this as does the 'common risk factors'[4] approach to understanding health. The recognition of the interconnectedness of physical, oral and psychological health should be reflected in IPS health policy and inform any future investment and development of its prison health service. It is only by acknowledging the equal importance of general, psychological and oral health will the IPS be able to deliver a prison health service that fully caters for the health needs of its inmates.

P. Neville, Bristol

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IN SURGERY

An observation on an observation

Sir, the paper by M. Syrimi and N. Ali (*BDJ* 2015, **218:** 597–598) was an interesting review of stereopsis in clinical practice as was the observation that it was not deemed essential in operative dentistry. I was surprised the authors did not comment on the fact that if one uses a mirror to view the operative site then one is using monocular vision of the operative area. Most dentists master the art of working in a monocular view with a mirror during their undergraduate days. So whilst stereopsis has a significant role in developing hand eye co-ordination a major part of operative dentistry is practised with monocular vision without problems for perhaps 50% of clinical activity.

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PUBLISHING

Predatory publishing

Sir, the term predatory publishers was first used by Ball in 2010 for journals following an exploitative open access publishing business model that involves charging authors a publication fee without providing the editorial and peer review services associated with legitimate journals.[1]

Because of promotion, academic reputation and pay rise issues many dental academicians are forced to publish their work. Young scholars in developing countries, such as India, are more vulnerable to become a victim of such a practice.[2] These journals reach authors by different ways; mostly they send an email and offer fast publication, some journals claim that well known academicians are on their editorial board although the person has no relation with the journal.[3] The journals often have a name that does not adequately reflect their region (eg Canadian, American, European or Swiss but has no relationship to these places) and falsely claim to have a high impact factor. Some predatory journals do not initially inform authors that they charge for publication until the article has already been accepted for publication.[4]

One should remember that these journals not only take one's money but also one's academic reputation.

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Jaipur, India

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ORAL CANCER

Cancer referral guidelines

Sir, I would like to draw your readers' attention to the updated National Institute for Health and Care Excellence (NICE) guideline on '*Suspected cancer: recognition and referral*'.[1] In a change to its 2005 predecessor, the 2015 guideline uses a new approach which focuses on the symptoms that a patient may experience.

For each cancer site (eg oral), the following two clinical questions were asked:[2]

- What is the risk of (oral) cancer in patients presenting in primary care with symptom(s)?
- Which investigations of symptoms of suspected (oral) cancer should be done with clinical responsibility retained by primary care?

The recommendations for oral cancer are:

1. Consider a suspected cancer pathway referral (for an appointment within two weeks) for oral cancer in people with either:
   - Unexplained ulceration in the oral cavity lasting for more than three weeks or
   - A persistent and unexplained lump in the neck [new 2015].
2. Consider an urgent referral (for an appointment within two weeks) for assessment for possible oral cancer by a dentist in people who have either:
   - A lump on the lip or in the oral cavity or
   - A red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia [new 2015].
3. Consider a suspected cancer pathway referral by the dentist (for an appointment within two weeks) for oral cancer in people when assessed by a dentist as having either:
   - A lump on the lip or in the oral cavity consistent with oral cancer or
   - A red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia [new 2015].

The Guideline Development Group estimated that the recommendations would result in an increase in costs within the community dental service, and a decrease in the number, and therefore cost, of suspected cancer pathway referrals, but were uncertain over net effect.[2]

Although the authors state that they are making 'recommendations not requirements, and [they] are not intended to override clinical judgement', their advice often reads like requirements, and courts might interpret their advice this way.

This updated NICE guideline will have major implications for general practitioners in England, and most likely in Wales and Northern Ireland. In Scotland, similar referral guidelines for suspected cancer were updated by Healthcare Improvement Scotland in August 2014.[3]

C. A. Yeung, Lanarkshire

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