



# SOUTH CAROLINA DENTAL ASSOCIATION

**Bulletin**  
**January 2026**  
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## Presidents Message

By Dr. Carol Baker, SCDA President



Good afternoon friends and colleagues of the South Carolina Dental Association. I stand here today to thank you for allowing me to be your incoming president of the SCDA. This is definitely one of the greatest honors of my professional life. I am deeply grateful for your trust and look forward to seeing what we can accomplish together.

As a dental student at the Medical University of South Carolina, I was a member of ASDA. This flowed right into being a member of the SCDA upon entering my professional career as a general dentist, yet I really did not understand the true power of organized dentistry. However, it did not take me long to realize how important it was to be a member of this association. My membership is not just a card that I carry with me. It allows me to be a part of a community. It is a place where I can learn, get support from others and grow as a clinician and a leader. It continues to help me create a network of dentists and friends across this country, a network that would have never been possible otherwise.

Even though I feel certain I would have been a card carrying member of the SCDA, I am not sure that I would have been as involved as I have been over the last 21 years if it had not been for my friend Charlie Maxwell. I joined Charlie's practice straight out of dental school and quickly realized that I had found my dental home. What I failed to realize at the time was that I had also met someone that would mentor me in both dentistry and life. Charlie exemplifies how to be a good dentist and a good person. He believes in organized dentistry and he was kind enough to take me along for the ride, literally. We went to local study club meetings together, participated in many annual sessions, HOD meetings, and DAD events. Every so often Charlie would tell me it is time for the younger crowd to step up, so Charlie I am doing just that.

Dentistry can be very challenging. We have to navigate treatment decisions, changing technologies, workforce shortages, pressures of managing a business, and the emotional weight of being a healthcare provider for our patients who trust in us each day. By being a part of a dental community, we do not carry these burdens alone. We have each other, we have organized dentistry, and we have the South Carolina Dental Association.

Organized dentistry has made it possible for our profession and the patients we serve to have representation, whether it be for legislative issues, insurance reform, scope of practice protection, or safety and ethical standards that set our profession apart. This concept only works when we work and we bring our voices together as a community of members.

This is why membership is our greatest asset, but it is not just about numbers. It is about people. It is about dentists in different phases of their lives and careers that are willing to share their experiences and to express their problems and concerns. It is knowing that they are part of a larger like-minded community that not only offers a sense of camaraderie but is also willing to roll up their sleeves and work to make changes that will benefit all dentists of all ages and all practice modalities. It is our responsibility as current members to reach out to our fellow dentists who have yet to join the SCDA. Earlier, when I told you the story of how I became so involved in the SCDA, I am certain it sounded very familiar to you all. That is because most of us became members because someone took a personal

interest in us, mentored us, and took time to be our friend. I am sure most of us in this room have a Charlie Maxwell story, a story about how someone offered them a personal invitation into this special community. I challenge us all to reach out to a fellow dentist and invite them to a study club meeting. You may just be inviting someone who is very willing to roll up their sleeves and work and be involved in organized dentistry. You may be inviting someone who does not realize what they truly have to offer to organize dentistry because no one has ever taken the time to explain its importance to them personally, and that person may not only join but become an active member.

In closing, as I begin my role as SCDA president, I will do my best to lead with humility and purpose, always being grateful for the opportunity that I have been given by my fellow members. I believe in our association, I believe in organized dentistry, and I believe in each of you. You are my community, you are my network, you are my friends. We need to appreciate what we have here, and we need to be bursting with pride to share it with our colleagues, and invite them to be part of this great family.  
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## Executive Director's Notes

By Phil Latham, SCDA Executive Director



The American Dental Association (ADA) along with all State Dental Associations and the ADA Council on Dental Practice of which SCDA Past President Nick Papadea serves on continues to take a special interest in well-being.

An easy-to-use risk assessment tool has been developed by the Mayo Clinic to address clinician distress and well-being and is available at no cost for every ADA and SCDA member. This tool, with the help of the ADA Wellness Ambassador Program is confidential and easy to use.

