

Letters to the editor

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CORONAVIRUS

Restorative consequences

Sir, the last four months of my dental core training post at Guy's Hospital in emergency dentistry, restorative dentistry and oral surgery have highlighted challenges and complications presented by the COVID-19 pandemic.

A large proportion of patients attending our unit have been diagnosed with irreversible pulpitis and acute periapical periodontitis. Root canal treatment, if possible, would be ideal but due to the restrictions of PPE and limitations of aerosol generating procedures, many of these teeth were extracted. Other teeth which were successfully extirpated at the start of the pandemic have subsequently not been root filled due to the length of time that dental practices have been closed.

Consequently, patients have sadly returned to us due to reinfection of the root canal system. In most cases, these patients declined re-extirpation in fear that the tooth will continue to cause pain and infection prior to them being able to see their regular dentist, with extraction being the only alternative option.

Firstly, this raises the question as to whether extirpation was the best option to begin with or whether the time and resources spent on them would have been better served elsewhere.

Secondly, we must also consider the future implications of the increased number of dental extractions. For example, there will be restorative considerations which will need addressing for these patients in the future, with strategic teeth such as last standing molars being lost. This will present dentists in practice with challenging cases and confound the overall impact on oral

health presented by COVID-19, such as caries going undiagnosed for long periods of time and relapse of patients' periodontal condition.

P. Menhadji, London, UK

<https://doi.org/10.1038/s41415-020-1917-8>

Immunity from legal action

Sir, there seems to be an inordinate amount of largesse being dispensed by the government and the Treasury in particular. I wonder therefore if dentists, along with other healthcare professionals, should be protected with civil immunity from injury (or death) alleged to have been sustained directly as a result of an act or omission by them in the course of providing healthcare services in support of the government response to the COVID-19 outbreak.¹ Perhaps we should follow the example set by New York Governor, Andrew Cuomo who has issued an Executive order to this effect.

GDPs in the UK have been deluged with a multiplicity of guidance and face the anxiety and stress of deciding what to do or to do anything at all. Potential claims relating to how patients were managed during this crisis and the return to practice may come long after the public adulation of the NHS has been forgotten.

Clinicians should of course be accountable for their decisions and action but the circumstances in which that care was delivered should be contextualised. The delivery of care through the urgent dental centres should certainly be protected from civil suit but at the very least be defended through the Clinical Negligence Scheme for Trusts (CNST) via the Coronavirus Act 2020. They have a good record in dealing with cases made against NHS healthcare workers. The majority of claims are resolved

without formal court proceedings and in the early stages, more claims are resolved without payment of damages than with payment of damages. In 2017/18 just under 1/3 of claims ended up in litigation with fewer than 1% going to full trial (with most ending in judgement in favour of the NHS).²

The public shouldn't be clapping the NHS one week and suing them the next but if they do, we should have State backed indemnity.

L. D'Cruz, Woodford Green, UK

References

1. American Medical Association Letter to the National Governors Association. 20 April 2020. Available at: <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Fstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-4-20-McBride-Letter-to-NGA-FINAL.pdf> (accessed July 2020).
2. NHS Resolution Annual Reports and Accounts 2017/18 HC1251. Available at: <https://resolution.nhs.uk/wp-content/uploads/2018/08/NHS-Resolution-Annual-Report-2017-2018.pdf> (accessed July 2020).

<https://doi.org/10.1038/s41415-020-1929-4>

Small succeeds

Sir, the financial impact of the COVID lockdown would not have featured in even the most beautifully crafted business plan. The more that I read and hear of the problems which different practices are having, on their roads to recovery, there is one feature that stands out above all others: the bigger the practice, the bigger the problem.

The recent letter from the Chair of the BDA's Board ("The \$10 billion question: what is dentistry worth?") tells us that some practices are able to see only 10% of their previous volume, a situation which is not financially sustainable. The economies of scale, which were such an asset of large practices, have turned into a burden from which they may not be able to recover. In