

# 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.

## OUR DUTY

Sir, on a recent bank holiday I was telephoned by a lady whose temporary bridge at the front of her mouth had come off and was causing acute sensitivity to one of the abutment teeth. She was going on holiday the next day and was desperate to be seen. She told me that she was mid-implant treatment with a private dentist her own dentist had referred her to. However, when she rang the implant dentist he was away on holiday and suggested to her she got someone else to recement the bridge back on and prescribe some antibiotics. Unable to see him she rang her usual dentist who was also unavailable. She then rang NHS Direct who referred her to an emergency clinic, some 30 miles from her home where there was a Saturday emergency clinic. Unfortunately on her way there the motorway was blocked by an accident. She had rung the clinic to see if they would wait for her ten minutes beyond their closing time but they would not. Having then found herself miles from home her son looked up dentists in the area; he gave her our number as we provide a 24 hour, seven day emergency number for our own patients. I saw her, dealt with her problem and, needless to say, she was very grateful.

I understand the difficulties of an NHS emergency service but both private and NHS dentists should have a duty of care for their patients; lack of emergency care is unacceptable. What is the point of learning how to treat an avulsed tooth, for example, if it has to happen between 9-5 Monday to Friday? Time will run out to reimplant and treat appropriately if it takes all morning to find a dentist!

As a first year undergraduate one of our lecturers told us that if we didn't care about people we may as well leave now. We are lucky to have a fantastic profession that pays well, has zero unemployment with great career opportunities and is very rewarding; surely we have to expect to put ourselves out a little from time to time. At our practice we hardly ever get called out but if someone is in trouble with their teeth I believe it is our duty to be available or have made arrangements for some adequate cover.

E. Roberts-Harry

By email

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## HONOURING TRADITIONS

Sir, I have been interested in recent letters on the subject of cultural awareness (*BDJ* 2011; 210: 501-502) since cultural insensitivities can cause great grievances and a personal experience provides an example.

Two years ago, when I was working as a locum consultant, I had to fly back to my motherland due to my mother's hospitalisation. She had pancreatic cancer and was receiving treatment for cataract and bowel problems. My presence was essential as decision maker and total financial supporter as this is common in third world countries with illiterate and poor parents. Unlike in the UK where an adult's health is given due confidentiality and personal consent is sought, in other parts of the world family members are greatly involved and consent hugely depends on their religion, financial dependence and knowledge. Sadly on arrival I found my mother in a deep coma followed shortly by her unexpected death.

Hindu death rituals involve cremation within 24 hours, with ten days of religious rites.

I was glad my absence from work coincided with some previously arranged personal sick/study leave and my colleagues' awareness of my mother's condition. Therefore I emailed my employers and requested them to change my study leave to bereavement leave and extend it a few more days. On my return occupational health advised reduced hours, while management was keen on regaining the time and finances and questioned my leave entitlements.

In the course of a meeting, the management told me that 'mother is not considered a close relative' and 'it was my choice to come to this country to work'. These insensitive and inappropriate comments just froze my mind and sealed my decision to quit this job as soon as I could.

I have been busy learning since then the cultural differences surrounding death and some of the employment legalities with my experience of working in Asia, Africa, the Middle East and the UK. Therefore, although the NHS is under financial pressure, I humbly request employers to extend empathy to their employees and not to aggravate the great loss and tragedy with insensitivity. During these times of emotional turmoil the 'immigrant' may prefer their traditions honoured and morality expressed over work and money. Moreover it is a loss of much needed skill and experience to the short-staffed occupations in the NHS.

S. Ramaraj

By email

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