

Letters to the editor

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PUBLIC CAMPAIGNS

Shaming the victims

Sir, I am writing to convey concern over the latest campaign being run jointly by the British Society of Periodontology and Public Health England that purports to be raising awareness of periodontal disease: How's Your Smile? The campaign centres on members of the public and dental professionals wearing 'selfie mouth-cards.' These cards depict the mouths of patients who have lost teeth, presumably through periodontal disease. The campaign video shows members of the public with the cards, the cards being a source of amusement and fun. The message from this seems to showcase how ugly and distasteful those with periodontal disease appear. The people in the video are laughing and enjoying the experience, much in the same manner that they might wear Halloween masks. Peripheral to the campaign, posted upon the Facebook page of the BSP, are dental professionals in dental surgeries wearing the cards, pulling faces and grimacing. The campaign is reliant upon the assumption that the effects of tooth loss due to periodontal diseases are somehow shameful. Whether or not these cards are supported by information on periodontal diseases is irrelevant; this campaign is based upon shaming the victims of periodontal disease. There is little acknowledgement in the video or the primary front of the campaign that periodontal diseases are chronic, related closely to the social determinants of health. This campaign may have the best of intentions, but instead stigmatises those suffering with periodontitis. The shaming of the victims of disease is never ethical. Did anyone from the parent organisations of the campaign consider what a patient with periodontal disease might think of this campaign and how their disease is portrayed? I am disappointed that as a dental professional, if any of my patients were to see this campaign, they might

think that I believe that their disease is something to be ashamed of.

A. Holden, Sydney

Phil Ower, President, British Society of Periodontology, and Ian Needleman, President-elect, British Society of Periodontology, respond: The BSP is delighted with the response to our campaign #howsyoursmile. In terms of the level of engagement by the public and dental sector, we know we have reached millions of people through social media alone.

We have chosen this route to raise awareness in the UK as it is a powerful way to make people stop and really think about the effects of gum disease and importance of gum health. There is no intent to stigmatise those with gum disease but to focus people's attention on the reality of the effects of periodontitis. Gum disease exists and it can cause shame – we know that from our patient interviews – however, categorically, the campaign is not intended to cause any offence. We haven't exaggerated the issue – the perio cases depicted are real and, sadly, not unusual.

We have consulted with patients and it is clear that they feel more should be done to raise awareness of a condition that affects over half the UK's adult population, especially as gum disease is often 'silent' but highly treatable.

*As the BSP is a charity we could not afford the luxury of using TV or an extensive print media campaign to spread our awareness message. In addition, we know that grabbing the public's attention around this issue, one of thousands that are demanding their attention every day, is not easy. Therefore, we needed an approach that clearly depicted the reality of gum disease whilst also targeting the public in a way that was engaging enough for them to want to interact with us to help spread our message far and wide. It is testament to this approach that Mr Holden has written to the *BDJ* from Sydney.*

Whilst our campaign may appear on the surface to be 'a source of amusement and fun'

we are in fact spreading a serious message and have placed education at the core. We have a serious and professional tone to our messaging and clearly direct people at every opportunity to an educational website where we explain more about the symptoms, treatment and importance of gum health. To date, we have had nearly 5,000 unique page views on www.howsyoursmile.co.uk and a Twitter/Facebook reach of nearly 4 million, which is a good barometer of how successfully we are spreading the word.

Shock tactics are nothing new and they will always attract controversy. So this is our stark message: if you don't look after your gums, you risk losing your teeth. We think a hard hitting approach showing the reality of serious gum disease is vital – it's much more effective than an educational leaflet for example. If our approach achieves our aims and helps people understand more about their own oral health, we are satisfied that we have made a good start on improving the state of the nation's gums.

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SOCIAL MEDIA

Friends with patients

Sir, online social media services have revolutionised our ability to communicate with others. Viewed from a dental perspective, these sites present both opportunities (advertising and professional communication) and risks, including complaints to our regulators against registrants and dental businesses.

The GDC's guidance on using social media¹ states that registrants must avoid disclosing patient information, maintain appropriate boundaries with patients and comply with employer's internet and social media policies. However, this has not prevented a number of recent FTP cases where social media postings were cited among the charges.

