PROFESSIONAL CHALLENGES FOR DENTISTS: PATIENT COMPLAINTS AND LEGAL SECURITY

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ABSTRACT

The aim of this study was to assess the frequency of patient complaints, and dentists' perceptions of legal protection in Bosnia and Herzegovina. A total of 171 dentists participated, employed in both the public (21.5%) and private sector (78.5%), with varying years of professional experience. Data were collected using an anonymous structured questionnaire addressing record-keeping practices, the use of informed consent, experiences with complaints and lawsuits, and perceptions of legal security and exposure to violence.

Results show that 80.4% of dentists report maintaining proper documentation, while only 16.8% routinely obtain written informed consent. Negative experiences with patient complaints were reported by 60.7% of respondents, yet only 7.5% had been involved in legal proceedings. Most conflicts (61.7%) were resolved informally through settlement. The highest proportion of complaints concerned prosthodontics (71%), followed by restorative dentistry (15%) and oral surgery (9.3%).

More than half of dentists (56.1%) do not feel adequately protected by law, and 69.2% do not know which institution to contact in the event of a patient lawsuit. Verbal violence was reported by 66.4% and physical violence by 1.9% of respondents. Multivariate analysis showed that dentists exposed to violence were significantly less likely to feel legally protected (OR = 9.62, p = 0.031), independent of gender and years of experience.

Dentists in the private sector were more likely to resolve complaints through settlement (OR = 1.65, p < 0.001), while prosthodontists experienced the highest number of complaints and exhibited the strongest preference for settlements (OR = 2.63, p = 0.03).

Keywords: Dentistry, Patient complaints, Legal protection, Informed consent.

Introduction

Healthcare has traditionally been considered one of the noblest professions, as it inherently carries responsibility for the health, well-being, and dignity of individuals. Dentistry, as an integral part of the healthcare system, has experienced significant development in recent decades—not only in terms of technical innovations, new materials, and technologies, but also through the gradual establishment of ethical and legal standards that define the boundaries and responsibilities of professional practice. The modern dentist is no longer merely a clinician addressing oral health issues, but also a professional operating within clearly defined moral and legal obligations [1,2].

In daily practice, a dentist's focus is usually on the patient's needs, the successful execution of therapeutic procedures, and achieving functional and aesthetic outcomes. However, in this dedication to the patient, the legal aspects of practice may sometimes be overlooked—until situations arise that require reference to legal provisions. It is in these instances that insufficient knowledge of the legal framework can lead to serious consequences, both professional and personal [3-5].

Every dental procedure carries a certain degree of risk, and the outcome of treatment largely depends on the dentist's expertise, experience, and judgment. When complications, patient dissatisfaction, or adverse outcomes occur, the dentist may face allegations of professional error or negligence. Therefore, a thorough understanding of medico-legal aspects—including informed consent, proper medical documentation, data confidentiality, and adherence to professional boundaries—is an essential component of responsible practice.

Law and ethics constitute inseparable elements of professional responsibility. While legal regulations establish formal boundaries and sanctions, ethics guide behavior through moral values, integrity, and respect for human dignity. Fundamental principles include respect for patient autonomy, beneficence, non-maleficence, and justice [6].

The modern healthcare context, characterized by commercialization, rapid technological advancement, and increasing patient awareness of their rights, further complicates the traditional doctor–patient relationship. The former model, based solely on trust and professional authority, is now largely regulated by legal and administrative mechanisms. The growing number of complaints, lawsuits, and legal actions against healthcare professionals, including dentists, highlights the need for a deeper understanding of the legal and ethical obligations inherent in contemporary practice [7].

Patient rights and the rights of dentists in Bosnia and Herzegovina are regulated by the Law on Dental Practice of the Federation of BiH and the Law on Health Care of the Republic of Srpska. These laws define the principles, measures, organization, and implementation of dental practice, the responsibilities for public oral health, as well as the rights and obligations in providing and utilizing dental care. These laws also stipulate supervision of dental practice within the territory of the Federation of BiH (Article 1 of the Law on Dental Practice of FBiH) [8].

