Randomised exactitude

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EDITORIAL

I was once told that Volvo car assembly plants have no warehouses attached to them. At any given time all the components necessary to create a new vehicle are winging their way to the production line from assorted suppliers in various countries and continents by air, sea and road so as to all arrive at exactly the right moment. Consequently, or so the theory goes, the supplies come into the factory gates at one end and the finished items roll off the conveyor belt at the other without the need for costly storage, manoeuvring of goods and parts or complications of inventories and redundant stock.

The reason for mentioning this is that I often feel that the process of bringing all the elements of the *BDJ* together in one place and at one time is similar. Not on quite such a grand scale of course but nonetheless each issue is a amalgam, or a composite, depending on your personal preference for the adjectives, of many elements all derived from different contributors over varied timescales and with diverse purpose and objectives. Refereed papers take the longest to come to the production meeting table. Although the process is much swifter than in the past this will have taken months rather than weeks; news on the other hand will be very recent, with practice papers and general content falling somewhere in between. Essentially though, the make-up of any given issue is a matter of some chance; albeit that the content is planned, the order and juxtaposition has an element of serendipity up to the instant it is hoisted online and the moment the paper starts its helter-skelter thread through the presses.

All of which brings me to the point of the preamble which is to note that the above process sometimes throws up some interesting cross-references which have begun from quite diverse starting points. Therefore, in this issue we find an 'opinion' piece on the perils of asbestosis and a letter regarding the consequences of being a health worker with a viral condition such as mediated by HIV.

OCCUPATIONAL HAZARDS

Both of these circumstances reflect some irony on our daily work and the way in which, whether as individuals we treat or are treated, we cannot be completely shielded from the uncertainties and vagaries of life.

The issue of possible asbestosis arose from the observation that asbestos was present in the tunnels under University College Hospital for many years and that it may have contributed to ill health and death as a result. This then lead to questions being raised about the use of the material in periodontal dressings in the 1960s. Of course it seems to us now to have been an outrageous practice and appalling use, or misuse, of a very dangerous substance; just as X-raying children's feet to check for shoe sizes now seems so foolhardy as to warrant complete incredulity. The truth, of course, is that at the time we knew no better and indeed doubtless thought that the 'new' materials held various advantages over the existing options. We thought we were doing our best for our patients and would have had precious little notion that we might have been putting ourselves and our work colleagues at potential risk of an awful condition.

Whether or not this proves to be the case, and we must all hope that it does not, it provides us with just one example of how we are exposed in the profession that we have chosen to a multitude of known and unknown dangers and hazards. Many are familiar and can consequently be reduced or eliminated in their impact by safe practice and risk management. But many remain unknown, primarily because we just do not know what may lie in store as our knowledge develops and science advances. Undeniably though, we are at risk in ways that patients may not be. While we, rightly, have to disclose our status in terms of blood-borne diseases, all we can do is request that our patients follow suit as well as take universal precautions against the eventuality that they either do not know their status, or know it and choose not to reveal it, putting us at risk in the event of an accident or breach of precautions for whatever reason.

Consequently, our need for vigilance has to be honed and our attention to potential hazards has to be active and responsive. Taking care of ourselves in all manner of ways is a crucial element in our being able to best serve our patients. Time off ill for us due to neglect of our own health is of no value to others and we should be mindful of this as we plan our lives and work our days.

The analogy of Volvos and the *BDJ* might also be carried a stage further into daily practice. The specific mix of patients, diagnoses and treatments in any given session will be unique to that time period; the combination of circumstances, life threatening, sanity testing or merely exasperating are part of the mix that defines what we do. We must ensure though that the other things we do are as much about our welfare as they are about that of our patients and colleagues.

DOI: 10.1038/sj.bdj.2009.442