COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Communication

Words matter vitally

Sir, I read with interest the letter 'Every word matters' by Dr Adali regarding how language affects patients' interpretation of what clinicians say and influences their treatment choices.¹

I agree that language is extremely important. This applies to clinicians as words, and particularly diagnostic terms, affect dentists' decision-making about treatment. We asked dentists to choose their preferred treatment for cases after we supplied the diagnosis and radiographs.² When 'chronic' was used instead of 'asymptomatic' (eg chronic apical periodontitis versus asymptomatic apical periodontitis), there were highly significant differences for all conditions regarding whether the dentists would treat the tooth or not. When 'acute' was used instead of 'symptomatic', there were significant differences for most conditions. This indicated that dentists were more likely to base treatment decisions on the presence/absence of symptoms rather than on the disease itself which is a serious concern. Hence, terms used for diagnosis are important as they influence dentists' decision-making. Similar findings were reported in the medical literature, where practitioners were more likely to treat 'chronic malaria' than 'asymptomatic malaria'.³ These studies demonstrate 'words do matter'.

There are many other words that have crept into the 'common vocabulary' of dentists, yet they are inappropriate. Two examples are 'leakage' and 'vitality tests'.

'Leakage' presumably means something is getting into the tooth but the public are likely to think something is escaping from the tooth. Hence, 'restoration breakdown' and 'bacterial penetration' – which describe the process occurring – are more appropriate.

'Vitality test' implies assessment of the pulp's blood supply, but thermal and electric pulp tests can only assess the ability of the pulp to respond to a stimulus (ie 'sensitivity'). The term 'vitality' leads to use of 'vital' and 'non-vital' for the diagnosis – but both are completely inadequate to indicate the various stages of the pulp/root canal disease process with a blood supply and stages without a blood supply.^{4,5} Use of inappropriate terms should be avoided. They also suggest a poor understanding of what is happening in the tooth.

Dentists should consult their dictionaries from time to time because words do matter!

P. V. Abbott, Perth, Western Australia

References

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3. Chen I, Clarke S E, Gosling R *et al*. 'Asymptomatic' malaria: a chronic and debilitating infection that should be treated. *PLoS Med* 2016; doi: 10.1371/journal.pmed.1001942.
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5. Abbott P V, Yu C. A clinical classification of the status of the pulp and the root canal system. *Aust Dent J* 2007; **52**(1 Suppl): S17–S31.

<https://doi.org/10.1038/s41415-021-3474-1>

Dental education

£10,000 swap?

Sir, I read with much interest a piece in *The Guardian* describing the state of affairs with respect to the new intake of undergraduate dental students.¹

A-level 'grade inflation' has reached a record high, with a significant rise in applications to study dentistry at universities throughout England. Although the government has temporarily adjusted the cap on places available to study dentistry for those who have achieved the required

grades (a move welcomed by the Dental Schools Council), it is difficult to envisage where these places will come from. Dental schools' capacities are limited and the resources required to train each student are considerable. The number of chairs and simulators available is difficult to scale up, a problem exacerbated by the limitations imposed by COVID-19 restrictions.

The option to defer or move to different dental schools has been mentioned, with some institutions offering £10,000 compensation if applicants move from one oversubscribed institution to another! I am concerned that this may prove detrimental to future prospective students.

I empathise with applicants – applying for dental school is a stressful process and the added pressures of 'musical places' no doubt intensifies the situation. It seems the effects of the ongoing pandemic will be felt in the education sector for many years to come, although I do not doubt the ability of institutions to adapt accordingly.

M. Adam, Preston, UK

Reference

1. Fazackerley A. Dental students in England offered £10,000 to switch university. *The Guardian* (London) 2021 August 15.

<https://doi.org/10.1038/s41415-021-3481-2>

Paediatric dentistry

Note it down for next time

Sir, when treating children, the use of supportive communication has the power to facilitate effective behaviour management and enable the provision of successful treatment.

We would like to share a little snippet of clinic practice which we have found works well with paediatric patients from first contact to between dental visits, either review to review or treatment session