

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 John R. Radford.

'AUTONOMY FIRST' V PUBLIC HEALTH

The right to public health

Wilson J. *J Med Ethics* 2016; **42**: 367–375

The tension between the 'autonomy first' axiom and public health strategies is at the centre of the ethical debate over the sugar tax.

The 'autonomy first' axiom argues the state should not interfere if such action compromises the autonomy of the individual. But public health strategies are justified if they constrain the activities of those who compromise the autonomy of others, for example smoking in public, or if that activity is not sufficiently autonomous, such as drug addiction. But are such arguments simplistic? When considering public health strategies to combat obesity, can state action be justified on the premise that there is 'infringement of autonomy' to those of normal weight, or that the individual's food choices are a sufficiently non-autonomous. In support of the latter point, the power of the food industry is cited.

As for solutions, 'Too little state intervention...can violate individuals' rights, just as too much can.' A nuanced approach is 'respect for autonomy'. So although the autonomy of an individual is acknowledged, the impact of that legislation, such as the compulsory use of seat belts, takes precedence. The 'Millian' approach recruits the harm principle. The power of the state can be reigned back if such policies harm the individual.

The author of this learned paper argues it is a right of an individual to receive public health. A human right is composed of three separate sets of obligations: obligations to respect, obligations to protect and obligations to fulfil. Using the analogy of security imposed by the state, it is contended there is no distinction between this, and the right of an individual to public health; although the individual can waive their right to security it gives them no right to waive the security of others. Such an argument can be applied to the right of an individual to receive public health. Indeed, the state has an obligation to provide public health.

DOI: 10.1038/sj.bdj.2016.445

NURTURING THE MORAL COMPASS

Why does moral reasoning not improve in medical students?

Sheehan S, Robbins A *et al. Int J Med Educ* 2015; **6**: 101–102

'The informal curriculum of the clinical environment, with its cynicism, dark humor and sometime unethical behaviour...[is] arresting development of moral reasoning skills.'

And furthermore, education using preordained guidelines and diagnostic manuals, although effective in disseminating knowledgeability, does not facilitate 'the higher philosophical thought key to moral and metacognitive development.' A solution proposed by these authors, in response to the substantive article (*Int J Med Educ* 2014; **5**: 219–225), suggests the moral compass of the learner can be fostered and shaped using the arts.

DOI: 10.1038/sj.bdj.2016.447

ANTHROPOMETRY

Relationship between maxillary central incisor proportions and facial proportions

Radia S, Sherriff M *et al. J Prosthet Dent* 2016; **115**: 741–748

Total face height was associated with maxillary central incisor tooth height although caution should be exercised if this ratio (1:18) is used to select tooth moulds.

When selecting denture tooth moulds, Berry's 'biometric ratio' of 1:16 (maxillary central incisor width to bizygomatic width), that was first reported some one hundred years ago and was the basis for the Trubyte Tooth Selector Instrument, still finds its revered position in some texts. But the width of maxillary central incisor teeth has been compared with a host of different anthropological measurements, including cranial circumference and the person's height. In this study the investigators recruited 149 white British dental students (insufficient numbers of non-whites) and recorded the width of maxillary incisor teeth and vertical and horizontal face and soft tissue measurements. They found there was no relationship between maxillary central incisor tooth dimensions and face proportions; the 'biometric ratio' was not confirmed. But blindingly obvious, it was reported that men had larger teeth and faces than women, although 'sex has little influence on tooth-to-face proportions'.

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SMILE DESIGN

Prevalence of alterations in the characteristics of smile symmetry in an adult population from southern Europe

Jiménez-Castellanos E, Orozco-Varo A *et al. J Prosthet Dent* 2016; **115**: 736–740

Tooth proportions, shade, symmetry, gingival margins, the buccal corridor and the smile line were not examined in this study.

But it is argued and key to this study, there is a consensus including preliminary work carried out by these investigators, that 'laypeople' rated a 'poor esthetic appearance' if 1) there is a dental midline deviation of greater than 2 mm, 2) a dental midline inclination of greater than 3.5°, and 3) if there is an incisal plane inclination of greater than 2°. The aim of this study was to determine the percentages of those that departed from these thresholds. Frontal photographs were recorded of 158 white Europeans. The bipupillary line and facial midline were used as reference axes. Almost one third of subjects had a midline deviation of their teeth greater than 2 mm, only 10% had a midline inclination greater than 3.5° but more than a quarter of subjects had an occlusal plane inclination of greater than 2° degrees. There was no difference in smile characteristics between men and women. The investigators cite others who report an 'attractive smile' has been associated with numerous positive personality traits. They concede, however, that any judgments are coloured by a host of other physical and psychological factors.

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