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

Language barrier

Sir, I was astounded recently when I discovered that neither the British Dental Association (BDA) nor the British Dental Health Foundation (BDHF) produced any patient information literature in languages other than English. Britain is now very much a multi-cultural society, the truth of which has now been experienced, not only in the large urban conurbations, but also in the so-called rural backwaters of the Welsh Marches. A substantial proportion of the residents of Wales have Welsh as their mother tongue and, although the BDA and the BDHF are both based in England and not bound by the Welsh Language Act, I find it strange that nobody in these two organisations has thought it worthwhile producing literature in Welsh.

I find it even more perplexing that, given the high profile that immigration has on today's political agenda, that there has been no centrally-funded programme to facilitate the provision of advice leaflets on such diverse topics as dental hygiene, diet advice or post-extraction mouth care in the main languages used by recent (and some not-so-recent) immigrants. Instead, we use a mixture of *ad hoc* in-house translations, materials produced variously by different clinical providers, usually the Community Dental Services, possibly with assistance from Language Line all with costs coming from clinical service budgets.

Many of our patients, who speak little or no English, also have high levels of dental disease and, in some cases, medical histories that affect the delivery of their dental treatment. Short of asking them to come back when they have learnt English, it is evident that an improvement in the universal availability, subject matter and provision of literature in other languages is a pre-requisite for the practice of dentistry in this modern, multi-cultural world.

I would like to plead for more progress, funding and development on a national basis to produce useful generic patient-information literature to cope with

common circumstances in primary dental care where off-the-shelf leaflets in English are clearly inappropriate.

J. Clewett
Shropshire

Dr Nigel L Carter, Chief Executive of the British Dental Health Foundation

responds: *I am pleased to report that the British Dental Health Foundation, as the leading producer of dental health education material, is currently planning to provide much of its patient information literature – including the website at www.dentalhealth.org – in other languages. This will hopefully address both the needs of minority non-English speaking populations in the UK and provide a platform for the increasing international activities and worldwide accreditation activities of the Foundation.*

As a charity, the Foundation receives no external funding and is totally reliant on membership subscriptions and income from its trading activities to fund the production and dissemination of its literature. I note that Dr Clewett is not a member of the Foundation and is therefore not supporting its activities – yet he criticises us for failing to provide foreign language material. If more members of the dental profession supported the Foundation through membership we would be better able to undertake additional initiatives such as this, in addition to expanding our public advice service which currently answers over 35,000 enquiries from patients every year.

The matter of the Welsh language is more contentious since in comparison to many of the other minority languages in use in the UK, Welsh native speakers are in relatively small numbers. We have recently been told that our national campaigns such as Mouth Cancer Awareness Week and National Smile Week cannot be supported in Wales due to regulations that say material must be produced in the Welsh language. However, as a charity we are simply not able to afford this! It seems to be a great

pity that the health of the Welsh people is potentially being jeopardised through lack of access to health information campaigns driven by political correctness.
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New arrangements

Sir, I was surprised to see a response in the current journal (*BDJ* 2005; 198: 607) from the CDO, Professor Raman Bedi, to a letter of mine that appeared in January (*BDJ* 2005; 198: 60). I do not know whether the appearance of the response at this time was because of the editor's inordinately long and unmanageable queue of letters for what is perhaps now a minimalist and maybe inadequate allocation of space for reader opinion in a major populist dental journal.

The response read like the party political broadcast it was. It was disappointing that it still does not tell us why in the 'new NHS' there are substantial patient charges allocated to oral healthcare and not to any similar procedures, as far as I am aware, in any other part of the body; why there is a need to lure dentists from other countries to service UK needs when more therapists and hygienists – over and above the current knee-jerk attempt to increase numbers – would have better served the likely disease levels; and why primary care practitioners in GDP will still largely capitalise the delivery of NHS care, with poor funding for quality both in personnel and delivery content.

K. F. Marshall
Surrey

Editor's note: *I thank K.F. Marshall for his comments on the timing of publishing letters and his suggestion of more space. We have indeed increased this recently by having both 'letters' and 'research letters'. Despite the gap in time I felt that the subject was still sufficiently topical to be included and I am pleased that Dr Marshall, by his response, agrees.*
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