Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

ABSTRACTS

PRIVATE INFORMATION

Confidence and conflicts of duty in surgery

Coggon J, Wheeler R. *Ann R Coll Surg Engl* 2010; **92:** 113–117

Very rarely are issues of public interest more important than maintaining patient confidentiality.

Confidentiality is founded on 'the need for "reciprocal confidence", if intimate information is to be shared'. It is applicable universally. For example, the authors cite a past injunction against a national newspaper from naming an HIV-positive dentist. Although this ruling 'inhibit(ed) a legitimate public debate over the ability or otherwise of HIV-positive dentists to continue in practice', it would have transgressed private information. When practitioners are confronted with dilemmas associated with patient confidentiality, a pragmatic approach would be 'proportionate disclosures on the basis of an obligation'. This is particularly relevant when violent crime has been perpetrated. Alternatively, permission could be sought from 'who(m) may be empowered to provide it (the patient)'. If there is an impasse, advice should be sought from the local Clinical Ethics Committee.

DOI: 10.1038/sj.bdj.2010.538

PROFESSIONALISM

Assessing professionalism in surgeons

Dreyer J S. *Surgeon* 2010; **8:** 20-27

'Because surgery is a form of controlled assault, an assessment tool for surgical professionalism must reflect this intensity of care'.

Professionalism is at the heart of all surgical training priorities. This includes dentistry. The methods espoused to assess such skills have been well described. Confounders associated with these assessment methods include the halo effect (if they are 'roughly good' in one learning domain, then they are, by implication, 'roughly good' in others), and the Hawthorne effect whereby participants change their behaviour if they are being observed. But then what is professionalism? This conundrum is explored comprehensively in this paper. A consistent observation made by both this commentator and others, is that professionalism should be observed in stressful situations. This view chimes with Robert Freeman 'Character is not made in a crisis it is only exhibited'. Such detail and others in this paper should be verified.

DOI: 10.1038/sj.bdj.2010.539

VIRAL-BACTERIAL SYNERGY

Herpesviral–bacterial interactions in periodontal diseases

Slots J. *Periodontol 2000* 2010; **52:** 117–140

'The interplay of herpesviruses and bacteria in periodontitis may be compared to a marionette theater where the puppeteer is the virus and the puppets are the bacteria'.

'Viral-bacterial combined infections' may be central to a range of conditions as diverse as respiratory diseases, acute otitis media and *Helicobacter pylori*-associated gastritis. Could such a viral-bacterial synergy challenge the paradigm that bacteria are the causative factor of periodontal diseases? In this intriguing review, it is affirmed that bacteria in the dental biofilm, induce gingivitis. This is followed by the 'latent herpesviruses, embedded in the DNA' of numerous cellular protective barriers, infiltrating the periodontal tissues. Reactivation of virus associated with, for example, stress, hormonal perturbations or drug-induced immunosuppression may induce further cycles of periodontal destruction. If such a hypothesis is substantiated, it would not change the principles of treatment as mechanical debridement reduces significantly the viral load.

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CONSENT

Request for treatment: the evolution of consent

Shokrollahi K. *Ann R Coll Surg Engl* 2010; **92:** 93-100

Request for Treatment (RFT); the patient completes a form saying what they understand are the intended benefits and risks of treatment.

The 'symbolic act of signing a consent form' is just that. In addition, the concept of 'consenting' an individual is not helpful as it perpetuates the patient's passive role and not the 'sharing of information' between equals. Then there is also the issue of understanding (capacity or competence), for if too much information is given, the issues cannot be evaluated by the patient. In this paper, a novel and imaginative approach is described which requires the completion of an RFT form by the patient. When completing this, they put down in their own words the intended benefits and risks of that procedure. It is therefore also 'a "soft" method of assessing capacity'. Such a process puts patients at the centre of their treatment. RFT forms are available for download from www.rft.org.uk.

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