Letters to the Editor

Send your letters to the Editor,
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Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

LETTERS

EMIGRATION TO SCOTLAND

Sir, despite being a unionist I feel the SNP's victory at the latest election might have at least one benefit to dentists, if independence is achieved. It is inconceivable that a Scottish GDC could possibly be more costly, inefficient and bureaucratic than the UK GDC. Advance bookings for emigration to Scotland are perhaps advised.

J. R. Drummond, Dundee
DOI: 10.1038/sj.bdj.2011.577

TACTICAL WEAPONS

Sir, I want to share with the readers an interesting conversation I had with a child patient recently. It so happened that after I completed the treatment for the patient, he came up to me and stood behind me for a while, looking very curiously on to the computer screen on which I was writing the notes.

Then after a pause he abruptly asked me a blunt question, 'why do you have tactical nuclear weapons on your computer?' It was bit of a shocker, rather a question which can set alarm bells ringing in the head, for I didn't want to be associated with nuclear weapons.

On enquiring as to what the patient meant, he pointed to the radiograph icon on the computer; he said that he has this icon for the tactical nuclear weapons in his video game that he plays at home (Fig. 1).

On R4 dental software, the icon appears above the teeth where a digital radiograph exists.

Then on a further search on the Internet I realised that the same icon is placed on containers or weapons that contain radioactive material.

Nuclear weapons increasingly feature in children's magazines, films and games.

In the modern day world, children can outwit you and may know much more than one can imagine.

Fig. 1 The 'tactical nuclear weapons'

Z. Imran, Dundee
DOI: 10.1038/sj.bdj.2011.578

NO STATISTICAL DIFFERENCE

Sir, I would like to draw the readers' attention to a very interesting article in the May issue of the *British Medical Journal*.¹ The study highlights a three-quarter drop in antibiotic prophylactic prescriptions, while showing no statistical difference in the incidence of infective endocarditis. I would hope this article provides some evidence for the difficult consultations we have all had with a small cohort of patients who are still insistent on having the prophylaxis.

Z. Esmail, London

1. Thornhill M H, Dayer M J, Forde J M *et al.* Impact of the NICE guideline recommending cessation of antibiotic prophylaxis for prevention of infective endocarditis: before and after study. *BMJ* 2011; 342: 2392.

DOI: 10.1038/sj.bdj.2011.579

FAILURE TO COMPLY

Sir, we would like to congratulate James Andrews for his recent article *CQC outcome for medicines management: an outsider's inside view*. In this paper, he highlighted a number of essential aspects of the CQC document *Essential standards of quality and safety*¹ that have received little attention in the dental press to date:

- Outcome 9H states that it is a practitioner's responsibility to ensure that medicines required for resuscitation or medical emergencies are easily accessible in tamper evident packaging¹
- Outcome 11 is more concerned with equipment and training and states that 'all staff involved in using the equipment have the competency and skills needed and have appropriate training'.¹

This equipment should be properly maintained, tested, serviced and renewed under a recorded programme. It should be stored safely and securely and where the service requires it this should be tamper proof.¹

Although the CQC does not state what emergency drugs and items of emergency equipment practices should have access to, the information is already available in national guidelines produced by the Resuscitation Council (UK)² and accepted by the GDC. These were listed as the MINIMUM that was required.

We organise and deliver medical emergency training courses at a regional and local level. Although the national guidance was originally published in 2006, and revised in 2008,² it appears that there are still a number of practitioners who are either not aware of it or choose not to comply with it. This proportion of the profession seems