

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.

Sustainable dentistry

BDJ Portfolio sustainability

Sir, we write to discuss the environmental impact that we, as contributors to and readers of the *BDJ*, are having.

Two *BDJ* Portfolio publications are offered in print as well as online – *BDJ* and *BDJ in Practice*. *BDJ Team* and *BDJ Student* are now both online only, and *BDJ Open* has been online only since its inception. It is commendable that *BDJ* publications are produced on acid-free, recycled, and recyclable paper, and that the journal is packaged in recyclable paper envelopes for delivery. These are steps in the right direction; however, shifting the conversational onus onto the reader does not completely resolve the issue.

How many of us can, or do, access recycling facilities, particularly at work? It is known that the UK only recycles 44% of its waste.¹ We have been kindly advised by the Editor-in-Chief that there is an option for multiple BDA members at a single address to have only one set of any publications sent to them. Indeed, BDA members can opt out altogether of having print versions of either, or both, of *BDJ* and *BDJ In Practice* mailed to them.

With this sustainability in dentistry themed issue, we hope these options will be promoted to members and prospective members.

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The Editor-in-Chief replies: Thank you for your letter and your keenness in supporting the BDA, Springer Nature and the BDJ Portfolio in our conscientious efforts to improve sustainability. We take your comments seriously and are committed to continue working together, listening to and implementing members' and readers' preferences for print/online delivery and the

wishes of us all to reduce carbon emissions especially in relation to our publications.

Reference

1. Recyclingbins.co.uk. Recycling facts. Available at: <https://www.recyclingbins.co.uk/recycling-facts> (accessed 2 July 2022).

<https://doi.org/10.1038/s41415-022-4911-5>

Military dentistry

Factually untrue

Sir, I am writing to you in response to the Expert Review article published by Dr Stephen Turner in the 8 April edition of the *BDJ* (2022; 232: 457), which reflected on a study evaluating the possible barriers and benefits to the use of dental therapists within the UK Military Dental Service. Whilst the view on the research methodology and findings appears balanced, the author extended the scope of his observations, to include a misinformed declaration stating: 'Research studies looking at dental health and services in the UK Armed Forces are like hens' teeth'.

These comments are factually untrue and are misrepresentative of Defence Medical Services (DMS) and their dental academic research activities. The UK Defence Primary Health Care Dental Service continues a proud tradition of contributing to a steady stream of high-quality research articles, including analysis of operational dental morbidity,^{1,2,3,4} periodontal assessment,^{5,6,7} tooth loss and alveolar ridge preservation,^{8,9,10} endodontic outcome studies,^{11,12} root canal irrigation techniques,^{13,14} military occupational health studies,^{15,16} water fluoridation,¹⁷ foundation training,¹⁸ secondary care managed clinical networks,¹⁹ practical guidelines and tips for practitioners,^{11,20,21,22} implant treatment^{9,21} and maxillofacial research, influencing NICE guidelines on

wisdom teeth extraction.²³ This summary clearly demonstrates the quantitative and qualitative impact of DMS military dental research over the past four years. Indeed, the *BDJ*'s own 22 April edition (Volume 232 Issue 8) was a military themed issue guest edited by Quentin Anderson, a former Royal Army Dental Corps Colonel and contained papers which summarised some of the latest DMS research.^{24,25}

Dr Turner further compounded his errors by using the content of an unrelated systematic review,²⁶ to justify an additional claim that 'none of the 70 selected papers published in the last 50 years related to UK Military Services'. This is particularly surprising, as UK DMS research papers were used in the introduction to justify the research,^{2,5} two Defence papers were included in the systematic review,^{6,27} with a publication from an RAF periodontal specialist,⁷ used to rationalise the research methodology.

The rather abstract comment at the end of the publication, proposing 'But perhaps female dentists are like hens' teeth in the Armed Forces too', is not only potentially damaging to ongoing recruitment of women into all three Services and our valued Civilian dental cadre, but is not representative of the 51–55% military and civilian female dental practitioners employed in Defence. Female practitioners continue to occupy positions at the top of our profession both in and out of the DMS, including RAF Chief of Staff Personnel and Air Secretary, Chief Dental Officer Defence, Chief Dental Officer RAF and Chief Dental Officer Army, with the current Chief Dental Officer England being a retired Army Dental Officer.

The assertions made in this article are poorly considered and are potentially damaging to the reputation of UK Military Dentistry. I would ask that the *BDJ* editorial