Within this context, education in medical law, professional ethics, and dental jurisprudence has become an indispensable part of modern dental education and continuous professional development. Responsible and ethically grounded practice forms the foundation of long-term professional integrity and the reputation of any healthcare profession [9-10].

Efforts to meet patient expectations can sometimes lead to neglect of legal procedures and prescribed standards, which may result in complications, inspections, financial penalties, or proceedings before professional chambers and courts. However, in practice, compromises are often reached, and agreements are made to resolve arising issues. The frequency of such situations in Bosnia and Herzegovina was analyzed through a survey conducted in the BiH territory.

The aim of this study is to examine the level of knowledge and awareness regarding certain legal aspects of dental practice and to emphasize the importance of their application in the daily work of dentists as an inseparable part of modern, safe, and responsible dental professionalism.

Materials and Methods

This study aimed to assess the frequency of patient complaints and lawsuits in dental practice, as well as dentists' knowledge regarding medical record keeping, informed consent, experiences with complaints and legal proceedings, and perceptions of legal protection.

A total of 171 dentists from public and private sectors participated, selected via random sampling across different professional experience groups (<5, 5–15, >15 years). Participation was voluntary, anonymous, and uncompensated. All participants were informed about the study's purpose.

Data were collected using a structured questionnaire with two sections; General (demographics: gender, years of experience, type of practice) and Specific (record keeping, informed consent, complaint frequency and type, legal experiences, patient awareness, and verbal or physical aggression). Questions were mainly closed-ended, with a few open-ended for qualitative comments. The survey was conducted online and/or on paper from February to May 2025, taking 5–10 minutes to complete. Consent was implied by completing the questionnaire.

Data Analysis

Descriptive statistics were applied. Chi-square tests were used to compare observed versus expected frequencies; Fisher's exact test was applied when appropriate. Univariate logistic regression and, where possible, multivariate logistic regression were performed, controlling for gender and years of experience. Results are presented as odds ratios (OR) with 95% confidence intervals (CI) and p-values; $p<0.05$ was considered significant.

Results

Table 1. provides a descriptive overview of the study variables.

Male dentists were 1.12 times (12%) more likely to have been involved in a legal proceeding, 1.18 times (18%) more likely to know which institution to contact in case of patient complaints, and 1.25 times (25%) more likely to conclude that complaints and lawsuits negatively affected practice reviews compared to female dentists. Female dentists maintained records more accurately, were more likely to feel unprotected by the law, and experienced verbal and physical aggression more frequently than male dentists (Table 2, Figure 1). These differences were not statistically significant.

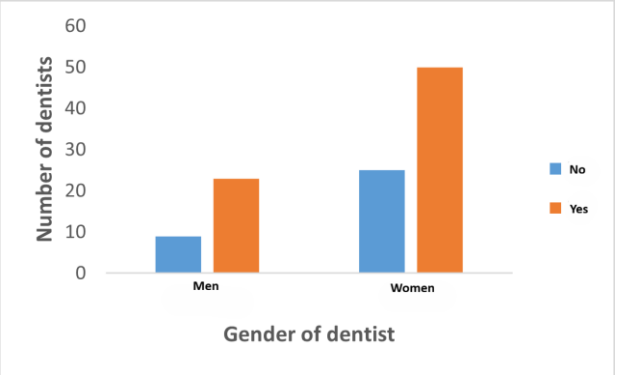

Figure 1. Experience of verbal or physical assault by gender

Additionally, using both univariate and multivariate analyses, we observed that dentists who had experienced verbal or physical aggression were nine times less likely to consider themselves legally protected compared to those who had not experienced such incidents, independent of gender and years of professional experience (OR = 9.62, p = 0.031, CI: 1.24–74.8) (Table 2, Figure 2).

