

Health & Dental Boundaries Guide

Union of Saints

Maintaining your health, including dental care, is a partnership. You are an active participant in decisions about your body, and it's important to set boundaries that protect your well-being.

1. Question Necessity

- Crowns and extractions: Not every procedure is essential. Ask, "Does this tooth really need a crown or extraction?" What other options may I explore? Bonding? Filling?
- Seek alternative remedies when appropriate:
 - Garlic for mild antibacterial support
 - Clove for tooth pain relief
 - Saltwater rinses or oil pulling for sensitivity
- Remember: teeth are sensitive, and your comfort matters.

2. Communicate Your Needs

- Your dentist should listen to your concerns and explain procedures clearly.
- If recommendations feel unnecessary or aggressive, speak up.
- Say: "I'm not comfortable with this procedure at this time."
- Ask for clear reasons why a procedure is necessary.

3. Practice Boundary Setting

- You are in control of your body and treatment decisions.
- Do not feel pressured to accept extras, tests, or procedures you don't need.
- If a dentist is dismissive or pushes procedures against your wishes:
 - Consider filling out patient surveys to provide feedback.
 - It's okay to find a new doctor who respects your boundaries.

4. Mutual Respect

- A healthy doctor-patient relationship is mutual:
 - The physician or dentist is not superior simply because they are the provider.
 - Your input, comfort, and consent are equally important.

5. Safety First

- Always prioritize your safety and comfort over perceived obligation.
- Document your decisions and conversations if necessary.
- Trust your instincts: if something feels wrong, pause and reassess.

Key takeaway: Setting boundaries in dental and health care is your right, not a privilege.

Letter of Boundaries for Dentists

[Your Name]

[Address]

[City, State, ZIP]

[Date]

To [Dentist's Name],

I am writing to clarify my personal boundaries regarding my dental care. My goal is to maintain a professional, respectful, and safe relationship in which my autonomy and comfort are prioritized.

My boundaries are as follows:

1. Procedures: I reserve the right to decline any procedure I do not feel is necessary, including crowns, extractions, or any additional treatments.
2. Financial Considerations: I will not consent to procedures outside my insurance coverage or any extra procedures that may result in unexpected costs.
3. Consent and Communication: I expect all procedures to be fully explained, including risks, benefits, and alternatives, without pressure or coercion.
4. Anesthesia and Exams: I do not consent to any examinations or procedures while under anesthesia or sedation unless previously agreed upon.
5. Privacy: No photographs or recordings of me or my teeth, mouth, or procedure may be taken without my explicit consent.
6. Mutual Respect: I expect my comfort, concerns, and questions to be acknowledged and respected.

My intent is to have a safe, transparent, and collaborative dental experience. I appreciate your understanding and respect for these boundaries.

Sincerely,

[Your Name]

Letter of Boundaries for Doctors

[Your Name]

[Address]

[City, State, ZIP]

[Date]

To [Doctor's Name],

I am writing to outline my personal boundaries regarding my medical care to ensure that all interactions are respectful, safe, and collaborative.

My boundaries are as follows:

1. Procedures and Tests: I reserve the right to decline any procedure, test, or examination that I do not feel is necessary, including exams or others.
2. Financial Considerations: I will not consent to any procedure or test that may result in unexpected costs outside my insurance coverage.
3. Consent and Communication: All procedures and treatments should be explained clearly, including alternatives, risks, and benefits. I expect no coercion or pressure in making decisions.
4. Anesthesia and Exams: I do not consent to examinations, procedures, or tests while under anesthesia or sedation unless previously agreed upon.
5. Privacy: No photographs, recordings, or sharing of personal medical information without my explicit consent.
6. Mutual Respect: I expect my concerns, comfort, and preferences to be acknowledged and respected throughout my care.

My goal is to maintain a professional relationship where my autonomy, health, and safety are prioritized. I appreciate your understanding and cooperation.

Sincerely,

[Your Name]