In mitigation

Shaun Sellars continues his series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.

The COVID-19 crisis is likely to be the most significant healthcare challenge of this generation. In regards to dentistry in the UK, the majority of primary care practices were closed for months, with routine care only just starting to return. Even now, practising dentistry remains a challenge. Increased PPE requirements and introduction of fallow times following aerosol generating procedures (AGPs) make providing dentistry physically and logistically challenging. Fallow times are a particularly hot topic, with the science behind them appearing vague and incomplete.

As I write, the current 'standard' fallow time following AGPs is an hour. The effect of this, especially in small practices, can be debilitating. Understandably, there has been an ongoing push for the fallow time to be reviewed. In the meantime, many practices are using measures to reduce the standard time.

These mitigating factors range from using large extractor fans to increase the rate of air exchange in a room, to high tech machines which make bold claims of their ability to kill or inactivate viruses. It is worth considering that the mitigation of fallow time is also built on unclear science, especially when considering some of the technology-based solutions. Trusting unclear science to modify further unclear science isn't the wisest of ideas, but more importantly, are we as dentists the right people to be making these decisions?

At the moment, we're firefighting to save our practices and our livelihoods. This makes us prime candidates for motivated reasoning, leaving us open to unconsciously making decisions which will act for the safety of ourselves and our businesses rather than being based on the facts. This kind of error happens all the time. There is no intent to deceive when we do this, but the easiest people to deceive are ourselves.

Furthermore, dentists are generally good at fixing people's teeth. We have enhanced knowledge of specific areas, including biology and materials science, among others. What most of us don't have is a firm grasp of fluid flow mechanics, virology and other areas which are vital in understanding the science behind the aerosol risk of SARS-CoV-2. If dentists are to take the lead in determining the amount and type of mitigation of fallow time to be allowed for, then there's a risk of making serious errors of omission. Because we don't understand the fine detail, we make mistakes by not considering things we are unable to know. We're unable to evaluate the evidence thoroughly.

A friend of mine contacted me last week asking if they could stick the crown that had just fallen off back with epoxy resin. The tooth wasn't hurting, and he wanted to save his dentist some time. What they hadn't considered is that there was likely to be an underlying reason for the crown coming off. They had made a similar error of omission.

Dentists are great at what we do – relieving pain and creating smiles. But we're not going to get through the current crisis by ourselves. We need the epidemiologists, microbiologists and health economists to guide us.

BDA criticises misreporting of WHO guidance

The British Dental Association (BDA) has criticised misreporting of World Health Organisation guidance in relation to COVID-19 and dentistry. The BDA has said that the guidance has been 'incorrectly interpreted as cautioning against attending the dentist for all but urgent cases'.

The document, published on 3 August, advocates that 'Oral health care involving AGPs should be avoided or minimised, and minimally invasive procedures using hand instruments should be prioritised' for settings 'with widespread community transmission'.

The BDA says that it is inappropriate to apply this advice in the UK's current context, where dentists already operate extremely high levels of decontamination. At present the authorities have mandated dentists to use full PPE – as used in ICUs – for AGPs combined with a 60 minute fallow period between patients. Approaches vary by country, with many not operating a fallow period, and some as short as two minutes. The UK's approach is highly cautious by international comparison and is currently under review.

There is no evidence of transmission through dental AGPs since they resumed in June in England. The BDA believes there is a need to balance AGP risk against risk to patient oral health, particularly given the huge drop in oral cancer checks at routine appointments since lockdown. Oral cancers are responsible for more deaths in the UK than car accidents.

BDA Chair Mick Armstrong said: 'The World Health Organisation has cited best practice for widespread community transmission of COVID. We have adopted a highly cautious approach in the UK and patients should be reassured that care is safe.

'Dentists are now facing a huge backlog of patients who have struggled with pain through lockdown. Misrepresenting this guidance simply serves to discourage millions from seeking the care they need.

'Practices are already going over and above to minimise the risk of viral transmission. Reckless reporting will only mean patients bottling up problems, from decay to oral cancer.'

The WHO guidance on 'Considerations for the provision of essential oral health services in the context of COVID-19' can be found at https://bit.ly/3iH9WLA.