients enroll at the practice, there does therefore, appear to be a disparity between the legal weight that dental records hold in the process of identification of human remains, relative to the level of proof of identity from which the former is taken.

KEY WORDS: Patient identity, validation

BACKGROUND

Whilst medical histories provide much information which is of key importance to the clinicians such as the potential for drug interactions, allergies, and explanations for clinical pathology, often information of great value can be ascertained from a patient, which may be of significance to a coroner’s identification enquiry such as medical implants devices, scars, and other health issues. Paramount to this information is the patient’s dental record and charting,^[1,2] but can also include radiographs, dental casts, and prosthetics.^[3] Dental records may be used to examine a number of forensic leads for the individuals who are not deceased, in a discipline referred to as forensic dentistry. However, where the identity of a deceased person is in question, forensic dentistry can provide a valuable tool, where other means of identification prove impossible.^[4,5] Across the world, there is a constant need to identify the human remains from the victims of solitary or small-scale incidents, as well, tragically as large-scale events, often with the need to resort to odontological evidence. Petju *et al.*^[6] reported that 46.2% of the 2004 Indian Ocean tsunami disaster victims in Thailand used dental records as the primary identifiers. Moreover, a study of burns victims in a Spanish bus accident by Valenzuela *et al.*^[7] 2000. found that dental identification was achieved in 57% of the cases. There have over the years been scores of major disasters in the UK, with a multitude of causes and a range of consequences. In more recent years, ranging from the Aberfan Colliery disaster of 1966, a Brighton Hotel bombing (1984), numerous fires including Hillsborough football stadium (1985), Kings

Cross Underground (1987), the sinking of The Herald of Free Enterprise (1987); and more recently, the Morecombe Bay Cockling Disaster (2004)^[8] where all 58 victims were subject to odontological investigation; and the M5 motorway fire (2011). When a new patient enrolls at a dental practice in the UK, it was noticed that they are seldom if ever required to provide formal supplemental identification.

AIMS

The aim of this pilot study is to investigate the frequency of identity validation for patients, when they first register with a dental practice

METHODS

A number of dental practices in the South West of England were contacted either through e-mail or in person. Either the practice manager or the reception staff was asked the question, “When a new patient first registers with your practice, is any proof of identity required before they are able to book an appointment and see a clinician?” The responses were recorded.

RESULTS

Sixteen dental practices were included in this survey. All 16 practices reported that no formal identification was either required or requested when the individuals registered as new

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Table 1: Results of patient ID validation for new patients registering for their first appointment

Number of practices surveyed	Patient ID confirmed	Patient ID not confirmed
16	0	16

patients at their practice [Table 1]. No practice reported that any formal identification was seen for individuals registering as new patients.

DISCUSSION

Many practices nowadays ask patients for some proportion of fees in advance, prior to an initial appointment. For those patients, claiming fee waivers for national health service treatments, proof of fee exemption is sought; however, this tends to be documentary evidence only.

It may be argued that in today's society, often dental fees, where charged, are paid with credit or debit cards, which themselves are proffered as supporting evidence for the identification. However, it is not uncommon for dental fees to be paid by relatives and sometimes friends, resulting in the payee being different to that for whom the account has been raised. At no time is photographic proof of identify sought after. It is not uncommon for patients records to be raised with patients "preferred names" rather than their given legal name, and instances of name changes due to marriage or divorce have later led to confusion within the clinical environment, where records have been created in maiden and married names for the same individuals. Such anomalies as these have the potential for omissions of information, if dental records were requested by a coroner.

Were an individual to be so disposed, it appears that a false identity could be created with little difficulty through the attendance of a dental appointment, whereby dental records could be created which may in future be used to legally identify human remains. Such a situation as this, lends itself to further, future investigation.

CONCLUSION

With none of the practices surveyed asking for proof of identity when new patients enroll at the practice, there does therefore, appear to be a disparity between the legal weight that dental records hold in the process of identification of human remains, relative to the level of proof of identity from which the former is taken.

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Nil.

CONFLICTS OF INTEREST

There are no conflicts of interest.

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