The new Well Being Index (WBI) is an "important commitment to safeguarding the health and well-being of dentists," said Kami Dornfeld, D.D.S., Past ADA Dental Team Wellness Advisory Committee chair. "Mental health is health. Our patients' health depends on our being able to prioritize our own health and well-being."

The WBI, used by hundreds of health care organizations, takes one minute to answer nine questions, evaluating risk of fatigue, depression, burnout, anxiety.

This ADA-licensed version directly connects participants to ADA resources and members can continue to take the WBI at a selected frequency and can reference their own personal dashboard.



[Click here](#) to watch a short video on the WBI.


To access the member benefit, [click here](#) to set-up a WBI account and then take the assessment.


For additional health and wellness resources, visit [ADA.org/Wellness](https://ada.org/Wellness).

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## Pay Your Dues Today!

It's time to renew your dues with the South Carolina Dental Association (SCDA) and the American Dental Association (ADA)!

To renew your 2026 dues online, [click here](#)! Your login will be your email address. If you have issues logging in please use this guide [ADA New Login Credentials FAQ](#) or contact the ADA Member Service Center at 312-440-2500 or [msc@ada.org](mailto:msc@ada.org).

If you have any additional questions or have recently retired, please contact Maie Burke at [burkem@scda.org](mailto:burkem@scda.org).

We wish you and your family a safe and wonderful holiday season and we look forward to working with you in 2026!



**SOUTH CAROLINA**  
DENTAL ASSOCIATION



# Dues Renewal Time!

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at [burkem@scda.org](mailto:burkem@scda.org)!**

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## A Health Benefits Plan Designed for South Carolina Dental Practices

By Mark Brown, CAE, Associate Executive Director

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Dependable, comprehensive benefits play a critical role in supporting dental professionals, their families, and their practice teams. Recognizing these needs, the South Carolina Dental Association (SCDA) developed the SCDA Group Trust Plan—a health insurance solution created specifically for dental practices, offering flexibility, value, and peace of mind.

### Broad Coverage, Trusted Access

The SCDA Group Trust Plan provides access to the largest network of medical providers in South Carolina, along with nationwide and worldwide coverage. This expansive reach ensures continuity of care whether members are practicing locally, traveling, or relocating.

### Flexible Plan Options for Practices and Employees

Members may choose from eighteen medical plan options, including four Health Savings Account (HSA)-compatible plans. To further enhance flexibility, practices can offer any two deductible options, empowering employees to select coverage that best aligns with their individual needs and budgets.

All copay plans include a free annual eye exam, with optional dental and expanded vision coverage available. Each plan also includes built-in life insurance, adding an extra layer of financial protection for employees and their families.

### Predictable Costs and Comprehensive Services

SCDA copay plans are designed to deliver predictable out-of-pocket costs while covering a wide range of services, including:

- Office visits and medical consultations
- Medical supplies and allergy injections
- Minor office surgeries
- Surgical second opinions
- Laboratory services and X-rays
- Hearing evaluations

This comprehensive coverage helps reduce uncertainty while ensuring access to essential care.

### Reduced Administrative Burden

To simplify plan management, COBRA administration is fully included at no additional cost. This eliminates a significant administrative responsibility for practices, allowing dentists and staff to focus more fully on patient care.

### Enrollment Flexibility

Contrary to common belief, many employers do not need to wait until their current medical plan renews to make a change. In most cases, SCDA Group Trust Plan coverage can begin on the first of any month, offering added flexibility during transitions.

### Learn More

SCDA members are encouraged to explore how the Group Trust Plan can support their practice and team. For additional information, visit [www.scda.org](http://www.scda.org), email [scda@scda.org](mailto:scda@scda.org), or call 803.750.2277.

The South Carolina Dental Association remains committed to delivering meaningful benefits that strengthen its members' practices and professional lives.





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# Difficult Patient Sues Dentist After Improper Dismissal and Jousting

By Marc Leffler, DDS, Esq, MedPro Group, an SCDA Endorsed Company

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In dental practice, dealing with hard-to-please patients can be a challenge, but it's important to approach them with care. In this case study, a dentist dismisses a difficult patient without taking the proper steps required by their state. In turn, the patient brings a malpractice claim and board complaint against the dentist.

