

Original Article

To Investigate the Frequency of Patient Identity Validation when First Registering with a Dental Practice in the British Isles (UK)

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INTRODUCTION

Historically, patient's medical histories have provided much information of importance to clinicians, such as a means of identifying the risks for drug interactions, allergies and as explanations for clinical pathology. Furthermore, information of significant value can often be ascertained directly from the patient, which may be of relevance were a coroner's identification enquiry be held; for example, the presence of medical implant devices, scars and other health issues. Central to this information is the patient's dental record, with its associated charting,^[1,2] but can also include radiographs, dental castes, and prosthetics.^[3] Thus Dental records may form the basis of a number of forensic leads for both deceased and alive individuals in a discipline referred to as forensic dentistry. Moreover, when the identity of a deceased individual is in question, forensic dentistry can provide the answer, where other means of identification proved deficient.^[4,5]

Across the Globe, there has always been a need to identify human remains, whether through natural or iatrogenic causes, both from victims of singular or small scale incidents, as well, tragically, as larger-scale events. Often, examiners have needed to resort to odontological investigation, and the British Isles is no exception. Arguably, the advent of industrialisation in Britain during the Nineteenth Century, not only heralded geographical migration into industrial hubs, with its associated anonymity of a migrant into an urban metropolis but also increased

the risks of larger-scale fatal accidents due to the increased movement of people and the advent of technology. This can be seen for example by the great Western Railway accident at Shipton-on-Cherwell^[6] on December 24th, 1874 which resulted in the death of 34 individuals, and in the Tay Bridge rail disaster^[7] on the December 28th, 1879, when a railway bridge collapsed, sending the entire train into the River Tay. In this incident, the number of victims was only ascertained from ticket sales, even though only 46 bodies were finally recovered, and some only after more than a week following the incident. At least 60 people were thought to have been killed, and it was personal items recovered from bodies which helped to establish positive identify for some of the victims.

Cases considering the need for identifying solitary victims, always have, and indeed always will arise, such as the remains of Corra Crippin,^[8] recovered from a garden in Holloway, London following her death on January 31st, 1910. In this instance, she was identified from postoperative scar tissue, as the head, limbs, and skeleton were never recovered.

The Quintinshill Rail crash of 1915^[9,10] near Grenta Green, Scotland, saw 226 killed and 246 injured following a

ABSTRACT

Aims: The aim of this study is to investigate the frequency of patient identity validation when they first register with a dental practice in the British Isles.

Methods: The study reviewed responses made by 123 dental practices across mainland UK, including the Highlands and Islands, comprising Northern Ireland, Scilly Isles, Isle of Man, Channel Isles, Western Isles, Shetland Isles, Hebrides, and the Orkney Isles, 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: In total, 1156 UK dental practices (approx. 9.62% of total number of UK dental practices) were polled, and of the 123 practices who responded to the questionnaire, 120 reported not asking new patients for any form of formal identification, and 3 practices (2.44% of the respondents) reported requesting formal photographic ID, before enrolling new patients.

Conclusion: With only three of the practices out of 123 respondents surveyed asking for proof of identity when new patients enroll at that practice, there does 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: Identification, patient, UK, validation

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three-train collision, taking some 23 h to recover all of the victims.

Such figures as these, however, pale into insignificance when considering fatalities during times of war; and the destruction of military and civilian records during the London Blitz of 1940–1941^[11] and across Great Britain in general at the time of the World War II, would have significantly hampered identification of the significantly increased numbers of unidentified human remains.

More recent years have borne witness to further tragedies, ranging from, but not exclusively, the Aberfan Colliery, Wales disaster of 1966^[12] which killed 28 adults and 116 children, the Brighton Hotel bombing (1984)^[13] killing five persons, by the Irish Republican Army, numerous fires including Hillsborough football stadium^[14] which killed 96 and injuring 766 (1985), Kings Cross Underground (1987)^[15] which killed 31 and left 100 injured; the sinking of The Herald of Free Enterprise (1987)^[16] which saw 193 victims, some of whom were not recovered until the vessel was re-floated some 6 weeks after the incident. The Marchioness sinking on the River Thames^[17] in 1989, killing 24. More recently, there was the Morecombe Bay Cockling Disaster (2004)^[18] where all 58 victims were subject to odontological investigation; and the M5 motorway fire (2011) which killed seven after a 34 vehicle collision,^[19] and the Grenfell Tower fire, in London on June 11, 2018^[20] killing 72. As can be seen from these previous, limited examples, the requirement for victim identification is an ever ongoing need, and dental records have historically played an important role in this process.^[21,22] 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

This study aims to build on the results of a pilot study^[23] which investigated the frequency of identity validation for patients when they first register with a dental practice in the United Kingdom.

METHODS

By reference to the Office of National Statistics, it was determined that there are approximately 12,010 registered dental practices in the UK.^[24] A map of the UK was divided up by county into 103 regions throughout the four countries of England, Wales, Scotland, Northern Ireland. The Channel Islands, Isles of Sicily, Isle of Wight, Isle of Man, The Western Isles, Orkney Isles, and Shetland Isles, were each included as separate areas. A Google search was made of each of these geographical areas, and 1100 practices were randomly identified for inclusion in this study.

