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

Relieving pain

Sir, as with your correspondent H. Soni (BDJ 2005; 198: 385) I was student in the 1950s standing by the principle that my duty was to relieve pain. It was not unusual to take short lunch hours and open the surgery out of hours and I must presume I successfully treated many patients (not clients) and removed the cause of their pain, this pain usually being the result of gross neglect! The patient for 'life' belief was quickly sunk. The least loyal to this principle proved to be acquaintances from other walks of life. The abuse of health professionals, both in the physical and emotional sense, has lead to the situation H. Soni found. I must add that after some 10 years in retirement my many ex-patients still find time to share their latest dental experiences and life in general with me. Not usually the ones who had abused my never lost belief, that of the duty to relieve pain.

B. Broadhurst

Leek

doi:10.1038/sj.bdj.4812546

Victim identification

Sir, in his editorial 'Benevolence and Personal tsunamis' (BDJ 2005; 198: 251) Stephen Hancocks describes the response to the recent disaster in SE Asia as being overwhelming, with outpourings of support, expertise and every type of help. There is one area where the response from the UK fell far short of being overwhelming; that being in the rapid mobilisation of trained teams to assist with the identification of the victims. This failure was not due to a lack of willing volunteers. Professional organisations with trained specialists such as The British Association for Forensic Odontology (BAFO), the British Association for Human Identification (BAHID), anthropologists, pathologists, anatomical pathology technicians, embalmers, and many others were ready, willing and waiting. Unfortunately there is at present no central co-ordinating body in this country to organise and provide funding for a rapid and effective response to these sorts of disasters. There are many lessons to be learnt as a result of the tsunami. It is hoped that the UK government will now act, and act quickly to

ensure that when the next mass disaster occurs, the UK plays its full part in disaster victim identification. It must be prepared to co-ordinate, fund and rapidly mobilise teams of specialists trained to assist in dealing with this sort of catastrophe.

J. H. Hardy

Surrey

doi:10.1038/sj.bdj.4812547

Dental complaints procedures

Sir, notwithstanding that the research conducted by the government's CDO and a Professor in Hong Kong in *A study of satisfaction with dental services amongst adults in the United Kingdom* (BDJ 2005; 198: 433) was conducted under rigorous random sampling, I am in fundamental disagreement with their final analysis. I do not agree with the research's victim blaming conclusion that "knowledge of the complaints procedure and whom to contact appears fragmented".

In January 2004 my 15-year-old daughter had sixteen fillings carried out by an NHS dentist at a single appointment. Two weeks later she had to attend a second practitioner in severe pain. The second practitioner found decay underneath fourteen of the fillings and had to commence a long course of remedial treatment including root filling.

I conformed to present PCT/GDC guidelines. I wrote a letter of dissatisfaction to the practitioner that invited a response. The reply was a strong denial of any wrongdoing. I then had to go about obtaining copies of dental records from the second practitioner. This was not as easy as I thought because it took time for the x-rays to be duplicated (at my cost) and it was not until July that I was able to complain to my PCT enclosing copy records, duplicated x-rays and associated correspondence. For some reason unknown to me, the PCT failed to ask for the practitioner's observations until September. In October, the PCT forwarded the practitioner's reply. The response did not address a single relevant issue.

In late October 2004 I had to start the whole complaint process all over again with the Healthcare Commission in Manchester. By now the bundle of documents had

reached 30 pages plus x-rays. I was dumbfounded when they acknowledged that my complaint would not be allocated to a case manager for three months. In the event it was not until February 2005 that the complaint was first reviewed and after a further month I received their view that: the Healthcare Commission has decided that it is necessary to seek clinical advice ...and....does not currently employ the services of a dental specialist. The case manager went on to admit that he was unable to comment on the arrangements or timescales involved. Whilst my area of expertise does not include an understanding of regression co-efficient and frequency distribution used by Professor Bedi, I can definitely confirm that my daughter and I are still waiting after fifteen months for a response to our complaint. Perhaps our experience puts a different spin on why consumers find dental complaints procedures fragmented.

B. Law

London

Authors of the paper Professor R Bedi and Professor C McGrath respond: In response to Mr Law's letter, we should first like to say that we empathise with him in not having received a satisfactory outcome to his complaint. The study we conducted was designed to determine satisfaction with dental care services among the UK adult population, and to assess their knowledge regarding the dental complaints procedure. Our focus was not to ascertain how complaints were dealt with and what the outcomes were, but this is, of course, is an important area and may be investigated by other academics in the future.

Our conclusion was that most people in Britain are satisfied with the quality of dental care they receive. Two percent had complained and 10% had felt like complaining about their dentist/dental care. In general, knowledge of the complaints procedure and who to contact with complaints appeared fragmented. The present Section 60 order will allow the General Dental Council to develop a private patient complaint scheme and this, we believe, will make clearer the process on how the public can complain.
doi:10.1038/sj.bdj.4812548