COMMENT

Letters to the editor

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Scientific research

Possible malpractice by researchers

Sir, as an internationally connected researcher, I have seen a rather alarming increase in malpractice, which has intensified since the onset of the COVID-19 pandemic.[1] I am concerned by the attribution of co-authorship in scientific articles to researchers from low-income countries in exchange for a full waiver of article processing charges (APCs).

Seeking to circumvent the payment of APCs, a significant number of researchers affiliated with universities in high- and medium-income countries have sought partnerships that must be substantially negatively impacting the concept of good scientific practices. I clearly understand that in this context there must be malpractice on both sides, that is both from researchers who do not wish to pay what is due from them, as well as from pseudo authors who have not contributed anything to the work performed and accept to be listed as 'true authors'. Such a somewhat dishonest and harmful practice for science is becoming more and more routine in the scientific universe of the field of health.

As we all know, there are editorial commissioning programmes that invite respected researchers to publish for free, different journals that still offer the traditional subscription publishing model, opportunities for waivers in publication fee as well as open access journals without APCs. Therefore, the issue of paying APCs should not be an acceptable justification for this type of malpractice. If, on the one hand, scientific collaboration has been of great importance and contributed to the achievement of valuable exchanges of knowledge and the conception of higher quality manuscripts, on the other hand, this cannot be a way to deceive publishers and unfairly compete with researchers who value the reputation of their universities and the suitability of science. Considering this, it is expected that publishers, editors and scientific rankings take urgent and timely measures in order to eradicate the advance of this misleading and fateful manoeuvre, and thus continue to promote and strengthen the appreciation of good practices in the scientific field.

M. R. Tovani-Palone, Chennai, India

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Dental memberships

Updating postnominals

Sir, on behalf of the College of General Dentistry (CGDent) I wish to encourage former members and fellows of the Faculty of General Dental Practice (UK) (FGDP[UK]), together with colleagues who have recently joined CGDent, to update their postnominals.

While honours and university degree postnominals may normally be used throughout life, the use of postnominals linked to membership and fellowship of colleges, academies and other bodies, including memberships and fellowships earned by examination and assessment, is more complex.

CGDent has issued guidance on the continuing use of FGDP(UK) postnominals (https://cgdent.uk/use-of-fgdp-postnominals/). This guidance states that, while postnominals relating to diplomas awarded by FGDP(UK) and the Royal College of Surgeons of England (Dip MFGDP[UK], Dip FFGDP[UK], Dip MJDF, DGDP[RCS Eng], Dip MGDS[RCS Eng], Dip ImpDent[RCS Eng] and Dip RestDent[RCS Eng]) were not affected by the transfer of FGDP(UK) into CGDent, postnominals which conveyed ongoing membership or fellowship of FGDP(UK), ie, MFGDP(UK) and FFGDP(UK), should no longer be used, as FGDP(UK) no longer exists. The only exceptions to these arrangements are honorary memberships and fellowships of FGDP(UK), ie, Hon MFGDP(UK) and Hon FFGDP(UK), which are honours rather than denoting ongoing, substantive membership.

Continuing use of the redundant, membership-specific FGDP(UK) postnominals – MFGDP(UK) and FFGDP(UK) – could be considered misleading, specifically to patients, and to contravene the GDC's guidance on advertising. Equally, failure to use recently acquired CGDent postnominals (MCGDent, Assoc FCGDent and FCGDent) contributes to the unhelpful misunderstanding that dentistry continues to lack its own independent standards setting body. In addition, it fails to convey to other healthcare professions and, more importantly patients, standing and a commitment to the CGDent code of conduct and, in turn, the standards established and promoted by the College.

In updating their postnominals, former members and fellows of FGDP(UK), who have not yet joined CGDent, may replace their redundant FGDP(UK) postnominals with CGDent postnominals by joining the College (https://cgdent.uk/join/) – former members and fellows of FGDP(UK) being eligible for MCGDent and FCGDent, respectively. In this process, there is opportunity for former members of FGDP(UK), who have obtained experience and postgraduate qualifications since obtaining their FGDP(UK)/RCS Eng diploma to apply for Associate Fellowship (Assoc FCGDent) or even Fellowship (FCGDent) of the College 'by experience'

or 'by equivalence'. Also, all retired oral healthcare professionals (ie colleagues who are no longer GDC registrants) who wish to maintain a link with their chosen profession, are most welcome to join the College through the College's 'by experience' or 'by equivalence' processes, with opportunity for those who become Fellows (FCGDents) in retirement to join the College's recently established 1992 Circle (https://cgdent.uk/2022/12/07/college-forms-1992-circle/). The College's online register of current members can be used to confirm the membership status of any individuals using CGDent postnominals.

CGDent (contact@cgdent.uk) will be most pleased to assist former members and fellows of FGDP(UK) in updating and possibly upgrading their postnominals, together with all other oral healthcare professionals, both home and abroad, wishing to join CGDent, which is increasingly gaining recognition and standing as a ground-breaking, world-first for the dental team.

N. Wilson, Founding President Emeritus CGDent, London, UK

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Smoking cessation

Ultrafine particles

Sir, I read with interest the recent correspondence in the *BDJ* entitled 'Rethinking e-smoking' by R. Lee.[1]

It would be worth mentioning that in addition to vapourised nicotine, e-cigarette aerosol contains particles of an ultrafine nature which may be inhaled into the deeper portions of the lungs, diacetyl flavouring recognised as a causative agent for serious lung disease, carcinogenic chemicals, organic compounds (volatile) and heavy metals.[2]

Moreover, consumers might not be aware of what their product contains and certain 'zero percent nicotine' products have been evidenced to actually possess nicotine content.[3]

Further, it is also relevant to ask patients what kind of substances they have used with their vaping product as these may include THC or CBD.[4]

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Anaesthesia and sedation

Malignant hyperthermia – rare but fatal

Sir, malignant hyperthermia is a rare but often fatal genetic skeletal muscle disorder.[1,2] It is characterised by an abnormality in muscle metabolism upon exposure to volatile anaesthetic agents, extreme heat or stress.[3,4]

The disease has major implications for dentistry and clinicians have a responsibility to screen patients for the disorder. A thorough patient medical history and family history and in particular, anaesthetic history must be assessed.[3,4] Muscle disorders such as scoliosis and myotonia congenita are often associated with malignant hyperthermia and thus, follow up investigations should be performed to rule out the disorder before considering GA for these patients.[3,4] A history of a fever of unknown origin, a family history of reactions or unexplained death during anaesthesia should be investigated further before providing GA to the patient.[3,4] In addition, dentistry can trigger stress, anxiety and pain which can also lead to a malignant hyperthermic episode.[2,3] It is essential that dentistry is provided to these patients in the most comfortable, safe and effective manner.

As aforementioned, volatile anaesthetic agents can trigger a malignant hyperthermic episode.[1,4] In the past, local anaesthetics were considered triggers, however now, local anaesthetics have been considered safe to use. In addition, nitrous oxide sedation and benzodiazepines have not been deemed as triggers for malignant hyperthermia. As mentioned previously, stress can trigger an episode therefore it is essential that a clinician explores all non-pharmacological and pharmacological techniques when providing care for these patients.

J. Quearney, Dublin, Ireland

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