The CQC has recently announced² that it is considering the opportunities which monitoring of people's views on hospital services, as posted on social media sites, offers as a means of obtaining early intelligence on potential areas of concern. Technologies which assist in automating monitoring and analysis of large volumes of this type of data offer regulators a relatively cost effective oversight approach. As the regulator develops its knowledge of how to utilise this approach, it is easy to see that it could be extended to general monitoring of primary dental care services and to assist in focused investigations requiring the sifting of large amounts of data.

In an effort to gain some insight into the use of social media by the profession and the level of concern which it currently has about using it, a poll was conducted on a dental discussion group (gdpuk.com). The poll was limited to questions about the use of the largest service, Facebook.com (Fb) and focused on quantifying usage and the areas of greatest potential risk.

- The poll found that 72% (n = 29) of those who voted have a Fb account
- Of those who have a Fb account, only 37% (n = 19) regularly post on Fb
- Of those who have received friend requests from patients only 31% (n = 13) have accepted one or more such requests
- 47% (n = 15) reported that their accounts were either public or partially private while 53% operated their accounts on a fully private basis
- The poll also asked if members would be concerned about the possibility of regulatory monitoring and analysis of their Fb posts: 57% (n = 23) indicated that they would be concerned while 43% indicated that they would not be.

Assuming that the ratio of those who have and who do not have accounts holds for the other questions, then approximately 27% of dentists may post regularly on Fb and 22% may have 'friends' who are patients. Approximately one third have partially or fully public accounts and 40% would be concerned if their posts were analysed by a regulator. Considered in the round, the poll results for Fb account holders suggest that a substantial proportion of the profession may be placing themselves and/or their provider at increased risk of investigation by a regulator. However, given that a substantial proportion of those who voted are likely to

be aware of the GDC guidance, it may be that some have assessed the risks and decided to take them regardless.

P. V. Mc Crory, A. V. Jacobs, by email

1. General Dental Council. Guidance on using social media. Available at: <http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Guidance%20on%20using%20social%20media.pdf> (accessed 12 July 2016).
2. Donnelly L. NHS will monitor Facebook for comment about hospitals, says new CQC head. *The Telegraph*. 12 February 2015. Available at: <http://www.telegraph.co.uk/news/nhs/12154243/NHS-will-monitor-Facebook-for-comment-about-hospitals-says-new-CQC-head.html> (accessed 12 July 2016).

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ORAL PATHOLOGY

Exostosis deforming face features

Sir, we would like to present an interesting case of unusual extra-oral manifestation of mandibular exostosis. A 30-year-old woman presented to an outpatient clinic of

the Department of Oral Surgery, Medical University of Warsaw, Poland because she was worried about the asymmetrical deformity of her face that had grown over one year. She was terrified because she was suspecting a cancer origin of the lesion. On examination the patient presented unilateral painless swelling at the right side of the lower part of the face (Fig. 1). Intraoral examination revealed the non-tender protrusion of the body of the mandible accompanied by the shallow oral vestibule below the lower right molars. All teeth in the affected quadrant were vital and didn't present any pathological symptoms. Radiographic examination (CBCT) revealed the presence of the buccal exostosis, a dense overgrowth of body of the mandible (indicated by arrows in Fig. 2). The treatment consisted of intraoral exposure of the deformity (indicated by arrows in Fig. 3) and complete excision of



Fig. 1 Unilateral painless swelling on the right lower side of the face



Fig. 2 Buccal exostosis revealed in the CBCT

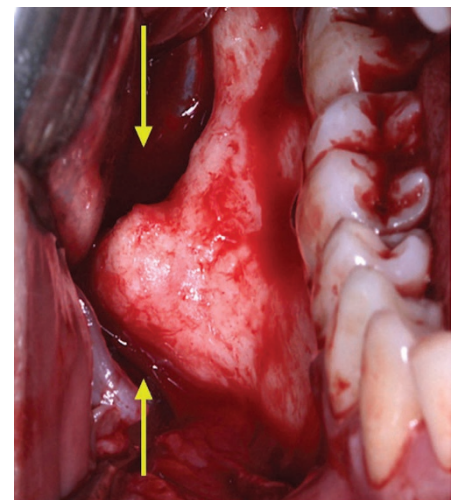


Fig. 3 Intraoral exposure of the deformity for complete excision of the extended bone