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**.

Agent-constitution is false

Respect for autonomy: deciding what is good for oneself

Kious BM. *J Med Ethics* 2016; **42:** 769–775

How much can another person's autonomy be respected?

The title of this EXTENDED ESSAY is at the heart of this discourse; on one hand respect for a person's autonomy but on the other hand this has to be balanced with the extent a person can decide that which is good. The commentator recounts the care of a person who elected not to take insulin, despite suffering from recurrent abscesses and peripheral neuropathy. It was unacceptable to force this medication into her as she had rejected this choice. The essayist, who works in a department of psychiatry, had respected this person's autonomy. The concept of 'agent-constitution of the good' or 'agent-constitution' for short, is then examined. Agent-constitution encapsulates the person's desires, goals, preferences and values. Such an approach may seem appealing as it is both links respect for autonomy and an action based on a decision that would appear to be well-informed, voluntary and rational. But could such be based on a false premise. Peoples' choices may be mistaken or distorted as their desires, preferences and values could be distorted. But then if it is a private decision for that person, could this be permissible? It is asserted a decision is only private if its effects are relatively less important for others, than its effects on the agent (person). The waters are muddied further when competing priorities are considered.

DOI: 10.1038/sj.bdj.2017.29

'Equal access for equal need'

Dentistry: should it be in the NHS at all?

Appleby J. *BMJ* 2016; **355:** i5986 DOI: 10.1136/bmj.i5986

'For a health system based on the separation of treatment and ability to pay, the negative impact of dental charges…is shocking.'

During the first 9 months of the NHS since its inception in 1948, a staggering 33 million removable dental prostheses ('artificial teeth') were supplied. There have been fundamental changes in dental care since this early and questionably effete cycle of 'drilling, filling, and extraction'. Now enhanced oral health reflects the 'general improvements in living standards and diet, greater use of fluoride toothpaste, and the efforts of the dental profession.' But despite this there is still a substantial burden of dental disease experienced particularly by those from deprived backgrounds. For example, there is a positive correlation between deprivation and extractions but a negative association between deprivation and the provision of crowns. It is suggested that this is because some treatments are cheaper than others. The thrust of this BRIEFING paper is 'equal access for equal need'; but the commentator also asks 'is a perfect smile a medical necessity worthy of public subsidy?'

DOI: 10.1038/sj.bdj.2017.31

Resin composite restorations

Longevity of direct and indirect resin composite restorations in permanent posterior teeth: a systematic review and meta-analysis

da Veiga AM, Cunha AC *et al. J Dent* 2016; **54:** 1–12

No difference in longevity between direct and indirect resin composite restorations.

Direct resin composite restorations are carried out at a single appointment and require only a tooth preparation such that the restorative material will exclude substrate. Direct resin composites would therefore appear to have considerable advantages over indirectly placed composite restorations. However, the volumetric shrinkage of resin composite is about 1.5–3.4%, which for indirectly placed composites can be accommodated partly by the luting cement. In addition, the reported stress generated by polymerisation shrinkage of direct-placed resin composites is 13 times that of those places using an indirect method. In this study, 912 papers were identified, of which 20 met inclusion criteria. Two further articles were added after a hand search. Nine of these were randomised control studies of which five were judged as a 'low' risk of bias. These investigators found that after 5 years' function, there was no overall risk difference in longevity between direct and indirect resin composite 'Class I and Class II' restorations placed in permanent posterior teeth. Although three studies stated that the assessors were blinded, such an assertion may lack credibility. And as with all such studies, some of the materials in this systematic review are no longer on the market.

DOI: 10.1038/sj.bdj.2017.30

More than a mere phasing down

Call for proposals – addressing the Minamata Convention on Mercury

Feine JS. *JDR Clin Trans Res* 2016; DOI: 10.1177/2380084416665353

This treaty has set out a wide-ranging strategy to reduce environmental mercury which includes closing coal-fired power plants, alternatives to the use of fluorescent lights, and even regulating and targeted information for those who carry out artisanal gold mining.

The contribution that dentistry is making to reduce environmental mercury is very much more than substituting resin composite for amalgam restoration; at the centre of the dental policy is 'Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration' [see Annex A Part II: (i)]. To phase down the use of dental amalgam in contrast to the phasing out of dental amalgam, is to accommodate a fiscal requirement of 'resource-poor countries where this restorative material (dental amalgam) remains the most cost-effective approach to replace missing tooth structures'.

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