LETTERS TO THE EDITOR

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LITIGATION IN DENTISTRY

Troubled by the profession

Sir, I feel obliged to warn all practitioners regarding the knock-on effects of their patient care, and how a third-party, when driven, can 'persuade' patients to take the litigation pathway. When I and my practising partner sold our practice after 23 years, I stayed on as an associate. After some 2-3 years, it became clear that I was being scrutinised and that my abilities were in question. I felt I had no option but to resign, a decision which clearly annoyed the practice owner and his (wife) manager. I was threatened with: 'I am going to destroy you and if you do not give me all the money I want to support (in my view) patient retrospective treatments, I shall report you to the GDC' by the practice owner. His wife was quick to add that they 'would not give up' in chasing me for money.

I had already agreed (under duress) to leave £10,000 to cover retrospective care. This became £17,000 when the owner refused to pay me at all for my last three months' work. The parting words were: 'you can speak English reasonably well so you shouldn't have too much trouble finding a job'. (I let the reader interpret this comment as they see fit.) Some five years later following several (settled) legal claims, patients are still being guided along the litigation route whilst I am facing financial hardship leading to me having to sell my practice, retire from dentistry early (I am 58) and look for alternative sources of income. The sheer cost of indemnity cover rose to a staggering £64,000 making it impossible for me to continue.

I am troubled by a profession which seems to applaud the threatening of one member by another and the fact that the GDC can be used as 'a weapon'.

Patient care is important but there must (hopefully) come a point where practitioners can be seen to be bullying rather than 'representing their patient's best interests'... It is a relief to me that none of my children have chosen dentistry as a profession and that my wife will be able to leave behind the stress and strain of managing our practice. The profession itself has (for me, at least) become a disappointment. Practitioners, please be aware that you are vulnerable and that your colleague may not always be what they appear to be.

Name and address supplied

DOI: 10.1038/sj.bdj.2016.432

PHARMACOLOGY

Confounders for bleeding

Sir, we read with great interest a review article about exodontia in dual antiplatelet therapy recently published in your Journal.[1] Nathwani *et al.* reviewed studies about the effect of dual anti-platelet therapy on bleeding after dental extraction. As mentioned in its discussion there are many confounders for bleeding after dental extraction. The most important confounders are number of extracted teeth, number of roots, manufacturing company of aspirin and clopidogrel, the indication and duration of dual anti-platelet therapy, dentist's skill, number of cases, and suitable control group. We recently published a paper about the bleeding after one tooth extraction in 64 patients undergoing dual anti-platelet therapy and comparing the bleeding with 50 in a healthy control group.[2] In this study we aimed to control all abovementioned confounders. We only evaluated patients undergoing one tooth extraction, by a unique dentist, consuming unique dose and brand of aspirin and clopidogrel, and comparing bleedings with a suitable control group, undergoing one tooth extraction by the same dentist. The indication for dual anti-platelet therapy was during the first year after percutaneous coronary intervention (PCI) with stenting in all of our patients. We also checked the effects of duration of anti-platelet therapy and time of consuming the last dose. We think concluding no significant effect of anti-platelet therapy on bleeding after tooth extraction, needs such studies for each group of patients. All abovementioned confounders should be controlled in future studies. We also suggest repeating this study for patients undergoing two-teeth extraction comparing with a matched control group and in patients taking anti-platelet drugs for other indications. This topic needs more prospective studies and then concluding by a systematic review and meta-analysis.

Also we want to add a sentence to the conclusion of Nathwani *et al.*'s article: one tooth extraction seems to be completely safe in patients taking aspirin and clopidogrel after PCI and stenting.

H. Karimi-Sari, M. Saeid Rezaee-Zavareh, Tehran

1. Nathwani S, Martin K. Exodontia in dual antiplatelet therapy: the evidence. *Br Dent J* 2016; **220:** 235–238.
2. Sadeghi-Ghahrody M, Yousefi-Malekshah S H, Karimi-Sari H, Yazdanpanah H, Rezaee-Zavareh M S, Yavarahmadi M. Bleeding after tooth extraction in patients taking aspirin and clopidogrel (Plavix®) compared with healthy controls. *Br J Oral Maxillofac Surg* 2016; **54:** 568–572.

DOI: 10.1038/sj.bdj.2016.431

DENTAL EDUCATION

Admission troubles

Sir, dental school admissions have certainly improved since I went to dental school in 1993. Back then, many students in my year were not interviewed and found out a couple of years in that they were lacking either the communication skills or manual dexterity. They had been accepted purely on their academic success, GCSE and A-level results.

Fast forward to today, the students have to prove that they are manually dexterous and their communication skills are assessed at the interview stage. Without three As they don't even get a look in.

As a dentist passionate about my career, with a father who is a dentist too, it was no wonder that my daughter was also interested in a career in this field, or medicine as her school thought best. She is highly intelligent, far more than I was at this stage, a real all-rounder and has all the necessary credentials. Sadly, she obtained 2 As and a B in chemistry, in which she missed an A by four UMS marks, out of 600, which works