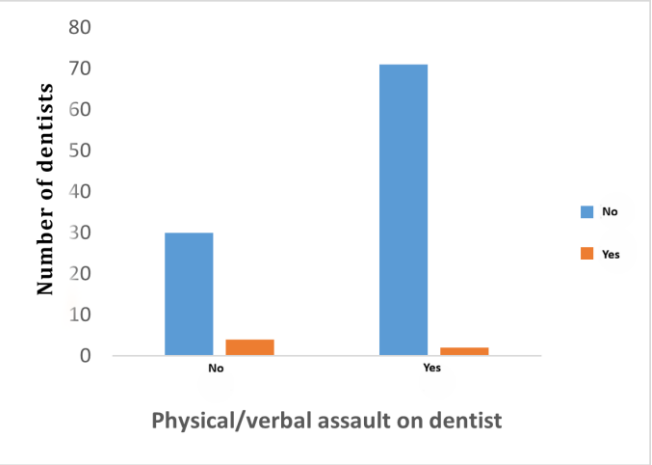

Figure 2. Perceived legal protection by history of verbal/physical assault

Table 1. Description of variables

Variable		%
Gender		
	Male	29.9
	Female	70.1
Sector		
	Public	21.5
	Private	78.5
Years of professional experience		
	0-5	54.2
	5-10	12.1
	10-15	20.6
	15-20	10.3
	>20	2.8
Do you properly maintain dental records and charts in your practice?		
	Yes	80.4
	No	19.6
Does the patient in your practice sign informed consent for interventions?		
	Yes	16.8
	Only for certain procedures	44.9
	No	39.3
Have you experienced negative situations with patients, complaints or disputes?		
	Yes	60.7
	No	39.3
Do you try to resolve patient complaints through settlement?		
	Yes	61.7
	No	38.3
Have you ever been involved in a legal proceeding with a patient?		
	Yes	7.5
	No	92.5
Have complaints or lawsuits negatively affected your practice's reviews?		
	Yes	10.3
	No	89.7
In which field of dentistry do you receive the most complaints?		
	Restorative	15.0
	Implantology	0.9
	Oral surgery	9.3
	Periodontology	0.9
	Orthodontics	2.8
	Prosthetics	71.0
Do you consider yourself adequately protected by law as a dentist?		
	Yes	5.6
	No	56.1
	I don't know	38.3
Do you consider that patients are informed and aware of their rights?		
	Yes	22.4
	No	40.2
	I don't know	37.4
Do you consider that patients are aware of their obligations?		
	Yes	13.1
	No	40.2
	I don't know	37.4
Do you know which institution to contact in case of a patient lawsuit?		
	Yes	30.8
	No	69.2
Have you ever experienced verbal or physical aggression from a dissatisfied patient?		
	Yes	31.8
	Verbal	66.4
	Physical	1.9

Table 2. Univariate analysis of various dental outcomes by gender

	Male vs. Female Dentists		
Outcome	**OR**	**CI**	**p**
1. Do you properly maintain dental records and charts in your practice? (ref: Yes)	0.87	0.44, 1.74	0.70
2. Does the patient in your practice sign informed consent for interventions?	0.91	0.50, 1.64	0.83
3. Have you ever experienced difficult interactions with patients, such as complaints or disputes? (ref: No)	0.93	0.51, 1.96	0.81
4. Do you try to resolve patient complaints through settlements?	1.00	0.57, 1.89	0.99
5. Have you ever been involved in a legal proceeding with a patient? (ref: No)	1.21	0.35, 4.18	0.75
6. Have complaints or lawsuits negatively affected your practice's reviews? (ref: No)	1.25	0.54, 2.80	0.63
7. In which field of dentistry? Prosthetics vs. others (ref: Other)	0.94	0.38, 2.36	0.90
8. Do you consider yourself adequately protected by law as a dentist? (ref: Yes)	0.85	0.15, 4.86	0.85
9. Do you consider that patients are informed and aware of their rights? (ref: Yes)	0.80	0.37, 1.71	0.54
10. Do you consider that patients are aware of their obligations? (ref: Yes)	0.95	0.39, 2.29	0.91
11. Do you know which institution to contact in case of a patient lawsuit? (ref: Yes)	1.18	0.64, 2.15	0.61
12. Have you ever experienced verbal or physical aggression from a dissatisfied patient? (ref: No)	0.84	0.44, 1.62	0.66

Dentists who consider themselves adequately protected by law are 1.91 times (91%) more likely to have over 5 years of professional experience compared to dentists with shorter experience who do not consider themselves legally protected (Table 3). This difference is statistically significant (OR = 1.91, CI: 1.26–2.92) (Table 3).

