

Professional Liability Insurance for I.V. Sedation

This letter is written to request advice from your readers. Florida's only post-graduate course in IV sedation is in trouble.

The Atlantic Coast Dental Research Clinic, as part of the Palm Beach Junior College in Lake Worth, Florida, has been teaching IV sedation to its participating dentists for many years.

The course includes 16 sessions, lectures and clinical participation in IV sedation. The "Anesthesia Section" of the clinic is paired with the "Implant Section" to allow practical dental procedures to be accomplished under IV sedation. The course encompasses approximately 30 h of lecture and approximately 25-50 h of clinical student participation under supervision over a 2 year period of time. The lectures include every subject necessary to properly educate a post-graduate dentist to use IV sedation; i.e., Anatomy, Pharmacology, Physiology, Medical Evaluation, Indications and Contra-Indications, Emergency Treatment, C.P.R., and techniques in Local Anesthesia, Oral, IM and IV sedation. It is being taught by an oral surgeon and a general practitioner, both trained and experienced in anesthesia.

The problem is that the course will have to close down due to the current malpractice situation. Poe and Associates, the current carrier for most dentists in Florida, has made 3 categories of coverage. The one covering dentists practicing in the hospital and using IV sedation (\$3,000,000/5,000,000 coverage) will cost \$15,801 per year; just the IV sedation, but no hospital coverage, will cost \$4,805 per year; and hospital coverage, but no IV sedation, will cost \$1,889 per year. Another carrier, St. Paul, has 2 categories. One covers dentists in the hospital and using IV sedation at \$7,582 per year and the other covers dentists using IV sedation but not using the hospital at \$1,181 per year. A third carrier, Pro Mark, disallows IV sedation and hospital dentistry entirely.

Many dentists, including this author, utilize a number of different forms of pain control, including analgesia, IV sedation and the hospital (general anesthesia) for various dental procedures. This new premium structure has basically discouraged almost all dentists either wishing to learn IV sedation or those who already use pain control methods such as hospital dentistry (general anesthesia) and IV sedation, from continuing its use.

Unless one is an oral surgeon or a dental anesthesiologist using IV sedation every day in his or her office, this enormous amount of premium makes it financially infeasible to use IV sedation in the office. You cannot charge enough per case for the anesthesia when only a limited number of cases are done per year. Unless you are willing to give up hospital dentistry, it appears that IV sedation is what will be eliminated from your practice.

This is a disservice to the public as well as to the dentists involved. Instead of the low cost, safe, effective means of pain control offered by IV sedation, many patients will be forced into a high cost, more risky pain control method of general anesthesia in the hospital. Oral surgeons cannot do general dentistry and there are not enough full time dental anesthesiologists to do general dentistry under IV sedation for all who need it.

Dentists cannot use an anesthesiologist, anesthetist, or oral surgeon to give the anesthesia unless the dentist is also insured by malpractice coverage under the "Captain of the Ship" policy.

Therefore, unless the insurance companies agree that conscious sedation is a safe procedure, dentists will not learn this technique and the dentists now using it will probably have to give it up.

It is a shame that this magnificent means of pain control, which the public so desperately needs and demands, may be a thing of the past very soon. All this because of the recent California situation, 20/20 and the media. HELP!! We need answers.

Alan Stoler, D.D.S.
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General Anesthesia Versus I.V. Sedation

I cannot resist responding to Dr. Stephen Fein's letter in *Anesthesia Progress* (31:115, 1984).

In challenging certain statements made by Dr. Douglas in his letter earlier this year (*Anesth. Progr* 31:8-9, 1984), Dr. Fein made statements that certainly must not go unchallenged. He states that "I don't give general anesthesia and I know of no oral surgeon who does". He then goes on to describe his technique for administration of local anesthesia with intravenous sedation.

I think that's fine if that is the way that he wants to do anesthesia in his office and that is the way that he feels most comfortable. I can't argue with that. However, he appears to be speaking for all oral and maxillofacial surgeons, and what he said is simply not true. I will admit the described technique is the one that many oral surgeons use, but many of us administered true general anesthesia in our offices.

In Central Ohio oral surgery offices and in the outpatient clinic operating rooms of the Ohio State University College of Dentistry there are hundreds

of safe, well-administered general anesthetics given daily. In my office, many of these cases are endotracheal and all are EKG monitored. Not all surgeons may choose to do anesthesia the same way that I do, but many of our colleagues do choose to use "real" general anesthesia. I will gladly compare our safety record with any other group of offices or hospitals.

I agree with the substance of Dr. Fein's letter, but in his enthusiasm to rebut some of the obviously ir-

responsible statements made by Dr. Bruce Douglas, he has done the profession and our specialty a grave disservice by intimating that all of us administer (or should administer) only local anesthesia with sedation. If that is the way you want to do it, that's all right with me. As for me, I shall continue to provide safe, well-monitored general anesthesia for my patients.

Allan E. Blair, D.D.S., M.Sc.
Columbus, Ohio

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Arlene Rogers
The Ohio State University Hospital
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410 West 10th Avenue
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(614) 421-8487

12th Neonatal and Infant Care Symposium

*March 23-30, 1985—Kiandra Lodge, Vail,
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