These practices were then brought up on a Google search of their respective website, and an E-mail was sent to the named practice manager or to reception if no named individual was identifiable from the web site for that practice. The practice was requested to return an answer via E-mail regarding 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 postcode of the practice was recorded, and a unique practice identifying number was also attached to the E-mail to ensure that no practice was recorded more than once in the study. The responses were recorded. If no response was received within one calendar month of the E-mail being sent, then it was recorded as “no response.”

In addition, 54 dental practices were randomly identified locally and contacted face to face by visiting the practice, and the same question was posed to the reception staff. Combined, these face to face contacts and E-mail contacts represent approximately 9.62% of all of the dental practices in the British Isles. Across both sample sets, face to face and E-mail contacted, examples of corporately owned and independently owned, private, mixed, and National Health Service (NHS) practices were represented.

RESULTS

Of the 1100 practices that were contacted via E-mail, 67 replied [Figure 1]. Of the 56 practices which were contacted face to face, 56 replied. In total, of the 1156 practices that were contacted, and 123 dental practices responded to this survey. Of the total number of 123 responder’s, 120 reported that no formal photographic identification was requested or required; and three reported that formal photographic identification was either required or requested when individuals registered as new patients at their practice; of these three practices, a number of historic patients had not undergone this identification protocol. Thus, 2.44% of the responder’s stated that they requested or required formal photographic identification of new patients enrolling at their dental practice.

DISCUSSION

This study seems to indicate that in general, it would not be overly difficult to engineer the creation of a dental identity, which, where circumstances prevailed, may be used to legally identify human remains which eluded their identification through other means. While this study was confined to general civilian dental practices, it is acknowledged that certain dental facilities are located within larger institutions such as the prison system, the armed forces, and hospitals. Dental care provision within the prison system would already have in place other routine means of regular individual’s identification to allow

Figure 1: Summary of results

Type of contact with practice	Practices contacted		Number of practices failing to respond		Number of practices reporting no checking of formal identification		Number of practices reporting that photo ID is checked when new patients enrol	
Face to face	56	1156	0	1033	56	120	0	3
Via email	1100		1033		64		3	

such an individual access to dental care, so although the dental facility itself may not specifically seek formal identification of the patient, an individual's true identity would be in little doubt for those patients attending for dental treatment while serving a custodial sentence. However, any dental records that were generated within the prison system would not automatically be transferred to the civilian environment upon the patient's release back into society.

Arguably, greater confidence may be assumed for armed forces personal attending for dental treatment "on base," although again, dental records are not automatically transferred to the civilian environment. While the population of the UK is approximately 67 million souls,^[25] the population currently serving in the armed forces is 200,000,^[26] and the current UK prison population is approximately 80,000.^[27] Thus, it may be reasonable to assume that of the approximate 67 million individuals who comprise the population of the UK, that at least, approximately 280,000 (0.0004% of the total UK population) will have current dental records which have been generated using conclusive positive identification; the responsibility for positive identification of the remaining dental population of the UK, lies with the general dental practitioner, the effectiveness of whom this research aims to assess.

In today's dental environment, it is not uncommon to find photography employed in clinical surgery: an effective tool for treatment planning and enhancing the patient's experience. Sharland *et al.*^[28] 2017 recorded a 36% usage of clinical photography among 1000 respondents to a postal questionnaire, of whom 72% used it for patient education and motivation; 68% of respondents for medico-legal reasons; 63% for treatment planning and 43% to aid liaising with the laboratory. Such techniques, although widespread, are not generally deployed for every dental patient; and when they are, clinicians may not always make records of full facial or profile images due to concerns over patient confidentiality.

Society is accustomed to being asked for formal photographic proof of identity, but this trend appears to be motivated by the need to establish proof of age for individuals purchasing alcohol.^[29] For those dental patients claiming fee waivers for NHS treatments, proof of fee exemption is sought; however, this tends to be documentary evidence only, not photographic.

Moreover, it may be that in the modern world, such techniques as computer generated facial reconstruction may take a greater role in victim identification,^[30] and may indeed play a greater role or even supersede forensic dental examination in future.

Within the dental environment, 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 historically have sometimes later led to confusion within the clinical environment, where records have been created in maiden and married names for the same individual. Such anomalies as these have the potential for omissions of information if dental records were requested by a coroner.

Therefore, 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 in the UK. Thus,

misleading dental records could be created, which may in future be used to erroneously, illegitimately identifying human remains or indeed be used to create a seemingly legal identity within other scopes of society. Such a situation is indicated in this study and could in future lead to the erroneous identification of human remains in the UK. However, this research may have raised the dental community's awareness of this issue, and were this study to be repeated, the results may indicate a different result. Certainly, during this study, one practice reported that patient ID confirmation was a topic which had arisen during at least one practice meeting, and three other practices expressed interest in the results of this survey.

CONCLUSION

Only three of the practices surveyed asking for proof of identity when new patients enroll at the practice, representing 2.44% of the respondents. It is acknowledged that within these three practices, a large number of historic patients would be registered that had not undergone this scrutiny. Thus, there appears 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, within the British Isles at the current time.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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