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.

Environmental concerns

EU Regulation 2017/852 on mercury

Sir, it must be 20 years almost to the day when, during an evening surgery, I treated a patient in the middle of her pregnancy using amalgam.

Unknown to me there had been an item on the BBC News that evening about the possible effect that mercury in amalgam can have on a foetus. The media had been informed about this but the profession had not been alerted. Consequently, when the patient returned home she was distraught that her baby could have been damaged.

The British Dental Association (BDA) were very apologetic that they had failed to inform the dentists and were incredibly supportive. Indeed Dianna Scarrott from the BDA travelled up to Nottingham the following day to speak personally with the family.

Given the amount of media publicity at that time it seems incredible that avoiding amalgam in pregnancy has moved from advice to becoming mandatory only now, 20 years on. Also it seems illogical, given the regulation, that women between the ages of 15 and when they have their babies can continue to have their teeth restored with amalgam.

P. Ward, Nottingham

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One word: 'plastics'

Sir, I write to share a recent experience that encouraged me to consider the environmental impact of oral hygiene products.

While concluding a check-up appointment for a healthy and articulate patient, the well-rehearsed oral hygiene instruction that I am used to delivering was interrupted. My patient declared that she will no longer use plastic toothbrushes or nylon dental floss because they are not recyclable. She asked if I was aware that unless incinerated, every plastic toothbrush that has ever been made still exists somewhere on earth, and that because they are non-biodegradable they may continue to do so for 700 years. Furthermore, she enquired, which type of natural toothbrush, (bamboo bristle, or pig hair) was best, and did we stock either hemp or 100% woven silk dental floss in the practice.

I had to concede that I had little knowledge as to the efficacy, or even the existence of some of the products she described. And although I have every confidence in the oral health benefits of the evidence-based products I am used to promoting, I had never considered their environmental impact when multiplied by the millions of people who use and dispose of them on a daily basis.

Recently, programmes like the BBC's *Blue Planet*, and campaigns run by *The One Show* have been extremely effective in demonstrating the environmental damage caused by non-recyclable plastics. Consequently, I believe we are likely to encounter an increasingly environmentally-aware public, who may expect the dental profession to give advice and to offer safe, biodegradable alternatives. Whilst we have all seen patients refuse radiographs, fluoride, or 'mercury fillings' – I would hazard that most of us will be as unprepared as I was to field questions about all-natural oral hygiene products.

Practitioners may feel uncomfortable recommending contemporary natural products that a patient has found in a health food store, or online. Indeed, when reviewing the literature there is little to support these products that could be considered evidence based. Perhaps it is time for the profession to urge the major oral health manufacturers to provide safe, plastic-free alternatives, which may help improve both the health of our patients, and our planet.

R. Leck, North Shields, Tyne and Wear

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Working patterns

Out of hours provision

Sir, I would like to address a few of the points raised by Miss Kanoun in her recent letter (*BDJ* 2018; **224:** 665) regarding the effect of the new junior doctors' contract and hospital at night system on dental core trainees (DCTs).

Having worked in two rather different maxillofacial units, both with no out-of-hours (OOH) DCT cover, I've found that the current system actually works rather well. On one occasion I worked a night shift, I was contacted only once at 3 am regarding a patient who could 'feel his nasogastric tube in his throat' and 'can you request a chest X-ray'. Suffice to say this wasn't a sensible or welcome call and demonstrates that many units actually have very little OOH OMFS activity. These units have adopted daily urgent clinics in order to address the lack of OOH DCT cover. Properly used and implemented, these can be highly effective ways of providing non-emergency care within the competence of a DCT.[1]

The cover by consultants and second on-call middle grades remains unchanged. The latter being available to call for advice by the night doctor and both being appropriately reimbursed for this. If the night doctors are properly inducted into OMFS and assured they will not be ridiculed or made to feel a burden by calling the second on-call, there is no reason that inappropriate admissions or hospital transfers should occur. In fact most night doctors I've encountered feel completely the opposite and refuse to mistakenly assume the correct management, when they know an off-site second on-call is being paid for that exact role.

Having DCTs overnight in all but the busiest centres is neither financially prudent nor educationally beneficial. The rota must

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