

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto: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.

## CORONAVIRUS

### Consent during a pandemic

Sir, on the advice of experts, the UK Government has chosen to control the pandemic by restricting individual rights and imposing radical measures limiting the freedoms of movement. Rapid legislation has enabled the state to control the circumstances under which individuals are permitted to meet or even leave their homes.<sup>1,2</sup> These restrictions, which are unprecedented in peace time, have had a dramatic impact on the way people live their lives. Parliament and wider society have both accepted this temporary reduction in autonomy to preserve life. This is a utilitarian approach.

In a typical irreversible pulpitis situation, there is a choice of root canal treatment or extraction. As a responsible profession we have a duty to understand that the use of dental aerosols may compromise efforts to control the pandemic. Clinicians now face a new legal and ethical conundrum: to strictly preserve patient autonomy and give patients the treatment choices that current consent guidance obliges us to, or act in accordance with the aim of the government's pandemic response. Temporarily extending the utilitarian approach adopted by the government to dental treatment, especially where there is an effective alternative treatment, such as extraction, would be proportionate, reasonable, and assist the wider pandemic controls.

Current GDC guidance is silent on whether a clinician would be acting unlawfully should they fail to offer aerosol generating procedures under the present COVID-19 pandemic. Whilst the option of root canal treatment for irreversible pulpitis may be a perfectly reasonable option in normal times, currently the dentist may consider that the

increased risk of transmission of SARS-CoV-2 may be unacceptable to other people.

At this unique moment, the potential exists for a clinician to face charges of negligence and disciplinary proceedings for not adhering to GDC Standards. As the statutory dental regulator, the GDC has an obligation 'to protect, promote and maintain the health, safety and well-being of the public.'<sup>3</sup> Accordingly, the GDC must show some decisive leadership by providing clarity, so that whilst acting in the nation's best interests, clinicians do not have to second guess the lawfulness/validity of the consent they obtain. Maintaining the status quo of expectations with regards to consent, with its basis in individual autonomy, would be contrary to the utilitarian approach adopted by the government.

*R. Vasant, A. Haigh, London, UK*

*A spokesperson for the GDC responded: The guidance Messrs Vasant and Haigh are seeking is readily available on the GDC website and dental professionals have been emailed with updates throughout this crisis.*

*On 18 March we published a statement (<https://bit.ly/2LUTXvc>) which made clear that: Where the risk of infection – from patient to practice staff or the other way round – is greater than the risk to the patient of not providing treatment, it will be in everybody's interest not to go ahead. That is increasingly likely to mean that there are some patients who should not be treated and some treatments which should not be offered in a general practice environment, to protect the safety of the dental team and of other patients. Where those lines are best drawn at any given time will again be for the health authorities of each nation to decide, for our part we can say very clearly that we will respect professional judgements made on that basis.*

*That followed a statement made by the UK's healthcare regulators, including the GDC (<https://bit.ly/2WV3598>), on 3 March, which said that: We recognise that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. And went on to say that: We recognise that the individuals on our registers may feel anxious about how context is taken into account when concerns are raised about their decisions and actions in very challenging circumstances. Where a concern is raised about a registered professional, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. We would also take account of any relevant information about resource, guidelines or protocols in place at the time.*

*Our COVID-19 hub is available online (<https://bit.ly/3c0FuZ4>) for further advice and information from the GDC, and signposting to that from other relevant organisations.*

### References

1. Coronavirus Act 2020. Available at: <http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted> (accessed May 2020).
2. The Health Protection (Coronavirus) Regulations 2020. Available at: <http://www.legislation.gov.uk/uksi/2020/129/contents/made> (accessed 23 May 2020).
3. Dentists Act 1984. Available at: <http://www.legislation.gov.uk/ukpga/1984/24/contents> (accessed 23 May 2020).

<https://doi.org/10.1038/s41415-020-1711-7>

### Knocked out!

Sir, during the pandemic we have found an increasing number of paediatric patients referred by A&E at St George's Hospital with dento-alveolar injuries, specifically avulsion. Patients have been referred via the Acute Emergency Dental Service to the Paediatric