introducing a new technique or showcasing the merit of a product, and present only immediate results of treatment with ambiguity over its long-term performance.^{2,3}

A survey amongst trainees and practitioners by the authors found 73% of responders using social media platforms as a source for obtaining new knowledge and applying this in their clinical practice; however, 64% of responders did not verify the same information from a standard academic textbook or scientific journal. While social media platforms are great tools to disseminate knowledge, dental education content has become a luring point to make dentists consumers of products that might seem to improve clinical skills and courses that can enhance skills, apart from obvious action of promotion of practice. Real dentistry will stand the test of social media 'reels, posts and stories'.

N. Kurian, J. M. Cherian, V. S. Varghese, P. Sharma, M. G. Varghese, Ludhiana, India; I. A. Varghese, Houston, USA

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Academic publishing

Open access

Sir, I have read with great pleasure your Editorial announcing that the *BDJ* has become a transformative journal.¹ I celebrate this and congratulate you on the decision. I am an associate professor from a dental school at a public university in Lima, Peru, where we have limited access to many high-impact journals in the dental area due to the required subscription to read their articles. So, initiatives like the ones the *BDJ* is opting for are going to benefit readers from all over the world, especially those from Latin America.

The COVID-19 pandemic has shown the importance of scientific publications being open access in order to have all the

available evidence without any payment restrictions. We hope that this trend of open access continues to advance with more force so that scientific information is available to humanity and thus can support the solution to different problems.

The advance of the open access movement on scientific publications in the health area around the world means we can have all the published evidence available. This will help us to select trusted evidence, make informed decisions and thus have better health, as stated by the Cochrane Collaboration motto.²

M. A. Mattos-Vela, Lima, Peru

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Editor-in-Chief's note: I thank Dr Mattos-Vela for these positive comments and emphasise that all COVID-19 content from the BDJ is freely available in our 'Collections'.

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Dentistry in literature

Shuggie Bain

Sir, throughout Douglas Stewart's Booker Prize-winning novel, *Shuggie Bain*,¹ numerous dental presentations are referenced against a backdrop documenting the destruction of communities, following the obliteration of mining and manufacturing industries in Scotland in the 1980s and 1990s.

With an eponymous protagonist coming to terms with being gay, Shuggie's otherness strikes hard against an upbringing and prejudices inherent in the traditional working-class masculinity of those times. His mother Agnes's calamitous alcoholism across two decades is sandwiched into Strathclyde's sectarianism and is presented in details that are candid and clinical. In reading about the violence and tenderness, the sadness and humour, the value of this work for those in clinical practice today isn't that it seeks our sympathy, but that it justly demands our empathy for the characters.

By doing so, in turn, we might gain a deeper understanding and empathy not only for our patients who endured the societal

prejudices and depravation detailed in this novel, but for anyone regardless of their background who endured certain NHS dental practices during the 1980s and 1990s. The dental presentations unambiguously detail those injuries from beatings, eg the 'Glasgow smile', while the particulars of the questionable destructive clinical practices of those times, of exodontia with attempts at prosthetic rehabilitation by NHS dentists in Scotland, leave little for any reader – let alone those who are clinically experienced – to imagine.

Discussing such clinical presentations with the author, one dental question remained unanswered:² were porcelain teeth (ever) provided on the NHS in Scotland? Further inquiries revealed the provision of porcelain teeth on the NHS to be highly unlikely, principally due to cost.³ Contact with Wrights-Cottrell in Dundee, a firm providing materials for use in NHS dentures, supported this view.

It is a privilege to be able to contribute to the accuracy of any inspiring work and humbling to be able to do so with a Booker Prize-winning novel. With further editions of *Shuggie Bain* in press, should any reader have information confirming these points of dental care in the NHS, then Douglas Stewart's editor, Anna Stein would welcome such information.⁴ She can be contacted at: anna.stein@icmpartners.com.

In seeking and providing these answers, the advocacy we now practise for our dental patients might be extended to advocacy for the central characters in a novel that has become a work of literary significance and historical reference for tomorrow's dental professionals. *Shuggie Bain* clearly documents that NHS dentistry practised in the last century and those clinical experiences still lie within the living memories of those we care for in 2021, dental patients whose care we must continue appropriately for many years to come.

J. Laszlo, London, UK

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