## Key Concepts

- Handling difficult patients in dental practice
- How jousting can lead to malpractice claims
- Patient dismissal vs. abandonment

## Underlying facts

V, a woman in her mid-50s, had been a patient in Dr. K's office for less than a year, having left her prior dentist because, as she described, they "simply couldn't get along with each other." When V first presented, Dr. K did not ask for any details about the issues with the prior dentist. The initial visits with Dr. K were routine, consisting of examination, radiographs, and prophylaxis, but no further treatment was required. More recently, V was struck in the face and upper anterior teeth with a tennis racket by her doubles partner. She came straight to see Dr. K, who determined that the fractures in teeth #8 and #9 warranted full coverage restorations after RCTs were completed.

The following week, Dr. K performed endodontic therapy on those teeth, inserted posts and cores, completed crown preparations, impressioned them, and placed temporary crowns. It was shortly after that when Dr. K got a sense as to why V might have split from her prior dentist. Every day over the next week-and-a-half, usually after hours, V called Dr. K on his cell phone, complaining about the aesthetics of the temps; each time, Dr. K explained to his patient that this was only a temporary situation, soon to be replaced by permanent crowns which would be much more cosmetically pleasing. When V presented to have the permanent crowns inserted, she expressed her unhappiness with the shade they had jointly chosen. Still, Dr. K encouraged her to "live with them" for a while, temporarily cemented, and then see how she felt.

The same telephone pattern continued, so Dr. K asked V to come into the office so that they could choose a new shade with even more of her input than originally. They agreed on a shade so that Dr. K could have his dental lab strip the porcelain and redo them with the new shade selected; Dr. K replaced the temporary crowns until the time when the "new" permanent crowns would be ready. V contacted Dr. K repeatedly, again complaining about how she "hated" the look of the temporary crowns. The new crowns arrived in the office, and Dr. K tried them in V's mouth. Now, she continued to complain about the "unnatural" shade, but she also did not like the crown shape. Dr. K asked his lab to, once again, redo the porcelain component with the newest chosen shade and also requested modification of the emergence profiles.

The third set of crowns were still unsatisfactory to V's eye, and she made that very clear to Dr. K. At a loss for how he could please his patient, Dr. K told V that he would leave the newest crowns temporarily cemented in place, but he would not continue to treat her; he followed the verbal dismissal with an email, in which he provided little detail as to why he discharged her or what she should do next.

V was able to find a new dentist, Dr. A, quickly. Dr. A commented to V that he thought the shade was far from ideal, and he was also quite critical of the shape and marginal integrity of Dr. K's crowns. Dr. A agreed to remake the crowns, but his fee would be a burden for V. A payment plan was worked out, with V obtaining yet another set of crowns, now from Dr. A, ultimately stating that "they're OK but not great."

## Legal action

With her dissatisfaction growing, V looked into suing Dr. K to recover the additional expenses she paid to Dr. A, but she could not find an attorney willing to take her case. Instead, she filed a case in a local small claims court. She simultaneously filed a complaint with the State Dental Board, claiming that Dr. K had abandoned her as a patient when he dismissed her from his practice before ongoing treatment was completed. When V appeared in small claims court on her own, she was met by counsel for Dr. K, who had been assigned to defend him by his malpractice carrier; per his policy, Dr. K was entitled to defense counsel for malpractice claims, regardless of the level of the court.

V had been unable to convince Dr. A to testify as to treatment below the standard of care on the part of Dr. K, so the small claims court judge dismissed the case and advised V that plaintiffs claiming professional malpractice needed to have expert testimony to support such claims for them to maintain their actions. In response to V's request that the court simply evaluate the records of Dr. A, which demonstrated Dr. A's criticisms of the crowns that Dr. K had made and the need to remake them at her expense, the court stated



that allowing a paper file to substitute for expert testimony would be unfair to Dr. K and his counsel because “you can’t cross-examine a piece of paper.” As they all left the court, Dr. K’s counsel advised V that he would be defending Dr. K in the Board action she had filed.

