Law and ethics

Mixing treatment

Sir, Standards for the dental team imposes an obligation on registrants to '...find out about, and follow, laws and regulations affecting your work.'

We ask that the Department of Health and Social Care (DHSC) take the opportunity to communicate its position on a recent case heard at the High Court. A timely DHSC response would not only assist NHS colleagues meet their statutory obligations, it would also prevent future uncertainty for their patients.

This case was on appeal from the GDC Professional Conduct Committee following the erasure of a registrant. It considered among other matters the legality of voluntary 'topping up' of NHS patient charges, specifically whether a crown provided under NHS arrangements could be 'upgraded' to an all-ceramic crown.

Evaluating the merits for the appeal, Mr Justice Ritchie noted the GDC experts and PCC had erred in their understanding of 'voluntary agreed top up fees'. They should not have concluded 'the non-mixing of NHS and private treatment on the same tooth is a fundamental tenet of the NHS regulations' as there was no legal basis for this assertion.² Mr Justice Ritchie observed '...[NHS] Regulations...permit agreed voluntary mixing [and] that Schedule 3 para. 10 of the *Contracts Regulations* expressly permits agreed voluntary mixing.²³

It would appear from this judgement that where ceramic rather than bonded crowns are not required to secure oral health, patients could choose to top up NHS charges where they feel this would be of material benefit. This finding, however, may be reviewed on appeal.⁴ Without a much-needed

and timely DHSC response, should NHS patients avail themselves of the current legal position, they may become puzzled where a future court determines they are no longer able to do so. It would seem prudent for DHSC to avoid this unhappy situation.

Mr Justice Ritchie also noted a substantial difference between NHS Contracts
Regulations and NHS Business Services
Authority's guidance. He reminded the court that the former '...is a matter of law', and the latter '...a matter of business practice guidance'.⁵

We therefore additionally enquire: (1) as to when the NHS Business Services Authority's guidance will be revised in accordance with the new legal position; and (2) whether a more supportive format reflecting the interpretation of the NHS Contracts Regulations has been considered?

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References

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- Williams v The General Dental Council [2022] EWHC 1380 (Admin). pp 96, 99.
- 3. Williams v The General Dental Council [2022] EWHC 1380 (Admin). pp 96–98, 104.
- 4. Williams v The General Dental Council [2022] EWHC 1380 (Admin). p 160.
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Dental psychology

Maternal dental anxiety

Sir, I read with interest a recent research paper in the *BDJ* entitled 'Do psychological attachment styles influence dental anxiety and dental attendance?' reporting that anxious or avoidant attachment traits of individuals tend to influence their dental anxiety and dental attendance.¹

Maternal dental anxiety and an irregular pattern of visits to the dentist are significant risk factors for dental neglect.² Negative beliefs of the mother regarding dental care have been associated with unmet dental treatment needs of a child. When parents can access dental services but fail to do so, factors related to attachment orientations can be thought to play a role in influencing their treatment-seeking behaviour. Further exploration of psychological themes in dentistry could indicate a role of adult attachment styles as a risk factor for dental neglect in children.

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Correction to: A matter of taste

The original article can be found online at https://doi.org/10.1038/s41415-022-4524-z.

Journal's correction note: Letter *Br Dent J* 2022; **233:** 70–71.

When this letter was originally published, the second author's name was omitted. The authors of this letter are V. Sahni, New Delhi, India and S. Gupta, Chandigarh, India.

The journal apologises for any inconvenience caused.

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