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.

Oral health

Elegantly simple

Sir, I am to writing to praise the innovative idea behind 'Dr M's Oral Brush'.¹ What an elegantly simple method of tackling over-aggressive brushing and minimising non-carious tooth tissue loss. I would like to highlight the environmental impact of a product such as this. Not only is this product recyclable but the reusable handle would significantly reduce the quantity of single use plastics (please note that I have no commercial connection or conflict of interest in this product).

Plastics are an enduring pollutant of our oceans and a constant threat for many animal species. I feel strongly about the need for our profession to consider the environmental impact of the single use plastics we use.

O. Marland, Liverpool, UK

References

1. Dentist designs green brush with detachable head. *Br Dent J* 2019; **226**: 995.
<https://doi.org/10.1038/s41415-019-0717-5>

Green dentistry

Single use plastic

Sir, public awareness of the impact that single use plastic is having on the environment has been steadily increasing over the last decade.

Having made attempts in my personal life to reduce my plastic waste I have become increasingly uncomfortable with the amount of single use plastic waste produced for each patient every day in dental practice and hospital alike. As a newly qualified dentist it is unimaginable how much waste I will personally generate throughout my career.

Understandably, cross-infection control plays a major role in this issue, and ultimately major change will lie with the policy makers and manufacturers. However, there are subtle changes that we all could make to significantly reduce

our plastic use. This in turn will reduce the amount of plastic waste being incinerated contributing to pollution and ultimately minimise our impact on the environment. Plastic cups, plastic dappen dishes, disposable aspirator tips, plastic tray liners and plastic protective sheets could all either be swapped for autoclavable or recyclable alternatives or not used at all.

Our patients are increasingly asking for dentist approved environmentally friendly packaged alternatives to toothpaste, toothbrushes and floss. Would these same patients really be upset by a lack of plastic cup to rinse or use of paper towel instead of plastic protective sheet? Somehow, I think not.

R. Timlin, Hartlepool, UK

<https://doi.org/10.1038/s41415-019-0765-x>

Clinical negligence

Inter-professional engagement

Sir, I read the two articles on clinical negligence in the May and June issues^{1,2} with interest. For the last two years I have, together with a lecturer from the Law Department, facilitated a small group of dental and law students at Plymouth University. As adult learners, the two groups of students have together explored a fictitious case, one clearly related to the realities of dental and legal practice, which resulted in a claim of negligence against the dentist.

Within an enquiry-based learning environment, in addition to evaluating inter-professional engagement, the aim of these pilot sessions was to encourage the dental students to ask relevant questions in relation to the case, and with the help of their legal peers, research and gain an understanding of the legal issues which underpin the practice of dentistry. Hopefully the students will be able to transfer the knowledge they have gained to situations that they might encounter in clinical practice in the future.

Sitting early in the undergraduate programme the sessions provided the dental students with an awareness of the law in relation to patient experience and the final year law students gained an insight into the complexities and pitfalls within dentistry. More time would be needed to fully evaluate the impact of the sessions on the two groups of students and, were they to continue, the sessions would need to be fully integrated into the course curriculum.

The module was presented by the project lead, Cathy Coelho, at the Conference of the Association of Dental Education in Europe.

Much is written about the fears which today's practitioners carry regarding legal redress and the impact it has on clinical practice and I hope by developing a greater understanding of the law during undergraduate training this can be put into some sort of perspective.

P. Ward, Plymouth, UK

References

1. Morris C, Chawla G, Francis T. Clinical negligence: duty and breach. *Br Dent J* 2019; **226**: 647-648.
2. Morris C, Francis T, Chawla G. Foreseeability and causation in clinical negligence cases. *Br Dent J* 2019; **226**: 831-832.

<https://doi.org/10.1038/s41415-019-0764-y>

Patient safety

Common sense has prevailed

Sir, I was pleased to read that wrong-site local anaesthetic blocks for dental procedures was removed from the NHS Never Events list in May 2019.¹

'Never events' are defined as 'patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.' To fit the criteria of a never event, the incident also must have 'the potential to cause serious patient harm or death'.¹