The Dental Board’s members, as well as the Board’s attorney, interviewed V and Dr. K separately to learn each of their positions. V essentially repeated what she submitted in her initial written complaint. In his defense, Dr. K argued that he concluded after three attempts at crown fabrication and placement that he could not please V, regardless of what he might do. The Board’s questioning focused less upon his reasons for dismissal than upon the way he did it.

After subsequent internal deliberations, the Board issued a written decision in which it faulted Dr. K for the inadequacies in his notice to V, citing to Dental Practice Act requirements for patient dismissal, so that it does not amount to abandonment: patients must be notified in writing of a dismissal, the reason(s) for that termination, the dentist’s stated willingness to continue to treat the patient for a limited period in the event of dental emergencies, and the dentist’s stated willingness to assist the patient in moving further care to another dentist. Because, in the Board’s view, Dr. K did not abide by these obligations, his dismissal was deemed an abandonment. While the Board opted against levying a fine or any severe sanctions, they sent Dr. K a letter of reprimand, which would be posted indefinitely on the Board’s website.

### **Takeaways**

As a general proposition, but with wide variation, State Boards often act when they view a dentist’s actions as constituting professional misconduct – sometimes stated as an ethics breach – although they are not limited in that regard; patient abandonment often fits that bill. Here, Dr. K faced a dilemma because he recognized that he had not yet completed the course of dental care he had begun, while also realizing that he did not believe that he would ever be able to satisfy his patient’s stated desires and needs. Looking at the Board’s conclusions at face value, there seems to have been an understanding and acceptance of Dr. K’s predicament, but his approach to carrying out V’s dismissal fell short of the statutory duty, namely failing to take the necessary steps and reducing that to writing for the patient’s benefit. In the end, dentists should familiarize themselves, whether on their own or with the assistance of an attorney or their malpractice carrier, as to what their state’s requirements are for proper patient dismissal and make certain that they abide by them. The risk of not doing so can result in a Board sanction, even when the basis for such a dismissal was appropriate. It is always necessary to make sure that patients are not harmed, even when releasing them from the practice where they had undergone treatment.

In this case, the subsequent dentist, Dr. A, voiced criticisms about the quality of the care of the prior dentist, Dr. K. That concept is often referred to as jousting, and it is a frequent driver of dental malpractice claims. While it is not uncommon, and not unexpected, that a subsequent treating dentist might look at prior-performed treatment and disagree with certain aspects of it, whether approach or performance itself – and dentists are ethically obligated to notify patients about all existing conditions they find – but how those findings and/or disagreements are expressed to patients can mean the difference between a lawsuit or Board complaint, or neither. The subsequent treating dentist is most often doing a look-back evaluation in a vacuum, without having stood in the prior dentist’s shoes at the time treatment was carried out. Here, while Dr. A jousted against Dr. K, he ultimately refused to testify against Dr. K, thereby protecting him from the legal actions taken by a patient whom Dr. A had seen firsthand was a difficult patient to satisfy.

Finally, we briefly address claims brought in small claims courts rather than in traditional trial courts, in which juries are often seated. The rules vary greatly between states and even between jurisdictions within the same state, but it is safe to say that small claims courts usually have somewhat relaxed procedural rules. However, as the judge in this case demonstrated, at least in her courtroom, basic fairness protections would not be sacrificed at the expense of the defendant dentist. Our experience shows, though, that this is not an across-the-board method in small claims courts, so the preparation for defending small claims actions is not a place to take liberties, by sued dentists, their attorneys, and their malpractice carriers, even though the amount of money at issue is lower than in courts of “general jurisdiction.”

Note that this case presentation includes circumstances from several different closed cases, in order to demonstrate certain legal and risk management principles, and that identifying facts and personal characteristics were modified to protect identities. The content within is not the original work of MedPro Group but has been published with consent of the author. This document should not be construed as medical or legal advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ among companies. © MedPro Group Inc. All rights reserved. 12/2025

## Changing What's Possible: Our 2025 Chapter

By Dr. Sarandeep Huja, Dean, James B. Edwards College of Dental Medicine Medical University of South Carolina



Dear SCDA member:

2025 was a transformative year for the MUSC James B. Edwards College of Dental Medicine. We took on new ways of doing things to support our students, residents, patients, employees, alumni, and partners.

