Send your letters to the editor, British Dental Journal, 64 Wimpole Street, London W1G 8YS or by email to bdj@bda.org
Priority will be given to letters less than 500 words long. Letters should be typed. Authors must sign the letter, which may be edited for reasons of space

Practice websites

Sir, as the (then) chairman of the EU Dental Liaison Committee (EU DLC) Working Group which produced the guidelines for the use of dental practice websites, so that they will comply with the 2002 EC Directive on the Electronic Commerce, I was clearly interested in the article on this subject, Does your practice website need updating? *BDJ* 2005, 198:259.

The production of the guidelines, which was mandatory for all professions, was completed in May 2002 and published by the EU DLC as The Code of Conduct for Dentists for Electronic Commerce in the EU. The dental profession was the first to complete the necessary work, which was used as a model by other professions. Publicity was given in various journals across the EU in the summer of 2002. The Working Group was very much influenced by not just the requirements of the European Regulations, but also the GDC Maintaining Standards document and other EU legislation related to misleading advertising.

Naturally, I am very disappointed that the authors' results show that so few dental practices were complying with the regulations, when surveyed one year after this publication. I hope that nearly two years on more will be doing so. The Code of Conduct is available from the BDA, and can also be found as an annex to the EU Manual of Dental Practice 2004, which can be downloaded in PDF format from the BDA's website.

Finally, there is an omission from the article - there is one further mandatory regulation, which is: "If links to other websites are made, the dentist must ensure that links are only made when relevant and should endeavour to ensure that these Web sites reflect the principles of this code."

The Working Group appreciated that this required a qualitative assessment. I am aware of at least one dental practice website which may breach this regulation.

A. S. Kravitz
Manchester

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External defibrillators

Sir, I read with great interest the paper on external automated defibrillators (*BDJ* 2005, 198:209). Although I thoroughly agreed with it, I was concerned about the picture showing the Access AED defibrillator. This defibrillator was being sold by various UK dental distributors for over a year until last November. It even had a favourable review by *Dental Practice* magazine. It was produced by an American company which has since gone into voluntary liquidation as it was having financial difficulties for over a year. The company had several impending law suits against it due to the faulty algorithm in the defibrillator such that it may not have delivered an appropriate shock when needed.

This information was apparently common knowledge in the healthcare sector, yet the UK distributors continued to sell it to many practitioners. I bought one of these for my practice on the advice of a well known dental supply company in September 2004. I had long thought that basic CPR was not enough for cardiac emergencies in general practice and knew the machines were much easier to use since the advent of automatic technology.

I was surprised that two months later the machines were being recalled and the company had gone into receivership. Therefore I was concerned that the article shows the Access AED and by inference could be seen to endorse the product.

I would not want fellow practitioners to assume that this is a worthwhile machine. I have returned mine and replaced it with the Phillips defibrillator, which I am now told by the local resuscitation team is the brand leader and is also cheaper!

R. F. Colin
Hertfordshire

Sir, I read with great interest the article on automatic external defibrillators (AEDs) (*BDJ* 2005, 198:209). The authors refer to the International Guidelines 2000

for Cardiopulmonary Resuscitation and Emergency Cardiac Care (ECC) which emphasise the importance of early defibrillation in cases of cardiac arrest.

Indeed, such is the evidence for early defibrillation that the ECC Guidelines 2000 now stress the need to contact the emergency services immediately; and to bring any nearby AED having established unresponsiveness in a collapsed subject such that a defibrillator is brought to the scene as quickly as possible.

This should be instigated prior to checking to see if the patient is breathing or has a pulse even if you are on your own which would necessitate you to leave the patient to carry this out. All the more reason for the authors to suggest reconsideration of our profession's guidelines to include training in the use of AEDs.

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Editor's note

We would like to make clear a situation that has arisen as a result of a letter published in the *BDJ* (Professional indemnity *BDJ* 2005, 198:187). There was a suggestion in the letter that the Legal Advisor of the *BDJ*, Mr Christopher Morris, had seemed 'oblivious' to a clarification on the matter of indemnity contained in an announcement by the Department of Health.

It is now apparent that the clarification referred to had not been a specific announcement and thus there was no specific reason why the Legal Advisor might have been aware of it. Consequently we would like to apologise to Mr Morris for the publication of this implication and for any professional or personal embarrassment that this may have caused.

S. Hancocks
Editor-in-Chief
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