

In Bartram Hiles' lifetime dentistry was in its infancy and oral health often overlooked; today dentistry is mature and equal among healthcare professions. Restricting a patient's access to dental care or a profession's access to its patients could lead to catastrophic outcomes, not only for a patient and the practitioner, but for the population our profession seeks to serve.

*J. Laszlo, London, G. Long, Stevenage, UK*

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## Terminology

### The title continues

Sir, I read with great interest Dr Douglas Pike's historical article on how, after many years of trying, in 1995 the GDC eventually came into line and agreed that they would not object to UK dentists using the courtesy title of Doctor.<sup>1</sup> Many of us supported Doug and we put a lot of time and effort into convincing the GDC to change its mind. Douglas was of course the main driver in these efforts and all credit to him, but in his article, I think he missed out on one important point.

We surveyed all the dental schools in the UK asking undergraduates 'Should dentists be allowed to use the courtesy title of Doctor if they so wish?' I wrote to all the Presidents of the dental students' societies asking that they put up a petition notice in the common room for undergraduates to sign and state yes or no. One Dean refused permission to post a list, but of all the other schools, some (95% of the large number of students who signed) were in favour of being able to use the title. These petition lists were sent to the GDC President Dame Margaret Seward and I do like to think that this influenced Margaret to some degree.

I am long retired now but I am delighted to see that so many of our GDPs are using the title. Well done Doug.

*D. Thomas, Wolverhampton, UK*

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## Dental education

### Adapting the curriculum on climate change

Sir, the recent changes made by the journal to switch from plastic to sustainably sourced paper envelope are very much welcomed,<sup>1</sup> and it is our view that other journals should also follow this guidance. Small changes done on a mass scale can dramatically lead to positive improvement.

Climate change is not only detrimental to the physiology of patients, but the effects are also likely to impact the operations and effectiveness of health services. In view of this, Public Health England published a report highlighting the impact of climate change within dentistry and recommendations that dentists can follow to reduce their carbon footprint.<sup>2</sup> Oral health is often missed when discussing global health matters and the link with climate change requires more research. However, greater levels of pollutants, extreme weather patterns, and migrating vector-borne diseases – along with the direct and indirect effects on agriculture – will invariably affect oral health.<sup>3</sup> As such, dentists should be at the forefront of the fight against climate change.

However, dental schools should also recognise the importance of climate health and strive to emphasise these effects within the curriculum. There have already been similar calls for adapting the medical curriculum and dentistry should follow suit.<sup>4</sup> The benefits of this can be substantial. Keen students can facilitate innovative solutions and the impact of this is already apparent through the success of hackathons. Additionally, involving students early can cultivate interest in global health matters and, in a clinical environment, be a medium through which information on climate change is delivered to the UK population, over half of whom receive surgical and non-surgical dental care. This is particularly relevant considering the poor awareness within the general public about health effects of climate change.<sup>5</sup>

Adapting the curriculum will not only be beneficial to students themselves, but most importantly will lead to better patient care in the future.

*S. Khan, Manchester, S. Khan, London, UK*

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### Homelessness on the curriculum?

Sir, at a time when the homelessness crisis is worse than ever in our country, likely to only deteriorate with the inevitable depression post COVID-19, trying to make headway with integrating and treating the needs of the homeless is more important than ever so that we can make positive and sustainable changes. My suggestion is that we make community volunteering with the homeless an essential part of dental training. In doing so, we will be able to treat the increasing dental needs of the homeless, improve their integration into society and increase students' awareness of the shortcomings of society and the importance of multiagency work.

American models, including some pioneered by Johns Hopkins University, show that students taking part in 'service learning' projects, have had positive impacts in improving access to medical care and making sustainable changes to the health of the homeless.<sup>1</sup> Some of these volunteering projects could require students to come up with their own initiatives and encourage them to collaborate with relevant stakeholders such as charities, the council and the homeless themselves to gain more insight into the issues surrounding this crisis.

In doing my own volunteering with the vulnerable, in the fantastic and under-recognised Sensory World in Dewsbury, I have realised again that spark that drew me into this profession: service that can utterly transform an individual's life. As dentists, we have a social responsibility to serve the most under-served, of which the homeless are the most poignant, and I want everyone to be able to feel the same immense gratification and benefits that I had felt in doing so.

*A. Mohan, Sheffield, UK*

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