Dentists in the private sector are 1.65 times (65%) more likely to attempt resolving patient complaints through settlements compared to dentists in the public sector (OR = 1.65, CI: 0.25–2.18, p < 0.001).

Dentists in the private sector are 2.58 times less likely to know which institution to contact in case of patient complaints or lawsuits compared to dentists in the public sector (OR = 2.58, CI: 1.00–6.69, p = 0.05), although none of the public sector dentists considered themselves adequately protected by law (Table 4).

Specialists in prosthodontics are 4.77 times more likely to be employed in the private sector compared to dentists from other specialties (OR = 4.77, CI: 1.80–12.64, p = 0.002), and they are 1.54 times (54%) more likely to consider that their patients are not aware of their rights compared to dentists from other specialties (OR = 1.54, CI: 0.43–0.98, p = 0.01). Additionally, prosthodontists are 2.63 times more likely to attempt resolving patient complaints through settlements compared to their colleagues from other specialties (OR = 2.63, CI: 1.17–6.19, p = 0.03) (Table 5).

Dentists who have experienced difficult situations with patients, such as complaints or grievances, receive seven times poorer practice reviews (OR = 7.17, p = 0.047, CI: 0.87–58.9) and are 6.56 times more likely to attempt resolving complaints through settlements (OR = 6.56, p < 0.001, CI: 2.73–15.79), independent of gender and years of professional experience.

Table 3. Univariate analysis of various outcomes according to dentists' years of professional experience

	More than 5 years vs. less than 5 years of professional experience		
Outcome	**OR**	**CI**	**p**
1. Female vs. male gender	1.32	0.80, 2.18	0.29
2. Employment in private vs. public sector (ref: public)	1.46	0.97, 2.21	0.16
3. Do you properly maintain dental records and charts in your practice? (ref: Yes)	1.75	0.86, 3.55	0.07
4. Does the patient in your practice sign informed consent for interventions? (ref: Yes)			
5. Have you ever experienced difficult interactions with patients, such as complaints or disputes? (ref: No)	0.68	0.43, 1.09	0.09
6. Do you try to resolve patient complaints through settlements? (ref: Yes)	1.70	0.75, 1.82	0.55
7. Have you ever been involved in a legal proceeding with a patient? (ref: No)	1.09	0.53, 2.23	0.80
8. Have complaints or lawsuits negatively affected your practice's reviews? (ref: Yes)	1.22	0.68, 2.18	0.75
9. In which field of dentistry? Prosthetics vs. other (ref: Other)	0.86	0.37, 1.99	0.99
10. Do you consider yourself adequately protected by law as a dentist? (ref: No)	**1.91**	**1.26, 2.92**	**0.05**
11. Do you consider that patients are informed and aware of their rights? (ref: Yes)	1.00	0.66, 1.52	0.99
12. Do you consider that patients are aware of their obligations? (ref: Yes)	1.50	0.95, 2.36	0.16
13. Do you know which institution to contact in case of patient complaints or lawsuits? (ref: Yes)	1.19	0.78, 1.28	0.53
14. Have you ever experienced verbal or physical aggression from a dissatisfied patient? (ref: No)	0.84	0.44, 1.62	0.66

Table 4. Univariate analysis of various dental outcomes by private and public sector

	Private vs. Public Sector		
Outcome	OR	CI	p
1. Gender			
2. Years of professional experience (ref: <5 years)			
3. Do you properly maintain dental records and charts in your practice? (ref: Yes)	1.02	0.82, 1.26	0.88
4. Does the patient in your practice sign informed consent for interventions?			
5. Have you ever experienced difficult interactions with patients, such as complaints or disputes? (ref: No)	0.86	0.69, 1.07	0.16
6. Do you try to resolve patient complaints through settlements? (ref: No)	**1.65**	**0.25, 2.18**	**<0.001**
7. Have you ever been involved in a legal proceeding with a patient? (ref: No)	0.89	0.67, 1.18	0.50
8. Have complaints or lawsuits negatively affected your practice's reviews? (ref: Yes)	1.18	0.95, 1.46	0.25
9. Do you consider yourself adequately protected by law as a dentist?*	-	-	-
10. Do you consider that patients are informed and aware of their rights? (ref: Yes)	0.88	0.67, 1.16	0.31
11. Do you consider that patients are aware of their obligations? (ref: Yes)	1.11	0.87, 1.41	0.46
12. Do you know which institution to contact in case of patient complaints or lawsuits? (ref: Yes)	**2.58**	**1.00, 6.69**	**0.05**
13. Have you ever experienced verbal or physical aggression from a dissatisfied patient? (ref: No)	0.94	0.34, 2.50	0.88

