

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Corporate medicine; profit versus care

Mulligan J, Rehman B. Corporate medical cultures: MD Anderson as a case study in American corporate medical values. *Med Hum* 2020; **48**: 84–92.

Corporates should be seen to be providing high quality care.

The MD Anderson Centre is one of the foremost cancer treatment centres in the world. Like most American hospitals, it holds two sets of values in tension – to balance a culture of care with a business-like need for profit. The authors contend that these tensions cannot be resolved without a debate about the question of values in medicine.

With increasing corporatisation, doctors become tools for ‘creatively imagining away potential contradictions between business like corporate structures and the practice of medicine.’ Consumerism leads to mission drift and seeing patients as customers. Whilst some claimed that an emphasis on profit distracted from patient care, others stated ‘no margin, no mission’ – if there was no profit, there would be no treatment carried out at all.

Organisations such as MD Anderson function well because the public are convinced that the institution has value to society, expressed in its commitment to a culture of quality care – thus ‘no mission, no margin’ – and where doctors are remunerated, not on productivity and seeing large numbers of patients, but on national standards of care.

<https://doi.org/10.1038/s41415-020-1714-4>

Is frailty a marker for poor oral health?

Valdez E, Wright F A C, Naganathan V *et al*. Frailty and oral health: findings from the Concord Health and Ageing in Men Project. *Gerodontology* 2020; **37**: 28–37.

Or is declining oral health a marker for frailty?

Frailty has been defined as ‘decreased reserve and resistance to stressors, resulting from cumulative declines across multiple physiological systems’ and usually meets three of five criteria – unintentional weight loss, weakness, exhaustion, slow walking speed and low activity.

This study reports on the 8-year follow-up of a cohort of community dwelling men aged 70+ in Sydney, Australia. 614 men (78.6% of the eighth year population) were available for oral health assessment. Of these, 24.5% presented as robust, 56.2% as pre-frail and 19.3% as frail. The proportion with coronal caries increased across the categories (robust = 11.1%, frail = 27.4%). Clinical attachment loss >5mm at five or more sites was high across all frailty groups. No statistically significant difference was found between frailty and dentition status or dental service utilisation.

The relationship between oral health and frailty is unclear. Since this was a prevalence study, no conclusions with regard to causation can be drawn, but with increasing numbers of frail older people living in the community, further research is required.

<https://doi.org/10.1038/s41415-020-1719-z>

Communication skills do not improve with clinical age

Kruse A B, Heil H K, Struß N *et al*. Working experience is not a predictor of good communication: Results from a controlled trial with simulated patients. *Eur J Dent Educ* 2020; **24**: 177–185.

Continuing communication training is beneficial to all.

This study compared the communication skills of 36 students (<2 years clinical experience) with that of 34 experienced practitioners (>2 years clinical experience – mean 16.1 years), using four different simulated patients (critical, anxious, dissatisfied, unmotivated) in a 15-minute observed interview process. Prior to the study, dentists rated their communication skills higher than did the students.

Following evaluation by patients, the sum evaluation scores showed that the students performed better than the dentists. Women showed more empathy than men. Evaluation by tutors showed little difference between the groups except that students allowed more time for open questions at the end of the interviews. Both students and dentists found the simulation to be very realistic. Dentists felt they had learned little from the process whereas students felt the opposite.

The results showed that dentists tend to be overconfident of their skills and overrate their abilities to communicate well with patients.

<https://doi.org/10.1038/s41415-020-1718-0>

Stereotyping of patients with special needs

Holzinger A, Lettner S, Franz A. Attitudes of dental students towards patients with special healthcare needs: Can they be improved? *Eur J Dent Educ* 2020; **24**: 243–251.

Emotional responses may be improved with teaching.

Patients with special healthcare needs are underserved and consequently tend to have poor oral health. This group includes those from disadvantaged backgrounds who lack social support; requiring assistance with the activities of daily living; sensory difficulties; and language problems. Providers of dental services may lack training in communication and behaviour management for this group and unfamiliarity may foster negative stereotyping.

Fourth year dental students at the Medical University of Vienna attended seminars, led by a dentist and a medical specialist. Case studies and treatment plans were discussed over five sessions. Practical involvement was introduced by observing at clinics at a homeless facility where alcoholism and substance abuse were common and at a residential facility for children and young people with learning disorders or autism.

Students completed a questionnaire about their emotional reactions to those with special healthcare needs before the course, after the seminars and after the practical exercises. On completion of the course, students expressed less uncomfortableness and aversion and greater pro-social attitudes, but the barriers to treatment provision were not removed.

<https://doi.org/10.1038/s41415-020-1720-6>