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Can we talk?

Navigating sensitive life-stage, lifestyle and safety conversations in practice with patients has become an essential in building client confidence. By **Ellen Hill**

Dentists rarely imagine at the start of their careers talking with patients about such personal issues as menopause, hormonal changes, eating disorders, ageing, trauma or even domestic abuse as part of the daily clinical process.

And yet it's these very conversations that often increasingly shape diagnosis, treatment planning and care plans—not to mention patient truth and loyalty.

Unlike many other healthcare settings, dentistry offers face-to-face relationships with longer appointments. Over the course of twice-yearly appointments, practitioners often observe some behavioural shifts, systemic signs and changing life circumstances.

Noticing is one thing but knowing how to approach such personal and potentially awkward topics safely and skilfully is another.

Building rapid trust

Leading dental consultant Julie Parker says sensitive conversations succeed or fail on trust, not on the clinical evidence prompting the discussion.

"You can't launch into a topic like acid erosion that may indicate bulimia, or menopausal dry mouth or bruising that concerns you without first helping the patient feel protected," Parker, of Julie Parker Practice Success, says. "Otherwise, they feel judged, threatened or defensive. And once someone shuts down, they can't hear you."

Trust-building starts from the moment the patient sits down. Parker says a number of key strategies need to be implemented when navigating the path to such discussions.

Firstly, it needs to be a matter of

building the rapport first and then tackling the dentistry issue. "Slow your pace, and learn to listen without interrupting," she says. "Notice when a patient discloses emotions such as nervousness, shame or embarrassment, and respond with empathy with such a statement as, 'Tell me what's worrying you today?'"

If the topic is particularly sensitive, it might be a good idea to ask the assistant to step out of the practice room for a moment. "That might be when the patient opens up to you as doing so in front of an audience might be too much," she says.

Also consider the dynamics of body language, so avoid such delicate conversations when the patient is reclined. "That's a vulnerable position,"

Parker says. "Sit them upright, make eye contact, open your body language and show them in how you handle this that they are safe. It will save anyone from feeling overwhelmed."

Lead the way into sensitive territory

Adopting the right tone can make all the difference, and Parker emphasises that a compassion-driven, not diagnostic-driven, chat can smooth the way for an easy discussion for both the patient and practitioner. "You're not saying, 'I think you're menopausal' or 'I think you have bulimia.' You're simply explaining what the oral signs can sometimes indicate," she says.

Rather than confronting patients with

From left: Cheeky the Dentist partners Dr Michelle Pinto, Renee Phillips and Dr Cristiane Ribeiro





"When patients see photos or even Google images that match what's happening in their own mouth, suddenly it clicks. They understand you're not being intrusive—you're connecting the dots."

Dr Cristiane Ribeiro, Cheeky the Dentist

conclusions, Ms Parker advises when she's training clinicians to state only what they see and invite permission before offering interpretation.

"Start with: 'I've noticed something I'd like to talk through with you. Would it be okay if I shared what I'm seeing?'" she says, adding that approach can work because it avoids assumptions and gives the patient a sense of control.

When dealing with adolescents showing signs of hormonal TMJ changes, Parker suggests practitioners might have a pre-prepared script already in their head. "Try something like, 'These jaw symptoms can sometimes be linked to growth and hormonal changes - have you noticed anything like headaches or clenching lately?'"

In the case of menopausal patients experiencing dry mouth or burning sensations, she recommends a sensitive approach. "This might be when you say, 'These symptoms sometimes relate to hormonal shifts

many women experience in midlife, so would you feel comfortable chatting through what can help?'"

When dentistry intersects trauma

Years ago, Dr Bec Penco from Perth's Advanced Dental Artistry met a woman aged in her 40s who wanted help with two missing front teeth.

As Dr Penco explored what had brought her in for the consultation, she eventually learned a deeper truth - those teeth had been lost in a violent assault years earlier.

"She had rebuilt her life, raised her children, but her smile still held the trauma," Dr Penco says.

Approaching that patient's story required sensitivity, so throughout the consultation Dr Penco recalls she often checked in with how the patient was coping and asked if she needed a break at any point.

"I would ask, 'Is this okay? Would you like a break?'" just so she knew she had some control," Dr Penco says, adding it became a matter of not just knowing what to say but how to say it.

When patients resist the conversation

Dr Cristiane Ribeiro of Sydney's Cheeky the Dentist says patients can grow cautious when dentists ask questions they weren't expecting—about mood changes, medications, hormones or life stressors.

"They come in for a clean, not expecting a conversation about menopause or antidepressants," she says. "If you don't frame it well, they can feel interrogated."

Her solution has been to use visual explanations. "When patients see photos or even Google images that match what's happening in their own mouth, suddenly it clicks. They understand you're not being intrusive—you're connecting the dots."

Such a moment of understanding, she says, can become the foundation of long-term trust.

Creating a "soft landing"

When tackling a range of sensitive issues, Ms Parker says it's essential to give patients space to react to what's been discussed.

"Be sure to take a moment to ask how they are feeling about all that has been discussed, and be sure to let them speak, even if it interrupts you," she says.

"Your compassion has to lead the conversation. And be sure to acknowledge what has taken place, by making a comment like, 'I know this wasn't an easy conversation, but thank you for allowing me to share what I've observed.' That small acknowledgment, can soften the whole experience."

Ms Parker also encourages dental practice teams to role-play sensitive scenarios during training sessions.

"These conversations are uncomfortable," she acknowledges, "but when you've rehearsed them through using scripts, body language and vocal tone in training sessions, you're more confident in real life. When that happens, patients can always feel that confidence." **Bite**