Table 5. Univariate analysis of various dental outcomes by dentist specialty

	Prosthetics vs. other dental specialties		
Outcome	OR	CI	p
1. Are you employed in the private or public sector? (ref: public)	**4.77**	**1.80, 12.64**	**0.002**
2. Years of professional experience	1.00	0.88, 1.33	0.83
3. Do you properly maintain dental records and charts in your practice? (ref: Yes)	0.79	0.63, .98	0.08
4. Does the patient in your practice sign informed consent for interventions? (ref: Yes)	1.00	0.78, 1.29	0.99
5. Have you ever experienced difficult interactions with patients, such as complaints or disputes? (ref: No)	0.90	0.69, 1.17	0.43
6. Do you try to resolve patient complaints through settlements? (ref: No)	**2.63**	**1.17, 6.19**	**0.03**
7. Have you ever been involved in a legal proceeding with a patient? (ref: No)	1.15	0.66, 1.99	0.69
8. Have complaints or lawsuits negatively affected your practice's reviews or marketing? (ref: Yes)	1.17	0.86, 1.60	0.50
9. Do you consider yourself adequately protected by law as a dentist?	0.94	0.52, 1.67	0.81
10. Do you consider that patients are informed and aware of their rights? (ref: No)	**1.54**	**1.02, 2.34**	**0.01**
11. Do you consider that patients are aware of their obligations? (ref: Yes)	1.00	0.76, 1.44	0.97
12. Do you know which institution to contact in case of patient complaints or lawsuits? (ref: Yes)	0.91	0.69, 1.21	0.65
13. Have you ever experienced verbal or physical aggression from a dissatisfied patient? (ref: No)	1.00	0.78, 1.32	0.86

Discussion

In modern dentistry, the doctor–patient relationship is gaining increasing importance, particularly in the context of adhering to professional standards, legal regulations, and ethical principles. Patients today have higher expectations regarding the quality of service, information, and transparency of treatment procedures, which further obliges dentists to consistently and properly apply legal and ethical norms. At the same time, healthcare systems in many countries are undergoing changes and adaptations, so requirements regarding documentation, informed consent, and the protection of patients' rights vary depending on local legislation and institutional frameworks.

Therefore, it is important to understand how dentists manage situations involving misunderstandings, complaints, or patient dissatisfaction. In practice, a balance must be struck between professional responsibility and the practical realities of daily work, as well as between the desire to accommodate the patient and the obligation to follow prescribed procedures. While in countries with clearly defined regulatory mechanisms and strong control systems such situations less frequently result in formal proceedings, in settings with less stringent regulations, there is a greater need for informal agreements and adjustments to circumstances [2].

Under these conditions, it is particularly relevant to examine dentists' attitudes, the frequency of situations leading to misunderstandings, and the level of knowledge regarding procedures and institutions involved in complaint resolution.

In attempts to meet patient demands, some respondents reported occasional deviations from formal procedures, most commonly regarding the maintenance of medical records, obtaining informed consent, or compliance with prescribed administrative steps. These findings are consistent with the literature, which emphasizes that patient pressure, limited time, and high expectations can influence the quality of communication and adherence to legal standards in everyday dental practice [2,4].

The results of this study indicate that dentists in Bosnia and Herzegovina relatively frequently encounter patient complaints, although the number of legal proceedings remains low. While most surveyed dentists strive to operate within the legislative framework, the survey data show that a certain number of professionals rely on informal agreements in situations of misunderstanding or complaints. Such an approach often arises from the desire to avoid lengthy administrative procedures and from the belief that problems are more efficiently resolved through direct communication between patient and dentist. Similar tendencies have been observed in other studies, which indicate that many dentists prefer informal complaint resolution to preserve the patient relationship and avoid negative consequences for professional reputation [9].

