

Letters to the editor

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Green dentistry

Daunting for developing countries

Sir, we read with interest the letter *The environmental impact of dentistry* where the author has rightly raised the awareness of the impact of packaging waste in dentistry.¹ There are umpteen ways in which green dentistry can be implemented and it is now no longer a fad.

This does sound exciting but the ground realities in rural areas in developing countries will, disappointingly, paint an entirely different scenario. Economics and lack of familiarity are the major professed impediments for green dentistry in developing countries that outplay the moral and ethical obligation to the environment by dentists.^{2,3}

Though implementation of green dentistry and its advantages are taught at graduate level, most of the graduates have no practical experience of effective implementation. The situation is further worsened in rural areas where green dentistry is negligible. Regrettably the cost:benefit ratio becomes the principal influencing factor in this decision for sustainability. Research on long-term economic assessment to establish the financially viable benefits of eco-friendly dental practices must be conducted.

Galvanising numerous professional behavioural modifications for eco-dentistry is daunting. Most importantly, how does a professional who is working in a rural setup in a developing country even *think* about green dentistry? The enormous amount of information can perplex practitioners on the sustainability vs going green model. Some of the recommendations such as implementing digital radiology, digital impression making, motion sensors and carbon-neutral practice can overwhelm general practitioners in the developing world.⁴ It will be much simpler if importance is placed on only a single point implementation of an inexpensive step (like

use of biodegradable cups) across all the clinics. As Lao Tzu aptly stated '*The journey of a thousand miles begins with one step*'. Continuing dental education programmes must emphasise that profits can be made even with a green practice.⁴

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Higher education

An apparent dissociation

Sir, as a second degree medical student (dentist first, qualified in 2013) entering my fourth year of study, I am saddened to see that Oral and Maxillofacial Surgery (OMFS) is still not a part of the undergraduate medical curriculum. This highlights an apparent dissociation between the dental and medical professions.

In an era where patients are treated more holistically than ever, there should be much more focus on oral health in hospitals. There is a plethora of evidence to prove that poor oral hygiene can contribute to ischaemic heart disease, stroke and pneumonia.^{1,2} Additionally, there is increasing focus on the benefits of a multidisciplinary team; however, the role of the dentist is rarely appreciated. We propose that ear, nose and throat undergraduate rotations incorporate OMFS teaching, with both specialities receiving recognition. We believe the lack of awareness of OMFS amongst medical students sets a

negative precedent for the rest of juniors' working careers and hope to see a change in this practice.

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Oral health

Organic is not better!

Sir, caries rates have dropped in recent decades, possibly due to the use of fluoridated toothpaste.¹ The fluoride content of UK brands is available in the *Delivering better oral health* toolkit from the Department of Health.² Fluoride-free toothpastes remain on the market, claiming to improve general health due to their organic ingredients.

A 20-year-old undergraduate dental student attended a screening clinic. Her presenting complaint was mild sharp pain and 'sensitivity to hot, cold and sweet food' for two years. She had last visited a dentist three years previously when she had also stopped using fluoridated toothpaste but brushed twice daily using an electric toothbrush. She uses Euthymol Original (Johnson & Johnson, USA) 'natural, organic' fluoride-free toothpaste, with the antiseptic ingredient Thymol. Her medical history was unremarkable, she experienced 'moderate' stress levels as a university student and had a high sugar intake prior to starting university two years ago, with regular sugary snacks.

On examination, she had an unrestored dentition with a fissure sealant on her upper right first molar. Generalised plaque with localised calculus between the lower anterior