EDITORIAL

Within spitting distance

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How many bodily fluids, I wonder, have as stormy a reputational profile as saliva? Only a short time ago the darling of caries reduction admired for its buffering capacity following stimulation by the action of chewing, it is now the arch-villain in a world of aerosol generating procedures and fomites. Who could have predicted?

Coming face-to-face with reality is literally what we have been doing for the past few weeks as dentistry has been resuming in the UK and many other countries around the world, with a very different delivery. But it is the direct trajectory from the mouth that is currently guiding the management of practice using much scientific speculation, if not complete evidence. So, for example, in the UK at least, while dentistry can recommence albeit with strict conditions, other services which make personal contact with the patient or customer cannot. Hairdressers are deemed to stand for the most part to the side of or behind the client and can reopen their businesses. Nail bars however, not so apparently different in terms of personal care, are prevented from resuming as the operator and customer sit opposite each other.

This new way of defining delivery of care and behaviour is somewhat intriguing and is yet another instance of how the coronavirus pandemic has changed our thinking and operation. Physical barriers to the droplets of saliva potentially carrying virus particles are now common in the form of masks, visors and transparent screens in shops and at cashiers while singing and live performances are still on hold for similar reasons of being within spitting distance.

In relation to this, many of the huge number of submissions we have received in the past four months have been concerned with education and training. I use the word concerned very specifically because the majority of authors have expressed dismay at how their dental education is going to be able to continue compared to as it

had been pre-corona. In a very different sense they are also all within spitting distance but in this context, of something rather different; their goals. We have attempted to include representative content from a wide range: sixth formers anxious about applications to dental school; students at various stages of the dental course; those taking finals; foundation dentists; specialist trainees; and postgraduates. All can see the finishing line but none are sure how the journey will progress.

Each of us is having to be educated in the new normalities of practising dentistry as safely as possible in a COVID-19 world. But while for most it is an adaptation, for those at the start of their careers it is an abrupt challenge which only adds to the stresses of being a young

This will be mandatory for patient, student and dental school staff safety but also essential in preparing the learner for the world beyond the classroom and training.

It is quite impossible to know for how long we will need to keep up the more stringent cross-infection control measures now being applied. Testing and vaccines will play their roles in moderating the timescale but a balance between caution and bravado will also bring human characteristics into the equation. What we can be sure of is that this extraordinary period in each of our lives will stay with us as professionals for the rest of our careers. For some an experience as part of a swansong but for others a telling chasm at the start of a probable lifelong commitment. For these

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person (usually) and finding themselves in the strange and uncharted territory of patient care. A huge amount of work has been undertaken in order to keep the channels of education as open as possible in terms of teaching, examinations and assessment, a lot of which has been experimenting with and utilising technology as a means of communication. It seems highly likely that some of these routes will continue to be of value even after the pandemic has been declared over. Our thinking on this too has been fundamentally changed.

One thing that cannot as yet be replicated by the distance of technology is actual patient contact; literally and metaphorically. It therefore seems inevitable that the resumption of clinical education with patients will need to incorporate all the same safeguards as in everyday practice.

anxious learners what is the 'new normal' to their more established colleagues will be their 'how it's always been normal', in just the same way as what is now the old brigade recall a time when the routine wearing of gloves was introduced. Additionally, the experiences accumulated through redeployment will undoubtedly help guide a new perspective in dental care provision which at present we can only imagine.

However history treats saliva, and its renaissance may yet be in view as a convenient virus and antibody testing modality, our ability to adapt teaching, learning and daily activity to its physiological composition will be key. In another context the challenge might almost be described as mouth-watering. ■

<https://doi.org/10.1038/s41415-020-1859-1>