

Letters to the editor

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Dental radiography

Heart your condyles

Sir, we recently had the pleasure of seeing an unusual case of bilateral bifid mandibular condyles in a 22-year-old. The patient had suffered a mandibular injury while playing rugby, and there was a slight irregularity in the right condyle on panoramic radiography. A CT scan was subsequently undertaken, which excluded a fracture but highlighted this rare anatomical variation instead (Fig. 1). Bifid condyles are often asymptomatic, but can cause issues such as arthralgia, joint noises, restricted mandibular movement and joint ankylosis in some patients.¹ Trifid and even tetrafid variants have been reported.²

Despite Valentine's Day now being behind us, I hope that *BDJ* readers can appreciate the charming heart-shaped appearance of these bifid condyles, as seen on the CT scan.

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References

1. Borrás-Ferreres J, Sanchez-Torres A, Gay-Escoda C. Bifid mandibular condyles: A systematic review. *Med Oral Patol Oral Cir Bucal* 2018; doi: 10.4317/medoral.22681.
2. Şahman H, Etöz O, Şekerci A, Etöz M, Şişman Y. Tetrafid mandibular condyle: a unique case report and review of the literature. *Dentomaxillofac Radiol* 2011; **40**: 524–530.

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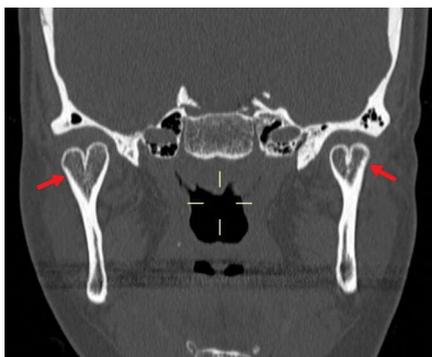


Fig. 1 Coronal slice of mandibular CT scan, demonstrating heart-shaped bifid condyles

Mandatory vaccination

Points of contention

Sir, with all due respect to the authors, I have two main points of contention.¹ Firstly, the use of the heavily loaded word 'hesitancy'. This word alone could have a paper devoted to the underlying psychological implications. It is patronising, paternalistic, condescending, suggestive of fear, weakness and ignorance. Its use in this context is entirely inappropriate, disrespectful of self-determination and unprofessional.

Secondly, the tortuous mangling of the four principles set out by Beauchamp and Childress seemingly in an attempt to subordinate autonomy. This is either naïve and ignorant or a crude and frankly insidious attempt to justify a collectivist utilitarian doctrine. It is well established in law and moral theory that the right of self-determination of an autonomous person prevails. This may be over conflicting medical opinion, or the interests of science and society.

There is no 'concept' of *prima facie* in operation here. The principles are neither dependent nor obligatory but separate, independent considerations providing a framework for ethical decision-making. The rather awkward iteration of beneficence, non-maleficence and justice may be more simply thought of as, if you are going to do anything at all, then try to do good, don't do bad (first do no harm) and be fair. Neither of these has any bearing on autonomy which, as already stated, has primacy.

Having spent the best part of 40 years upholding this principle, I could never have imagined that mandatory medical treatment would even enter the conversation, let alone the attempt to make it so. This is just part of a widespread and insidious attack on this basic principle and the inherent rights of all people. Mr Raab's proposals

for reform to the Human Rights Act into a Bill of Rights ostensibly 'on the face of it' to regain sovereignty has attached to it two slippery concepts of collectivism (Marxism or fascism, take your choice) that with rights come responsibilities including responsibilities to the 'wider public interest'.

Any Bill of Rights is just a recognition and acknowledgement of the inherent rights of all people. We are not given these rights by any person, law or government. Rights do not come with responsibilities for the individual or to the wider public interest. Any curtailment of this is the definition of tyranny. This may seem like a large response to one small letter and one small word, but the devil is in the detail; we ignore it at our peril.

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Reference

1. Al-Attar S, Rabeea H. Students' mandatory vaccine views. *Br Dent J* 2022; **232**: 131.

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Community dentistry

Domiciliary dentistry after the pandemic

Sir, the Community Dental Services (CDS) and specifically domiciliary care has been an area of dentistry which has been greatly impacted by the pandemic. Previously, staff were able to simply book appointments and attend. During the pandemic, there was much more to think about such as elderly patients who are shielding, other residents in care homes who may be at a higher risk, social distancing and places to don and doff. Many services used risk assessment tools such as the 'Care Home Thermometer' used in Wales. We are now left using COVID screening questions, extra PPE and an improvement in infection control. Most care homes still require the