

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer

The small business model of dental care provision

Graham B, Tennant M, Shiikha Y, Kruger E. Distribution of Australian private dental practices: contributing underlining sociodemographics in the maldistribution of the dental workforce. *Aust J Prim Health* 2019; DOI: 10.1071/PY17177.

Does it serve the whole population?

The small business model, in which individual dentists invest their own capital into a practice, predominates in Australia and consequently, practices need to be situated in areas where there are sufficient numbers of people to fund the services provided.

Geographical data and sociodemographic data from the Australian Bureau of Statistics were linked to the location of every private dental practice in the country. Countywide there was one practice per 4,547 people (range 1:40 to 1:27,773). Areas with no dentists (31.6%) and fewer dentists were situated in locations identified as having greater sociodemographic disadvantage (income, education, housing, employment).

This study provides a classic example of the inverse care law, where health provision is unavailable to those most in need. The authors suggest that either government funding needs to increase in the high needs areas, or better use of existing practices could be made by subsidising travel to them.

DOI: 10.1038/s41415-019-0165-2

Growing demand for dental care from obese patients

Malik Z. Special needs dental management of the class 3 obese patient. *Case Rep Dent* 2019; DOI: 10.1155/2019/7976531.

Specialist equipment and a holistic approach is needed.

Obesity is defined as 'abnormal or excessive fat accumulation that may impair health' (WHO) and cross-sectional prevalence data suggests an association with caries and periodontal disease. Dental management may be complicated by the need for specialist equipment.

Using a case study, this paper highlights the issues raised in the pre-, peri-, and post-operative management of an obese patient, whose complaints included multiple broken teeth, chronic discomfort and facial swelling. Before referral for care, the patient had already lost 20 kg in weight but suffered from sleep apnoea, depression, controlled hypertension and osteoarthritis in both knees, amongst other issues.

Treatment under sedation or general anaesthetic was precluded by the difficulties of airway management. Full dental clearance was carried out over several appointments with the patient in a semi-supine position under local anaesthetic, with pre-treatment checks of blood sugar levels, blood pressure and continuous pulse oximetry.

The post-op discharge to the care of a responsible adult and the difficulties for clinicians' posture during treatment are noted.

DOI: 10.1038/s41415-019-0209-7

Dentists on screen

Holden A C L, Gibson B, Spallek H. Embarrassing realities: the portrayal of dentistry in reality TV 'dentertainment'. *Community Dent Health* 2019; **36**: 46–54.

Is 'reality' any better than fiction?

Fictional screen accounts of dentists tend to portray members of the profession as 'incompetent, immoral, disturbed, sadistic or corrupt'. Reality TV in the form of makeover shows, however, have the opportunity to show dentistry in a different light.

Using 14 cases from the 'Embarrassing Bodies' series, broadcast in the UK between 2007 and 2014, the authors carried out a qualitative analysis of the programmes' transcribed texts as well as the way in which participants interact with each other and with the camera. Other factors examined included potential interaction between the viewer and the screen (the influence of camera angles and the commentary, and the similarities between the programmes as a whole and reality. Five themes emerged:

1. Professional values and portrayal of cosmetic dentistry – there is limited display of straightforward restorative dentistry, with the presentations focussing mainly on complex procedures such as implants to restore aesthetics. Implants are described as 'posh' promoting the idea that they are a symbol of affluence. In contrast to the medical issues portrayed in other programmes, risks and prognosis for treatment are rarely discussed
2. The presentation of oral health and disease – disease is presented as 'dark' and 'dirty' with dentitions described with war zone alliteration as 'devastated' and 'decimated', often accompanied by 'mournful, yet comedic' music
3. Dental physiognomy – participants are often depicted as 'failed' because of their dental appearance, with this view reinforced by camera angles which frequently look down, allowing viewers to be in a position of judgement and power
4. Dentistry as empowerment – in post-treatment interviews, participants speak directly to camera, reinforcing the view that they have now attained equality and empowerment as a result of their dental makeover. Lifestyle change to prevent future disease is given little emphasis within the programmes
5. Unequal professional relationships – the clinician is portrayed as clean, in white and in expensive surroundings, with multiple certificates in view and as a high status professional in contrast to participants who initially appear drab and disempowered.

Whilst acknowledging the difficulties of portraying complex dental treatment within a short TV programme, which suggests that the treatments viewed are a quick fix for dental disease, the authors regret the lack of preventive focus within the programme, that the future costs of maintenance are not discussed and that the portrayal of dentists' power does not reflect a healthy, consenting patient/clinician relationship.

DOI: 10.1038/s41415-019-0210-1