GREAT ENTHUSIASM

Sir, I read recently with great appreciation the interview with Kathryn Harley (*BDJ* 2013; **214**: 85-87). Her inspiring enthusiasm for providing much needed paediatric dental care was exceptionally motivating. As a Foundation Dentist working in Scarborough I was surprised to find, on seeing families for the first time, how many parents were not aware of the basics required for the oral health needs of their children. It was soon apparent how other sources of information, such as health visitors as Dr Harley comments, or indeed the media, have provided advice which in some cases can be quite detrimental to the developing dentition.

The most notable of these is fruit juice consumption. Parents who strive to improve their child's diet by compliance with the 'five a day' recommendation through providing an ongoing source of fruit juice to drink are often a little put out when the damage this is causing to their child's teeth is explained! The fact that it is a young recently qualified dentist, who clearly has no children of their own, issuing this blow also does not help. I therefore, when such scenario occurs in the future, intend to use Dr Harley's encouraging comment and state that as they are already doing so well in ensuring their child has an excellent diet of fresh fruit and vegetables, no further juices are required and that milk or water will suffice.

The other most enlightening topic discussed within this article is that regarding the cost of carbonated drinks in comparison to less acidic, and sugar-free products. It is indeed very obvious when in supermarkets, how much cheaper high-sugar fizzy drinks can be in comparison to mineral waters, an important issue in today's climate. Tap water does appear to have a stigma attached to it, when certainly having the unappreciated luxury in this country of a good standard of tap water, we really should be taking advantage where possible. If children were encouraged to drink more tap water whilst young, sugar-cravings as they grow may be less extreme, allowing an overall healthier lifestyle.

With regards to providing dental treatment for the child patients I currently see, again having only recently qualified, I would not say that I feel completely comfortable with certain procedures, mainly those which involve the provision of anaesthesia or extraction of teeth. However, from reading Dr Harley's comments, I am even more determined to ensure the correct care is provided at the correct time, as if avoided, radical treatment will certainly be necessary. Although it may be felt that postponing treatment until a later age will reduce the risk of dental anxiety for the patient, unfortunately if left until more extensive care is required, only the opposite will result.

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DOI: 10.1038/sj.bdj.488

COMMUNICATION OBSTACLE

Sir, I have been treating a Polish patient in my final year Outreach placement. The patient speaks no English and brings his son as an interpreter. Despite the language barrier, I obtain valid consent for the course of treatment, via his son's translations. The treatment plan comprised of full clearance of all remaining teeth, and provision of immediate complete/complete dentures with a view to construct definitive dentures after a six month period.

Although slightly more time was required than usual per appointment, I was able to successfully communicate through the patient's son. When the patient attended for delivery of the immediate upper denture, there were still three teeth in the upper arch requiring extraction.

As the patient is needle phobic, I had previously used topical anaesthetic prior to infiltrations, if only for psychological purposes. Once anaesthesia was achieved, I began to luxate the first tooth for extraction.

The patient began choking unexpectedly. I sat the patient forward and started back slaps in case he had inhaled something. The patient continued choking and was struggling to breathe. He began to panic and I asked his son to tell him to calm down and encourage him to cough. The patient's son was also worried and was not translating, instead shouting at me to 'do something'. I was unable to speak to the patient to ascertain what had happened. I checked the patient's mouth for airway obstructions or fractured teeth/broken restorations. Nothing was evident.

I called for my supervising clinician and explained the situation. The patient was still choking and struggling to breathe. Due to the communication issues, we could not fully manage the patient or calm him down and the son was too emotionally involved to be of any help to us. As neither the supervising clinician nor I were aware of the cause of choking, it was decided to phone for an ambulance and send the patient to hospital for further investigation.

At the patient's next appointment, his son explained that there was no conclusive reason for the choking and that the most likely cause had been swallowed topical anaesthetic. The lack of sensation to the throat probably panicked the patient. I feel that I could have managed this situation better had there not been such an obstacle to communication. The requirement for a non-biased, independent interpreter is evident to me now and I have learnt not to use family/friends as translators in the future.

It would be encouraging if there were guidelines in place to prevent the use of family members as translators in a dental setting and instead use an independent individual who has experience in working in medical/dental environments.

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DOI: 10.1038/sj.bdj.2013.489

BRINGING OUT OUR INNER CHILD

Sir, reframing is one of the strategies used to guide behaviour in children in the dental practice. It is defined as 'taking a situation outside the frame that up to that moment contained the individual in different conditions, and visualise (reframe) it in a way acceptable to the person involved, and with this reframing, both the original threat and the threatened 'solution' can be safely abandoned'.[1] In an informal survey we carried out, 232 of the 352 practising general dentists replied that the main problem they faced while treating children was the management skills and the tolerance level. Patience, tolerance