

COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

Hygienist appointments

Pain vs non pain

Sir, I have written to many dental bodies regarding the subject of 'pain vs non pain' caused by the dental hygienist. I have worked in dentistry for 23 years, 13 of these as a dental hygienist. The same complaint keeps getting raised and I think it must be dealt with.

There were always issues when I was a dental nurse that the hygienist was 'brutal or a butcher' and now as a hygienist I have to deal with these issues on a daily basis. I was never taught in my training that pain and force was considered good practice. It should be down to technique. Every week when dealing with new patients I get the same story that the patient hasn't come back to the dentist due to a bad hygiene visit or dreads coming back so puts the appointment off. This is not good for either the practice or the patient.

I pride myself on tailoring each appointment to the individual and this is even on a 15 minute NHS appointment. If a patient is very nervous then less is more; it is no use pushing treatment onto the patient when you know they cannot cope with it. Build the patient's confidence up by doing a little scaling at a time. Sensitive patients you can hand scale or use local anaesthetic and with patients with perio then they will have pockets so there will be plenty of room to debride the area and disturb the biofilm. If you are hurting the patient then you will be ripping into the attached gingivae. Many a time I get patients saying to me it was a terrible experience. When I examine the patient's mouth they may have a BPE of 1s and 2s with very little calculus so I am totally shocked and very annoyed as this should not be the case. I think many hygienists feel they are not considering the patient's needs and only trying to fulfil their own of what they think is expected of them. It is very

clear to see if a patient is uncomfortable. I would hope that if this subject is discussed then it would make hygienists reflect on their own manner and how they perform their treatment on the patient.

L. Kennedy, by email

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Dental education

All of the picture

Sir, it was refreshing to read the response of foundation trainee dentist G. Kane¹ to a paper published recently.² Oxley *et al.* were felt by Kane and others to be rather critical of the standard of newly qualified graduates.

I find myself applauding the spirit shown and the desire to stand up for one's peer group. A young person entering our profession will have to fight many battles in which such feistiness may be of inestimable value and for years the dental profession has lamentably lacked unity and moral backbone across a range of issues.

Maybe in G. Kane, gender unknown, we have a leader of the future?

However, at the end of the letter, while feeling that trainees develop excellent reflective skills among other things, s/he states the importance of remembering that 'clinical skill is only a quarter of the picture'. Here I must raise my slight concern that, if this really is a widely held idea among the younger members of our profession, I worry that they may have to spend much of their professional lives most ably reflecting on why their patients, failed treatment dangling, are storming the practice exits.

Clinical skills do indeed comprise a broad range – from simple kindness and empathy right through to the highest levels of technical knowledge and dexterity and include the very subjective – like an elephant, clinical acumen can be hard to define, but

you certainly know it when you see it. Or are on the receiving end of it!

Clinical skills are **all** of the picture – though the other abilities valued by G. Kane may well frame those skills to their best and most effective advantage.

J. J. Sellers, Rochester

1. Kane G. Dental education: Reflective practitioners. *Br Dent J* 2017; **222**: 745.
2. Oxley C J, Dennick R, Batchelor P. The standard of newly qualified graduates – foundation trainer perceptions. *Br Dent J* 2017; **222**: 391–395.

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Public health

Extraordinary heroism

Sir, I applaud those courageous individuals who are working tirelessly in low and middle income countries as part of the humanitarian assistance programmes to help ease the plight of those in refugee camps. I have myself gleaned invaluable insights through working as a public health consultant, and seeing the extraordinary heroism, determination, stoicism and strength of staff working around the clock to serve patients with a wide range of general health issues and conditions. Many, even within the dental public health sector, are unaware of the inextricable relationship between systemic and oral health and the impacts of general diseases, such as blood disorders, diabetes, renal failure, obesity, infective endocarditis, Crohn's disease, ulcerative colitis, tuberculosis, etc. These diseases share even the same lifestyles, behaviours, social, political, economic and religious determinants of health, inflammatory pathways because the mouth is the gateway to the body. It is time to put an emphasis on dental education programmes that integrate topics such as democracy, social justice, the rule of law, gender equity, human rights, citizenship, cultural diversity, health literacy, community development and