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**.

Oral health is frequently ignored by paediatricians

Dickson-Smith V, Kenny A, Gussy M *et al*. The knowledge and practice of paediatricians in children's oral health: a scoping review. *BMC Oral Health* 2020; DOI:10.1186/s12903-020-01198-0.

Knowledge and understanding of oral disease is lacking.
The key role of paediatricians in children's oral health, in screening, advising and referring as appropriate, has been little researched.

Oral health knowledge of paediatricians was often reported as inadequate, with limited understanding of bacterial transmission from mother to child, lack of awareness of the appearance of early carious lesions and outdated knowledge of fluoride use. In practice, screening for oral disease was variable. For instance, Australian paediatricians, in general assessments, screened around 70% of all cases for chest and cardiac conditions but only 40% for oral conditions. Barriers to knowledge and practice included lack of both training and time. Barriers to referral to a dental specialist included insurance systems and costs, long wait times and a lack of referral pathways.

Formal education and training is needed, but research suggests that while this may increase confidence and knowledge, it might be insufficient to change practice.

https://doi.org/ 10.1038/s41415-020-2121-6

Enabling behaviour change in general practice

Ashley C, Halcomb E, McInnes S *et al*. Middle aged Australians' perceptions of support to reduce lifestyle risk factors: a qualitative study. *Aust J Prim Health* 2020; DOI:10.1071/PY20030.

'I'd rather chat to my mates in the shed'.
Lifestyle factors such as smoking, poor diet and excessive alcohol consumption play significant roles in increasing the risk of cardio-vascular disease and other chronic conditions. Behaviour change is affected by health literacy, mental health and individual beliefs. In this study, 34 socio-economically diverse middle aged (40–65 years) Australians were interviewed. Three themes emerged:

1. Engagement with general practice. There was a lack of awareness of other healthcare professionals, concern at not seeing the same doctor each time and problems obtaining an appointment
2. Providing information. General information was not conducive to behaviour change whereas specific information was deemed helpful
3. Sources of support. Men appeared not to think about seeking advice from a doctor, preferring to speak 'with their mates in the shed' or 'bring it up with my wife.'

Lack of practitioners' time and skills to take up opportunistic conversations about lifestyle change are barriers to offering preventive advice.

https://doi.org/10.1038/s41415-020-2150-1

Influences on age of retirement

Nivalainen S. From plans to action? Retirement thoughts, intentions and actual retirement: an eight year follow-up in Finland. *Ageing Soc* 2020; DOI:10.1017/S0144686X20000756.

A flexible and supportive working environment extends working life.
A UK dental workforce planning document (https://bit.ly/33WlnL5) states that 'many dentists choose to phase down their working week in their later years' and anticipates that 'many will work later in life before retiring.' Extending working lives is one possible solution to the problem of ageing populations and shrinking working age populations. Understanding why people chose to retire is therefore important.

This paper from Finland breaks down the retirement planning process into three phases – retirement thoughts (thinking about the possibility), retirement intentions (making plans) and actual retirement. All three are shown to be connected and plans materialise with quite high accuracy. Poor health was conducive to early retirement (and *vice versa*). Those who experience time pressures at work were also less likely to continue working, as were those with secure financial arrangements. Delaying retirement appeared to be related to a spouse who continued to work, a health promoting work environment, job autonomy, the ability to control scheduling and high quality occupational healthcare.

https://doi.org/10.1038/s41415-020-2149-7

Changing faces in wartime

Bailey R. Special operations: a hidden chapter in the histories of facial surgery and human enhancement. *Med Humanities* 2020; **46:** 115–123.

An ethical dilemma for surgeons?
Facial surgery in wartime to produce disguise has been little researched. Recently released archive material from the Special Operations Executive (SOE) reveals that in World War 2, it was not uncommon and practised 'entirely in the interests of the state.'

Responsibility rested with the SOE's camouflage section and not the medical staff. Procedures carried out included rhinoplasty, repositioning of ears and scar removal. Plastic surgery and dental work (replacing a British denture with one of German workmanship, for instance) were known as permanent make-up.

The intent was to preserve life in making the subject less recognisable in the war zone, but concurrently made them increasingly vulnerable in enabling their participation. The status of doctors as protected non-combatants was also put at risk, in that the Geneva Convention defines their role as 'exclusively in the .... treatment of the wounded and sick.' The ethics of 'fashion(ing) bodies to make them more effective weapons' is discussed in relation to attempts to confound facial recognition technology.

https://doi.org/10.1038/s41415-020-2151-0