I remain grateful to you for the SCDA's continued partnership in championing the needs of our patients and profession in South Carolina.

Here are some of our biggest moments from 2025!



## Memorable Milestones from 2025

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Join Pearly Whites in **Myrtle Beach**! We're opening a new fee-for-service hygiene + whitening center and need a licensed SC dentist for a light, diagnostic-only role. No drilling, no stress — just exams, oversight, and patient care. Send CV to [coo@carolinadentalarts.com](mailto:coo@carolinadentalarts.com).

We are a well established, mostly FFS with Delta exclusive only office. Seeking a **PT associate** to join our team for 2-3 days a week. Hours are 7:30-4:30. We have Itero, CBCT. We're looking for a dentist who values patient relationships, quality care and supportive team environment. Ideally at least 1 year of experience is required. Please send your resume to [pc@southlakedentistry.com](mailto:pc@southlakedentistry.com).

## Positions Available- Staff

Busy private Greenville, SC dental office looking for a FT or PT **RDH**. The ideal candidate will have a professional image and excellent communication skills. Infiltration cert is a plus. Must be committed team player and dependable. 34 hours, excellent pay and work schedule and benefits tailored to your needs. [office@julianthomasdmd.com](mailto:office@julianthomasdmd.com).

Sumter Family Dental, a busy, full digital practice located near scenic Swan Lake seeks an **RDH** to complete our team. Offering competitive pay, 401(k) matching, health and vision insurance, free family dental care, PTO and paid sick/vac. We follow all recommended PPE protocols, prioritizing patient/staff safety. [sumterfamilydental@gmail.com](mailto:sumterfamilydental@gmail.com).

Bella Vista Dental in **Greenville SC** is seeking Full Time Associate Dentist. We are a multilocation dentist owned group with an emphasis on high quality patient care. All offices are located within 10 miles of downtown Greenville. Modern state of the art facilities along with IV Sedation and in house implant placement are performed. Mentorship opportunity may be available if desired. [Kennedy@bellavistadentalsc.com](mailto:Kennedy@bellavistadentalsc.com).

## Practices/Office Space Available

**N.E. Columbia** Dentist looking to retire. Great opportunity to own your own practice and be your own boss. Dentist and great staff willing to stay and help with the transition. Practice and stand alone building for sale. Reasonable price! [Brushandfloss@hotmail.com](mailto:Brushandfloss@hotmail.com) or 803-920-6669.

Million-Dollar Opportunity: **Beaufort County** GP located in a retail center with great visibility and ample parking. There are 5 ops in 1,600 sq. ft. with digital X-ray and Pan. This practice has 2,700+ active FFS/PPO patients. The practice operates on a 4 doctor and 8 hygiene workweek. Contact: AFTCO 800.232.3826

For-Sale **well established GDP** (between Charlotte and Greenville) Annual collections 1.27M (3 days Tues/Wed/Th) fee for service (no network). Experienced/certified staff willing to stay. 9 operatories stand-alone building-real estate also available. Modern well-equipped facilities-all digital. [coopdent69@gmail.com](mailto:coopdent69@gmail.com)

SCDA  
120 Stonemark Lane  
Columbia, SC 29210

Thriving **Hampton County, SC** dental practice! 6 ops, 2,797 active patients and \$1M+ annual revenue. Priced at \$537K with huge growth potential. Perfect turnkey opportunity for a new owner ready to step in and succeed. [laura@klassolutions.com](mailto:laura@klassolutions.com).

Located near **Charlotte, NC** this established general dental practice features four operatories, 875+ active patients, and strong referral-driven growth. With \$580K in collections and \$102K+ take-home, it's ideal for first-time buyers or expansion. Contact PTS at 719.694.8320 or [bailey@professionaltransition.com](mailto:bailey@professionaltransition.com)

Pediatric Dental Practice for sale with collections of \$1,056,785 located in **Greenville County, SC**. Fee for service practice with owner looking to retire and transition the office to another pediatric dentist. Practice utilizes Eaglesoft and has prime real estate available for lease or purchase. Asking price is \$850,000. Contact Jesse Koski at [jkoski@rosendentaltransitions.com](mailto:jkoski@rosendentaltransitions.com).