

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

Nudging alters people's behaviour

Soled D. Public health nudges: weighing individual liberty and population health benefits. *J Med Ethics* 2021; **47**: 756–760.

Individual and population issues are different

Using examples of a physician highlighting the percentage of patients who have complications from a procedure (rather than the benefits), food placement at cafeterias (healthy options being more visible) and organ donation policies (to opt out, presuming consent to donate or actively consenting by opting in), the author suggests that nudging is ethically questionable at an individual level. Nudges influence decision-making so that they change behaviour for the patient's good, but a good as defined by the nudger.

Public health nudging, though, should be viewed differently. The author argues that nudges towards HIV testing (with an opt out system still leaving subjects free to decline testing) is ethically imperative, due to population health benefits of higher rates of testing, diagnosis and treatment. However, an opt out system for PSA screening for prostate cancer in the USA (stimulated by financial incentives and insurance company policies) has led to overdiagnosis and overtreatment, with no evidence that it reduces overall mortality from the disease and should therefore be considered ethically questionable.

<https://doi.org/10.1038/s41415-021-3827-9>

How to 'sell' fluoridation of the water supply

Kemp D, Mackert M, Bouchacourt L *et al*. Promoting support for community water fluoridation: Testing message effects and the role of normative beliefs. *J Am Dent Assoc* 2021; **152**: 1012–1019.

'It's safe and works well' works well

Community water fluoridation (CWF) is recognised as having public health benefits in reducing dental caries in young children and marginalised communities. Resistance to CWF has been attributed to anti-fluoridation lobbying and limited public knowledge of the benefits. Understanding of how best to promote CWF is lacking.

Using a convenience sample (n = 245) of parents with children aged <18 years, participants responded to a number of differing messages about CWF.

Messaging which focuses on oral health, the safety of CWF and its effect as a buffer against oral health inequalities may be more effective than messaging focused on cost-effectiveness. The beliefs of family and of the family doctor, that CWF is a good thing, were positively associated with CWF support. However, more participants trusted their dentist as a source of information than their doctor.

<https://doi.org/10.1038/s41415-022-3844-3>

Vouchers as an incentive to stop smoking

Berlin I, Berlin N, Malecot M, Breton M, Jusot F, Goldzahl L. Financial incentives for smoking cessation in pregnancy: multicentre randomised controlled trial. *BMJ* 2021; doi: 10.1136/bmj-2021-065217.

Are they cost-effective?

Smoking during pregnancy is a risk factor for negative pregnancy and birth outcomes. Smoking prevalence is higher among people on a low income. Over a period of two years, in 18 different French maternity units, pregnant smokers (n = 460) were randomly divided into a group given a financial incentive to quit smoking and a control group.

In the financial incentives group, the continuous abstinence rate was significantly higher (p = 0.004) and time to relapse to first cigarette significantly later (p = 0.001). No differences were found in blood pressure, nor changes in cannabis or alcohol use between groups. The control group had significantly poorer neonatal outcomes. The issue of the smoking habits of partners and the possibility of extending incentives to them is discussed. Incremental financial incentives to quit smoking could be implemented into the routine healthcare of pregnant smokers.

<https://doi.org/10.1038/s41415-022-3843-4>

Dentistry by phone or text

Ben-Omran M O, Livinski A A, Kopycka-Kedzierawski D T *et al*. The use of teledentistry in facilitating oral health for older adults: A scoping review. *J Am Dent Assoc* 2021; doi: 10.1016/j.adaj.2021.06.005.

Is this the future for older people?

The World Health Organisation defines telehealth as 'the delivery of health care services where distance is a critical factor, by all health care professionals, using information and communication technologies, for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities'. Teledentistry is focused on providing oral health care services to vulnerable populations and facilitating access to specialist care.

This scoping review found the quality of studies (n = 19) to be poor and there is insufficient evidence to suggest long-term cost-effectiveness of teledentistry for older patients. However, in view of the difficulties for some older patients to access care, particularly during the COVID-19 pandemic, the possibility of using teledentistry for speciality consultations, oral health promotion, screening and referrals remains. In future, artificial intelligence tools may provide opportunities for diagnostic services and risk identification. Slow internet speed and the reliance of some older people on carers for communication and use of the technology are potential barriers.

<https://doi.org/10.1038/s41415-022-3845-2>