

# Letters to the editor

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## Medical emergencies

### Advanced Life Support necessity

Sir, I write this letter to highlight what I felt was a significant gap in my own knowledge and yet was something that could be remedied with widely available resources.

When I was an Oral and Maxillofacial DCT, dealing with deteriorating patients on the ward was a daunting and concerning situation. While we may have our seniors for support, those first few minutes of detection of patient deterioration is crucial when you're the first on the scene. The argument will always exist that these emergency medical scenarios are very rare and never likely to be encountered in a general practice setting. However, there are numerous conditions we learn within our degrees which are far rarer and we are expected to be aware of. Dentists should be competent to manage and efficiently deliver a clear handover to the arriving medical emergency team.

The Advanced Life Support (ALS) course is no doubt intense and covers areas we as dentists may not be used to. While we may not find ourselves doing this in general practice, the physiological understanding of a deteriorating patient is fundamental in resuscitation. The practical sessions included running through several hypothetical scenarios, which significantly increases confidence in tackling difficult medical emergencies, establishing a strategic thought process in identifying the cause and coming up with an appropriate diagnosis. It solidifies leadership and teamwork skills, highlighting the importance of having a competent team with you. My experience of the ALS course was a rewarding but difficult one. In a group of 30, I was the only dentist. I found it difficult initially to delegate the roles to the team, follow the ALS algorithm appropriately whilst also attempting to diagnose the issue and keep an eye on the deteriorating patient. For patients suffering from a cardiac arrest, what I found most beneficial was the emphasis on the

'4Hs and 4Ts.' If a patient has suffered a cardiac arrest in the dental chair – you must be able to trace back and understand if this was a result of something you, the practitioner, have done, administered or missed.

As dentists, we are unique in that we work in a wide variety of settings – in general practice, hospital, community, we will see a range of patients with various comorbidities. Some of us will carry out conscious sedation on these patients, further highlighting the importance of being competent with resuscitation and medical emergency management. Having left the hospital, I am now working in community seeing unwell patients with several co-morbidities and carrying out conscious sedation on them, so it is important I am able to spot the signs of a deteriorating patient.

Z. Nasir, London, UK

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## OMFS

### Challenges and obstacles

Sir, we write further to the debate on OMFS training.<sup>1</sup> In Algeria, the admission process for medical residency comprises only one test with 120 multiple-choice questions, which has generated great insecurity as to the competence of selected candidates. Furthermore, candidates who pass the residency exam generally accept to fill the vacancies available in the OMFS specialty even if it is not their desired choice, either because of fear of failure for admission to another medical specialty in the next exam attempt or due to fear of unemployment.

The number of residency training positions available each year is minimal, being offered in only five hospitals in Algeria, leading to a very obvious lack of this service in different regions which may result in a high burden of untreated disease. The subspecialty approach does not yet exist in Algeria. This, in turn, should constitute a glaring deficiency in the professional training of Algerian OMFS surgeons compared to other

countries, given that in this case the surgeon must perform all related medical and surgical procedures without the opportunity for more specific training.

Another challenge of the de-inclusion of the OMFS specialty as an exclusively medical specialty is that most medical students in Algeria seem to have little interest in this field. In addition, the academic curriculum of medicine in the country strongly limits students' interaction with the specialty. In contrast, it is widely known that OMFS is one of the most desirable specialties among dental students,<sup>2</sup> who spend several months of their undergraduate curriculum learning and/or working in this field.

Considering that OMFS research is highly scarce in Algeria, it is essential that Algerian universities and research centres consider the implementation of measures that enable the full development of science in this scope, so that further improvements in healthcare are achieved for the community as a whole.

In short, rapid action is needed in Algeria to save the uncertain future of the OMFS specialty. Governments, health and education authorities must correct existing problems in order not only to recover what is already missing, but also to deal with great advances in the field. Making OMFS a medical or dental specialty in the country together with greater integration between medicine and dentistry should be a promising initial step towards this.<sup>1</sup>

M. A. Rais, Algiers, Algeria; A. K. Awad, Cairo, Egypt; E. Veseli, Pristina, Kosovo; S. Pati, South Jordan, USA; M. R. Tovani-Palone, Chennai, India

## References

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