Research from other countries shows that clear legal frameworks, continuous education in ethics and jurisprudence, and strong regulatory institutions significantly reduce the risk of professional errors and disputes [10–15].

Interestingly, the majority of dentists reported formally maintaining patient records (80.4%), yet signed informed consent is still not a routine practice—only 16.8% of respondents use it for all procedures. This suggests a potential gap between legal requirements and daily practice. Previous studies indicate that properly maintained documentation and the availability of signed consent significantly reduce dentists' legal vulnerability and serve as key evidence in case of disputes [16–20].

More than half of the respondents (60.7%) reported experiencing some form of complaint or grievance, consistent with trends described in the literature, which note an increase in patient dissatisfaction and expectations regarding service quality and communication. However, only 7.5% of respondents reported involvement in a legal proceeding, suggesting that most conflicts remain at the level of internal complaints or are resolved through informal agreements between the dentist and the patient.

The reasons for legal disputes were diverse, including: lawsuits filed by dentists for non-payment of certain procedures, patient dissatisfaction with skeletal dentures, negligent treatment, aesthetic issues with prosthetic work, functional deficiencies following the fabrication of fixed prosthetic work on implants, and dissatisfaction with removable dentures.

The results showed that 50% of cases were resolved through settlements, 11.2% in favor of the dentist and their practice, while the remaining 50% did not enter formal legal proceedings. These data indicate that many disputes are resolved outside formal court processes.

Analysis of the areas of dentistry most frequently associated with complaints and complications revealed that 71% of complaints were related to prosthetics, including patient dissatisfaction with prosthetic work such as bridges, dentures, and crowns; 9.3% of complaints originated in oral surgery (e.g., complications following tooth extractions); and 15% of complaints were related to restorative dentistry and endodontics, including tooth restorations and root canal treatment. The remaining percentage was associated with implantology, orthodontics, and periodontology, which showed a lower frequency of complaints compared to prosthetics.

Similarly, other authors report that prosthetic procedures are among the most common causes of complaints and legal actions, largely due to the subjective assessment of treatment success and the high risk of dissatisfaction. Yüce & Yurt, in a 2025 study, emphasize that prosthetic procedures—due to their complexity, lengthy treatment, cost, and high patient expectations—are "particularly high-risk" for dissatisfaction and lawsuits [21].

A retrospective study conducted in Iran analyzing 450 patient complaints found that the most frequent complaints concerned prosthetic treatments (such as crowns, bridges, etc.) (20.4%), followed by implantology and tooth extractions [22].

Moreover, older studies from Scandinavian countries show that prosthetics is the discipline with the highest number of complaints. For example, *Malpractice reports in prosthodontics in Sweden* noted that bridges, complete and partial dentures, and individual crowns were the most frequent procedures leading to complaints [23].

The results of our study indicate that most complaints are attempted to be resolved through settlements (61.7%), reflecting dentists' willingness to avoid legal proceedings, but at the same time raising questions about the duration, quality, and formality of the complaint resolution process. This approach is common in other countries, where settlements are considered more efficient, faster, and less stressful for both parties [24].

Another important finding is the perception of insufficient legal protection—more than half of respondents (56.1%) do not consider themselves adequately protected as dentists, which may be related to the fragmented healthcare regulations in Bosnia and Herzegovina and insufficient knowledge about rights and procedures. This is further evidenced by the fact that 69.2% of respondents do not know which institution to contact in the event of a patient lawsuit.

Verbal aggression is also alarmingly frequent (66.4%), which aligns with global reports of increasing aggressive behavior of patients toward healthcare workers, particularly in systems where trust between patient and provider is weakened or where there is insufficient regulation protecting healthcare professionals.

Analysis of the results reveals differences in the perception of professional risks, legal protection, and complaint management among dentists based on gender, years of experience, employment sector, and area of specialization. Although most of these differences are statistically non-significant, a number of dentists are unfamiliar with protective procedures, indicating that education and standardization would be beneficial. Similar findings have been reported in studies from other countries [9, 17–19].

