

# Why Parents Refuse Dental Treatment Under General Anesthesia For Their Children: A Qualitative Exploration

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## Introduction

Early childhood caries is a global healthcare concern with negative psychosocial effects on children and their families and is one of the most common causes for hospital admissions in children. According to the CDC, approximately 37% of US children between the ages of 2-8 had caries in their primary teeth. When dental treatment cannot be safely or effectively completed in the regular dental clinic, sedation or general anesthesia (GA) may be recommended. Reasons may include extensiveness of dental treatment needed, failure of other behavioral guidance modalities, severe anxiety, and significant degree of non-cooperation due to lack of psychological, mental, physical, or medical disability. Studies show that parents are generally extremely satisfied, and report improved quality of life after their children undergo dental treatment under GA. However, there remain many parents who refuse GA.

The purpose of this qualitative study conducted at University of California San Francisco (UCSF) Pediatric Dentistry was to understand the reasons why parents refused GA as a modality to deliver dental treatment to their children. Additionally, due to the multi-cultural backgrounds of the patients seen at UCSF, the study also aimed to identify and compare whether concerns regarding GA differed from one family to another due to differences in their racial or ethnic backgrounds.

## Methods & Materials

Parents of patient's who declined dental treatment under GA or initially declined but later reversed their decision, were invited to participate in the study if they met the following criteria:

- Patients of record and who was seen at least once in the dental clinic at the UCSF pediatric dentistry department during January 2019-December 2021.
- Patient was healthy or had well-controlled systemic disease (ASA I/II)
- Recommended to receive dental treatment under general anesthesia by a UCSF Pediatric Dentistry Resident/Faculty
- GA was refused by parent/primary caregiver
- Caregiver spoke English or Spanish
- Patient needed 3 or more quadrants of dental treatment
- Patient were aged 7 or under at time of GA recommendation

All GA procedures recommended to parents were to take place at the UCSF Benioff Children's Hospital.



UCSF Benioff Children's Hospital San Francisco

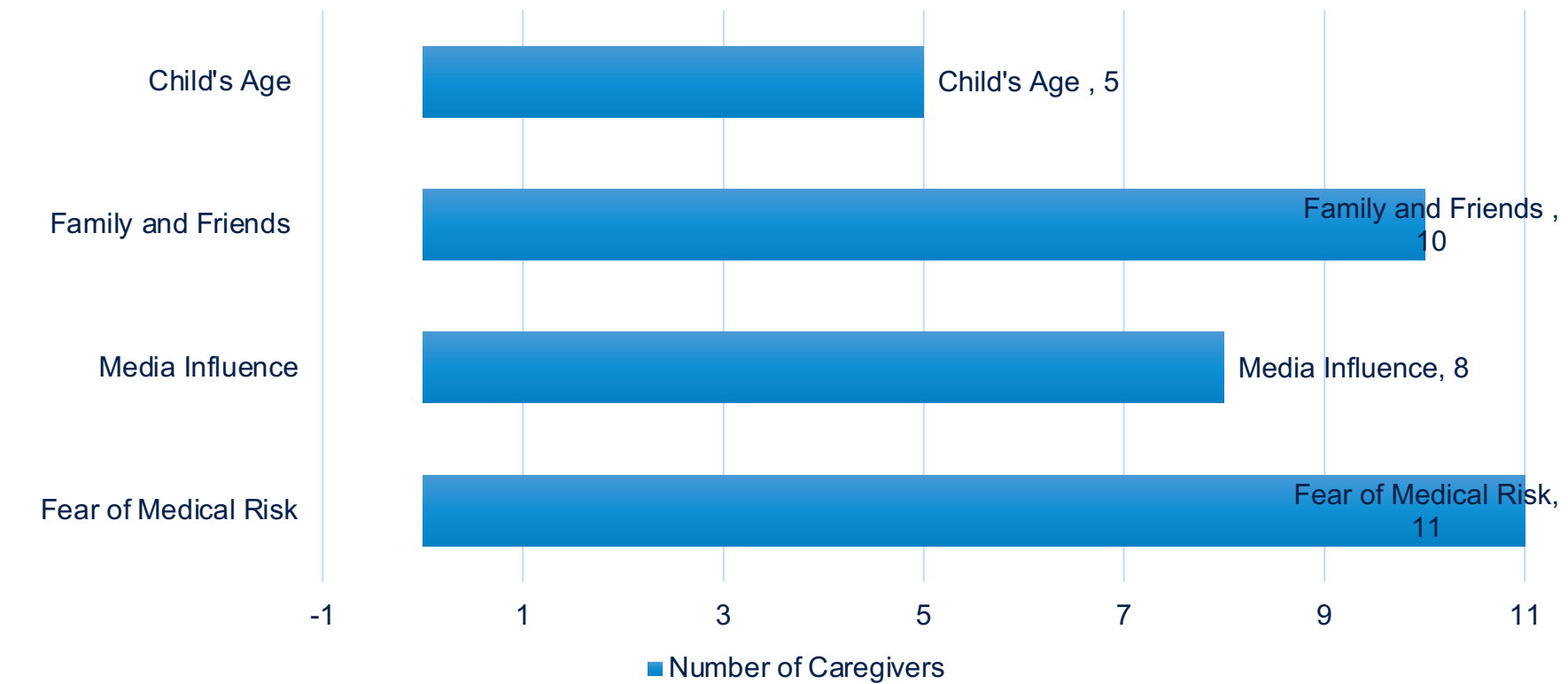
156 Primary caregivers were identified through chart review and telephone called to confirm eligibility. A total of 20 caregivers agreed to participate in the study. 11 followed through to complete the phone interview. Two researchers conducted the interview either in English or Spanish. Each interview was recorded, translated into English, transcribed, and analyzed using Dedoose software.

## Results

The main reasons caregivers refused GA for their children were: fear of medical risk (main factor), media influence, family/friend influence, and child's age. These reasons were the same across culture, background, age, and education level of participating parents.

Other strong deterrents were the perception of having alternatives to GA to complete dental work and having personal negative experiences with GA. Of the three parents that initially refused but later agreed to GA, seeing their child suffering from dental pain was the main reason they later changed their minds about GA. Although uneasy about the decision at first, all the families were satisfied with the outcome and would agree to putting their child under GA if they were in the same situation again.

## Top Reasons for Parental Refusal of GA



## Conclusion

Previous studies showed that parents from different ethnic groups have different preferences for behavior management techniques. In a 2019 Mier et al study, researchers found Hispanic parents to be least accepting of general anesthesia, parents from Middle Eastern and Non-Hispanic White parents were moderately accepting, and non-Hispanic Black parents were most accepting of GA. In comparison to our study, we found these trends reflected in the participants recruited, with the highest percentage of parents identifying as Hispanic at 46%, 36% Asian and 18% Middle Eastern. No participants identified as White or Black.

Taking a proactive approach to addressing the primary parental concerns about GA is of utmost importance to pediatric dentists. It is up to the provider to provide appropriate education and to create an environment conducive to open and honest discussions about the risks and benefits of GA. Being thoughtful and respectful of people from different backgrounds or who hold alternative beliefs can build trust and rapport between dentists and families. Additional clinical practice suggestions include:

- Create education materials in the form of print or video that explains general anesthesia in layman's terms. These materials can help to establish a foundation from which to begin discussions.
- Dedicate knowledgeable providers/staff members to the role of "anesthesia educator" who can spend time with parents either in-person or virtually to discuss questions and concerns after the initial consultation appointment.