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.

Orthodontics

A number of points

Sir, in his most recent letter to the *BDJ*,[1] Mr Kilcoyne makes a number of points that require addressing. These centre around British advertising regulations and his opinion that informing colleagues about the problems of copying foreign corporate advertising claims is 'scaremongering'.

Firstly, Mr Kilcoyne states that the Advertising Standards Authority (ASA) 'only consider very clear orthodontic results from randomised clinical trials' when assessing such advertising claims of superiority. This statement is incorrect.

The ASA produce guidance on a range of different methodologies used to make claims of superiority in advertising. This guidance includes recommendations on the proper use of professional and patient opinions.[2-5]

The ASA also recommend that it is quite appropriate to make subjective claims through dentist/patient statements, but that any opinion expressing a claim that could be measured objectively should be supported with evidence.

This was the case in previous ASA rulings on the unsubstantiated and objective advertising claims made by certain adverts for Fastbraces and recent rulings on the advertising of Damon Braces.[6-7]

Claiming an orthodontic product produces faster, safer and less painful results without adequate evidence to back those claims up is misleading and could create unjustified expectations for potential patients.

If Mr Kilcoyne wants to advertise that he has treated 'a hundred consecutive good fast ortho cases as a clinician' he is more than at liberty to do this, as long the objective aspects of the claim can be justified.

Secondly, my main concern has always been that advertising within dentistry should not be misleading. I wished to highlight that claims made by foreign dental companies can be misleading. This is definitely a problem with some orthodontic products.

The main issue in the UK is that these foreign adverts rightly fall foul of British national advertising standards, but are outwith the ASA's jurisdiction. If these misleading foreign adverts are copied by British dental professionals, then they can result in that clinician failing to meet GDC standard 1.3.3:

'You must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading'[8]

Indeed, the GDC produces specific guidance on advertising[9] which takes this further, stating:

'Whenever you, your practice, or any place where you work as a registrant, produce any information containing your name, you are responsible for checking that it is correct. You must:

- Ensure information is current and accurate;
- Use clear language that patients are likely to understand;
- Back up claims with facts;
- Avoid ambiguous statements; and
- Avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve.'

I do not think it is 'scaremongering' to make clinicians aware of ASA rulings on the misleading nature of claims copied from foreign orthodontic advertising.

To conclude, I would hope that those UK registrants who have relationships with overseas orthodontic manufacturers will use their contacts to lobby either for removal of misleading claims from their advertising, or investment in research which could help substantiate these claims.

This would be of benefit to our patients and for the reputation of the profession as a whole.

N. Stanford, by email

1. Kilcoyne T. Orthodontics: Unacceptable scaremongering. *Br Dent J* 2017; **222:** 744.
2. ASA - Substantiation - https://www.asa.org.uk/advice-online/substantiation.html (accessed 13 June 2017).
3. Advertising Standards Authority. Substantiation: Sampling References and Consumer Goods. Available at: https://www.asa.org.uk/advice-online/substantiation-sampling-references-and-consumer-goods.html (accessed 13 June 2017).
4. Advertising Standards Authority. Testimonials and Endorsements. Available at: https://www.asa.org.uk/advice-online/testimonials-and-endorsements.html (accessed 13 June 2017).
5. Advertising Standards Authority. Claims in Testimonials and Endorsements. Available at: https://www.asa.org.uk/advice-online/claims-in-testimonials-and-endorsements.html (accessed 13 June 2017).
6. Advertising Standards Authority. Search 'Fastbraces'. Available at: https://www.asa.org.uk/search.html?q=-Fastbraces (accessed 13 June 2017).
7. Advertising Standards Authority. Search 'Damon'. Available at: https://www.asa.org.uk/search.html?q=Damon (accessed 13 June 2017).
8. General Dental Council. *Standards for the dental team.* 30 September 2013. Available at: https://www.gdc-uk.org/professionals/standards/team (accessed 13 June 2017).
9. General Dental Council. Guidance on advertising. 30 September 2013. Available at: https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf (accessed 13 June 2017).

DOI: 10.1038/sj.bdj.2017.645

Primary dental care

Heresy, dam it!

Sir, the last heretic to be burnt at the stake in Britain was in 1612. Today punishments are more climate-change friendly, but still can result in erasure from the dental register. Still, I would like to dissent from established orthodoxy.

With regard to the article '*Dam it - it's easy!' - or is it?*,[1] it seems to suggest that there are no contra-indications or qualifications to its universal use. I beg to differ.

I have worked for many years treating phobics under IV sedation. I also worked for many years (outside the UK) as an anaesthetist. I remember being a lonely voice at SAAD meetings advocating a four-hour fast

Official journal of the British Dental Association.