Regarding gender differences, male dentists were slightly more likely to be involved in legal proceedings (12%), more often knew which institution to contact in case of patient complaints (18%), and more frequently perceived that complaints and lawsuits had affected their professional reviews (25%). Female dentists, on the other hand, demonstrated more consistent record-keeping, were more likely to feel inadequately protected by law, and were more frequently exposed to physical or verbal aggression (Table 2, Graph 1). Although these differences were not statistically significant, they reflect gender patterns in professional experience within dentistry and highlight the need for better systemic protection and support, especially for women in the profession.

Multivariate analysis further confirmed the impact of experiencing physical or verbal aggression on perceived legal security. Dentists who had experienced such incidents were nine times less likely to consider themselves legally protected compared to colleagues without such experiences (OR = 9.62, p = 0.031), independent of gender and years of experience (Table 2, Graph 2). This represents one of the most significant findings of the study, demonstrating that personal experiences with aggression have a strong and lasting effect on the professional sense of security.

Work experience also plays a significant role. Dentists with more than five years of experience were almost twice as likely to feel adequately protected by law (OR = 1.91, CI: 1.26–2.92). Similarly, more experienced dentists were slightly more likely to perceive that patients are not sufficiently aware of their obligations, although this difference was not statistically significant (Table 3). These trends suggest that experience contributes to greater legal knowledge but also to a heightened awareness of the imbalance between professional and patient responsibilities.

The results also show clear differences between the private and public sectors. Dentists in private practices reported that patients were 0.86 times less likely to file complaints compared to patients in public institutions, which may reflect differences in expectations, approach, or organization of care. However, private sector dentists were 1.65 times more likely to attempt to resolve complaints through settlements ($p < 0.001$), indicating a more practical and direct approach to patient retention (Table 4).

Notably, prosthodontics specialists stand out. Prosthodontists are 4.77 times more likely to be employed in the private sector and 2.63 times more likely to prefer resolving complaints through settlements ($p = 0.03$) compared to colleagues in other areas of dentistry (Table 5). This may reflect the nature of prosthetic procedures, which are often more complex, costly, and subject to subjective patient expectations.

Dentists who had negative experiences in the form of complaints or grievances received seven times worse professional reviews (OR = 7.17, p = 0.047) and were 6.56 times more likely to attempt to resolve situations through settlements ($p < 0.001$). This finding confirms the assumption that conflict situations with patients have both reputational and professional consequences, further emphasizing the need for preventive mechanisms, proper documentation, communication training, and formal legal support.

Conclusion

The results of this study suggest that there is room for improvement in the application of legal obligations in everyday dental practice in Bosnia and Herzegovina.

Although most dentists report maintaining proper documentation, the use of informed consent remains infrequent, increasing professional and legal risk, particularly in complex therapeutic procedures. Patient complaints are relatively common, while legal proceedings are rare, and conflicts are most often resolved through informal settlements, indicating a tendency to avoid lengthy and formal procedures. The highest number of complaints pertains to prosthodontics, reflecting the complexity of prosthetic treatment and high patient expectations.

Notably, dentists who have experienced verbal or physical aggression report significantly lower perceptions of legal and professional security compared to colleagues without such experiences, highlighting the strong and lasting impact of personal experiences with aggression on professional confidence.

Furthermore, insufficient awareness among dentists regarding competent institutions and protective mechanisms contributes to the perception of legal insecurity. These findings underscore the need to strengthen education in medical law and ethics, standardize administrative procedures, improve complaint resolution processes, and enhance institutional support, with the aim of increasing dentists' legal security and the overall quality of dental care.

