Legal Bite Question of the Issue
Open Margins: Negligence, informed consent, or routine dentistry?
By Frank Recker, DDS, JD

Q. I am concerned that I may have to defend myself to my state dental board for "substandard care" because I seated a crown on an open margin. What can I do?

A. Most of us will finish our respective careers in the dental profession having escaped peer review proceedings, malpractice suits, or dental board investigations. But for those unlucky dentists who have been, or become, victims of some civil or dental board "radar gun" preparedness and awareness are the wisest options.

Many cases I have handled over the years involve a dental board using the "microscope" of a dental consultant with 20/20 hindsight, and scrutinizing every chart entry on one or more patient charts. As part of this "screening" (I might slip and refer to it as "targeting") process, every radiograph is carefully reviewed and scrutinized.

Anyone who has practiced dentistry for more than one week after dental school realizes that, not infrequently, open margins on full coverage restorations are very difficult to detect, pre-cementation. And a pre-cementation radiograph, assuming it even were the standard of care which I do not believe to be the case, is simply a two dimensional picture of a narrow portion of the 360 degree margin.

Nonetheless, dentists are often accused of "substandard care" if a dental board expert detects an open margin on a radiograph, or such is found by a subsequent treating dentist with whom you just concluded litigation over a jointly owned race horse. In short, your work is being criticized by less than compassionate colleagues, or a state-licensing agency.
I have yet to meet, or should I say “cross examine,” any dentist (prosthodontist or otherwise) who did not admit that at some point in their professional career they seated crowns with open margins. Well, it seems to me that if the majority of the profession has encountered such, doing so is not per se “below the standard of care.” But we all know an open margin is not our objective. So where does it fit in?

In my experience, and in my many years of dental board and malpractice cases, an “open margin” alone will not sink your ship. As long as reasonable diligence is exercised at the next recall appointment, at which routine bitewings may be taken, and all accessible margins are carefully checked for any openings, that meets the standard of care. Importantly, if an open margin is encountered, the patient should be advised that replacing the crown is recommended. The only “option” the patient could also be given, is that the marginal opening is not what it should be, a chart note is placed, and the patient is told that although replacement at the immediate time may not be critical, if you see anything develop in the way of periodontal disease or tooth structure breakdown around the open margin, replacement must be effectuated immediately.

Charting your marginal flaws and making full disclosure to the patient are paramount. Not discovering the open margin that could have been discovered in the exercise of reasonable care, or not advising the patient of it IS below the standard of care.

But seating a crown or even multiple crowns with an open margin is, although not God like, certainly “dentist like.”