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.

To crown or not to crown?

Holden A C L, Adam L, Murray Thomson W. Overtreatment as an ethical dilemma in Australian private dentistry: A qualitative exploration. *Community Dent Oral Epidemiol* 2020; DOI: 10.1111/cdoe.12592.

That is the ethical question.

In many countries, oral healthcare is provided in the commercial small business environment of general dental practice. However, the need to generate income to maintain or increase profit may induce the temptation to overtreat patients. Overtreatment is defined as 'instances where dental treatments are provided in a manner that exceeds clinical justification, or where there is no justification for that care being provided at all.'

Interviews with 20 Australian dentists with a range of experience (1–40 years), locations and roles (associates in private and corporate practice, practice owners and specialists) revealed two major themes – the pressure of incentives and managing the balance between professionalism and commercialism.

In a fee-per-item remuneration system, the incentive to recommend a crown where 'it's not 100% necessary', which may lead to the necessity of a root canal treatment later, left one participant wondering whether what was being offered was 'in the patient's best interest.' Personal financial pressures of 'making the next car payment' or 'there's a holiday coming up' may influence treatment decisions, as could peer pressure – 'it's very hard to see another dentist doing extremely well and you are not comparing up to them' and the management pressure of being told 'we expect our clinicians to be doing at least one crown a day.' Whilst some expressed that they felt these pressures daily, others stressed the need for constant reflection, for being aware of patients' vulnerability and the importance of being resistant to commercial pressures.

In reality, the balance between commercialism – the need for profit – and the professionalism of the practitioner – putting the needs of the patient first – has to be managed. One participant felt that there was no incompatibility between being commercial and being of 'benefit to the public as well' but that salesmanship and the desire for super profits caused damage. Others give examples of leaving practices where the pressures to perform conflicted with their professional judgement. Some saw examples of overtreatment from colleagues but either did not recognise it in themselves or felt they managed the situation well.

Commercialism may be said to empower the patient as a consumer but the power imbalance in the relationship between dentist and patient, however good the consent process, may put patients at risk of overtreatment if the clinician's attitudes 'are not underpinned by a protective foundation of altruism derived from strong professional identities.'

The role of the dental regulators in this is paradoxical, in that, whilst existing to protect the public, they can only react retrospectively to complaints of harm by overtreatment.

<https://doi.org/10.1038/s41415-020-2455-0>

General dental practitioners as clinical teachers

Bartle E K, McGowan K M. Clinical supervisors' reflections on their role, training needs, and overall experience as dental educators. *Eur J Dent Ed* 2020; DOI: 10.1111/EJE.12602.

A generally enjoyable role but largely undervalued.

Outreach education for dental students, away from dental school, has become an increasingly important part of the student experience. Supervision in these placements is frequently provided by general dentists who have little or no previous formal training in education.

Using an online questionnaire and follow up interview, 16 clinical supervisors in Australia were asked about their training and experiences in the role. Most were motivated by a desire to teach and to give back to the profession. They saw their role as teaching clinical skills whilst maintaining patient safety and treatment quality. They were challenged by the students' disconnect between academic theory and the actual practice of dentistry, together with their need to learn critical thinking and decision-making skills. Other challenges included how to give feedback and to be up-to-date with current curriculum requirements. In line with the experiences of clinical teachers in the UK, they felt undervalued by their university.

<https://doi.org/10.1038/s41415-020-2456-z>

Women in leadership

Phasul K, Koka S, Kattadiyil M *et al.* Leadership diversity in prosthodontics: Number of women and nonwhite individuals serving as President of selected prosthodontic organisations in the last 20 years. *J Prosthet Dent* 2020; DOI: 10.1016/j.prosdent.2020.05.001.

No change over the last 20 years.

The trend to feminisation of dentistry in industrial nations is well recognised, with over 60% of dentists in Europe being women. However, the numbers of women in leadership positions of dental organisations may not have risen proportionately. Reviewing the presidential positions of 20 prosthodontic organisations in the USA over the past 20 years, the authors found that only 10% had been women and that this percentage did not increase over the time period. The situation for nonwhites is little different.

Becoming President requires becoming a board member, which requires, in part, a national or international reputation as a speaker. Implicit or explicit biases against women limits speaking opportunities and 'the paucity of women speakers influences the paucity of women Presidents because there are fewer role models.'

The authors recognise that the first step to change is the collation of data and the next stage includes implementing active programmes addressing the issue. Members who cannot see their identities reflected in the leadership of organisations may feel a lower sense of belonging and a special effort is needed to value the inclusion of all.

<https://doi.org/10.1038/s41415-020-2457-y>