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References

1. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. Oxford University Press; 2019.
2. Ozar DT, Sokol DJ. Dental Ethics at Chairside: Professional Obligations and Practical Applications. Georgetown University Press; 2018.
3. López-Nicolás M, Falcón M, Pérez-Carceles MD, Osuna E, Luna A. Informed consent in dental malpractice claims. A retrospective study. International Dental Journal. 2007;57(3):168-172.
4. Bhadauria US, Dasar PL, Sandesh N, Mishra P, Godha S. Medico-legal aspect of dental practice. Clujul Medical. 2018;91(3):255-258. PMC
5. Savić Pavičin I, Jonjić A, Maretić I, Dumančić J, Zymber Çeshko A. Maintenance of Dental Records and Forensic Odontology Awareness: A Survey of Croatian Dentists with Implications for Dental Education. Dent J. 2021;9(4):37.
6. Pervez Z, Hussain M, Naz F, Iqbal M. Ethical relationship in the dentist-patient interaction. Journal of Forensic & Legal Medicine. 2021;87:102-123.
7. Nash DA. Ethics in dentistry: review and critique of Principles of Ethics and Code of Professional Conduct. J Am Dent Assoc. 1984 Oct;109(4):597-603. doi: 10.14219/jada.archive.1984.0131. PMID: 6384327.
8. Zakon o stomatološkoj djelatnosti Federacije Bosne i Hercegovine, "Službene novine FBiH", br. 40/13.
9. Muralidharan S, Pendyala G, Gandhage D, Sachan S. Knowledge of Dental Ethics and Jurisprudence Among Dental Practitioners in Pune: A Questionnaire Survey. Cureus. 2022 Nov 14;14(11):e31503. doi:10.7759/cureus.31503
10. Ehsan A, Raza A. Ethical Practices in Dentistry: Call for Bioethics Education and Collective Action. Pak J Med Sci. 2025;41(3):641–642. doi:10.12669/pjms.41.3.11907
11. Coburn DG, Monaghan AM,Gibbons AJ. Risk management. Br Dent J. 2004 Sep 11;197(5):225.
12. Hrudey SE, Leiss W. Risk managementand precaution: insights on the cautioususe of evidence. Environ Health Perspect. 2003 Oct;111(13):1577-81.
13. Perea-Perez B, Santiago-Saez A, Garcia-Marin F, Labajo-Gonzalez E, Villa-Vigil A. Patient safety in dentistry: Dental care risk management plan. Med Oral Patol Oral Cir Bucal. 2011;(Epub ahead of print).
14. Graskemper JP. A new perspective on dental malpractice: practice enhancement through risk management. J Am Dent Assoc. 2002 Jun;133(6):752-7.
15. Hay LJ. Risk management: the top 10 mistakes dentists make. Dent Assist. 2007 Sep-Oct;76(5):36, 8, 45.

16. Savić Pavičin I, Jonjić A, Maretić I, Dumančić J, Zymber Çeshko A. Maintenance of Dental Records and Forensic Odontology Awareness: A Survey of Croatian Dentists with Implications for Dental Education. Dent J (Basel). 2021 Mar 25;9(4):37.
17. Jerrold L. Litigation, legislation, and ethics: Inferences, presumptions, and certainties. Am J Orthod Dentofacial Orthop. 2003 Feb;123(2):194-5.
18. Jerrold L. Litigation, legislation, and ethics. Alchemy in orthodontics. Am J Orthod Dentofacial Orthop. 2002 Nov;122(5):573-4.
19. Filker PJ, Muckey EJ, Kelner SM, Kodish- Stav J. Taking a quality assurance program from paper to electronic health records: one dental school's experience. J Dent Educ. 2009 Sep;73(9):1095-101.
20. Brkić H. Forenzična stomatologija. Zagreb: Školska knjiga 2000.
21. Yüce, E., & Kacdıoğlu Yurt, S. (2025). Two decades of dental malpractice litigations in Türkiye: a retrospective matched cohort study analyzing legal and clinical outcomes. BMC Oral Health, 25, 487. https://doi.org/10.1186/s12903-025-05838-1
22. Tabrizi, R., Taheri, H., Forouzesh, M. et al. (2025). Complaint trends of dental malpractice in Tehran, Iran: a retrospective study (2016—2022). The Saudi Dental Journal, 37, 44.
23. René N, Owall B. Dental malpractice in Sweden. J Law Ethics Dent. 1991;4:16-31. PMID: 1816351.
24. Nassar D, Tagger-Green N, Tal H, Nemcovsky C, Mijiritsky E, Beitlitum I, Barnea E, Kolerman R. The Incidence and Nature of Claims against Dentists Related to Periodontal Treatment in Israel during the Years 2005-2019. Int J Environ Res Public Health. 2021 Apr 14;18(8):4153.