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.

Relationships

Intimacy and ambiguity

Sir, the editorial[1] in Volume 225 number 2, 27 July 2018 entitled '*No sex please, we're dentists*', made me consider that mouths have an important part to play in the more intimate aspect of relationships.

Many of your readers will have come across numerous oral environments that must greatly hamper such intimacy. I suppose as professionals we have a role in such intimacy.

However, I would have to admit that I would feel a tad uncomfortable about having a notice in the waiting room along the lines of 'Dentists can enhance your sex life' – it might lead to some embarrassing ambiguity!

P. Williams, by email

1. Hancocks S. No sex please, we're dentists. *Br Dent J* 2018; **225:** 91.

DOI: 10.1038/sj.bdj.2018.872

HIV/AIDS

Running away?

Sir, your editorial[1] and the paper *People Living with HIV STIGMASurvey UK 2015: Stigmatising experiences and dental care*[2] were saddening and depressing for me.

My experience of risk aversion by my dental colleagues dates back before a Hepatitis B vaccine was available when I discovered that I was the only clinician prepared to treat the unfortunate hepatitis sufferers or carriers.

The whole situation was then repeated when HIV/AIDS came to the fore. It is notable that this degree of aversion applied neither to the dental and medical nursing staff nor to anaesthetists who were willing to help me.

The late Professor Scully and I fought long and hard for universal precautions in the face of opposition from management and, bizarrely, the very same risk averse clinicians. With a breath-taking display of psychological ineptitude, they believed that a simple questionnaire would identify risky sexual practices.

What a pity that we seem not to be able to emulate fire-fighters, ambulance crews and police who run towards trouble, not away from it.

M. Griffiths, by email

1. Hancocks S. No sex please, we're dentists. *Br Dent J* 2018; **225:** 91.
2. Okala S, Doughty J, Watt R G *et al.* The People Living with HIV STIGMASurvey UK 2015: Stigmatising experiences and dental care. *Br Dent J* 2018; **225:** 143–150.

DOI: 10.1038/sj.bdj.2018.873

Out of hours

Someone has to do nights

Sir, whilst reading my wife's copy of the *BDJ* I came across J. White's letter (*BDJ* 2018; **225:** 93) regarding dental core trainees (DCTs) and out of hours (OOH) cover. The tone of the letter and its content were concerning to me as an anaesthetist.

I agree that nobody wants a return to the days of 1:2 cover and 100-hour weeks, but there is a need to balance training and service provision. And, whilst true that nights may be harmful to health in the long term, someone has to do them.

The patients don't stop getting unwell just because it's an anti-social hour. Whilst there may be issues with covering medical complaints, trained dental senior house officers (SHOs) are best placed to provide immediate care for those with dental/maxillofacial trauma and disease OOH.

Nights gave me some of the best experience during my training. I was able to take what I had been taught under direct supervision and apply it without someone standing over my shoulder. I was able to find my own way of doing things but safe in the knowledge that I had senior support as needed. This experience would be essential for those considering a career in OMFS, as many DCTs may be.

Just because someone is not there teaching you, it doesn't mean you're not learning. Developing autonomous practice is vital for any doctor or dentist, especially those that find themselves working the majority of their career alone in practice.

With specific regard to the NG tube call; I hope that the author attended promptly to the ward nurse's concerns and assessed the patient because the 'intra-oesophageal somersaults' referred to in the letter are certainly possible.

I have seen two patients with aspiration pneumonitis because their NG tubes had migrated up the oesophagus after vomiting but appeared unchanged from the outside and feeding had continued. A misplaced NG tube is a Never Event[1] and strict guidelines must exist for the insertion, checking and monitoring of patients with NG tubes.

S. Jones, by email

1. NHS Improvement. Never Events list 2018 (January 2018). Available at https://improvement.nhs.uk/documents/2266/Never_Events_list_2018_FINAL_v5.pdf (accessed on 23 September 2018).

DOI: 10.1038/sj.bdj.2018.874

Antibiotic prophylaxis

Back from the brink

Sir, the Scottish Dental Clinical Effectiveness Programme (SDCEP) are to be congratulated for their advice concerning the implementation of NICE guideline CG64 – prophylaxis to prevent endocarditis[1] and for obtaining the endorsement of NICE, the British Cardiovascular Society and the Royal Colleges. This should help ensure that the advice is implemented UK-wide.

Dentists should now:

(A) Make specific patient groups aware of their increased risk of infective endocarditis (IE)

(B) Discuss the advantages and potential drawbacks of antibiotic prophylaxis (AP)

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