Letters to the Editor

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LETTERS

OPEN LETTER

Rt Hon Andrew Lansley CBE
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Dear Mr Lansley,

RE: NHS Health Reform Bill

Members of the British Society for the Study of Community Dentistry (BASCD) are most concerned about the proposals within the Health and Social Care Act, which have pronounced implications not only for our ability to fulfil our role in improving the oral health of the nation, but also the very nature of the National Health Service. We wish you to know that BASCD is formally opposed to the Bill. In particular we wish to see the following three points addressed at minimum:

First, the Secretary of State must have the duty to secure provision of comprehensive and equitable health care for the whole of the population of England.

Second, Clinical Commissioning Groups (CCGs) must make sure that comprehensive and equitable healthcare is available for everyone.

Third, nothing must be done that undermines the ability of the Secretary of State to fulfil the duty to secure provision of comprehensive and equitable healthcare.

We urge you to revise the bill at the earliest opportunity and ensure that it is not further progressed without these revisions.

Yours sincerely,

Peter G. Robinson
President, BASCD

PS: BASCD is the specialist association for dental public health in the UK. Dental public health is the science and the art of preventing oral disease, promoting oral health, and improving the quality of life through the organised efforts of society. Our practice therefore involves dental care for and in the community. The Association's objectives are:

- The promotion of oral health in the community
- The maintenance of a body with expert knowledge of, and experience in, all aspects of dental public health
- The study of the provision of oral health care for the community
- The development of the teaching of dental public health
- The study of relevant aspects of community dental practice.

We are a multi-faceted organisation with a wide membership including consultants and trainees in DPH, clinical directors of Salaried Dental Services and academics.

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THE WRONG DIRECTION?

Sir, I believe that now is a good time to debate the direction that dentists feel the profession should travel.

I qualified nearly 40 years ago, at a time when it was felt that the battle had been won via good treatment and publicity, so that teeth were being restored rather than extracted and that in areas such as Birmingham, the modification of the fluoride levels in the water was likely to lead to a vast reduction in caries throughout the population.

Advances in restorative materials had been made, composites were being

refined and bond techniques were about to 'come on apace'. Sepsis had reduced greatly with the possibility of antibiotics being used as an adjunct to the obtaining of drainage and the removal of the cause of the infection.

My generation was likely to oversee advances in the periodontal standard of patients and in orthodontics, whilst continuing to be advocates in restoration. In Britain this would be provided by dentists working mainly in the NHS, usually in small practices, aided by hygienists and with a two way loyalty between patients and dentists. Treatment of acute swelling, pain and sepsis was given priority without exception. There was an emphasis on treatment and prevention rather than access.

Where are we today? Wholesale fluoridation of water has not occurred; healthy drinking of fruit juice has increased, as too has the intake of fizzy pop and sweets. There appear to be more practitioners on the register (but possibly working fewer hours) and contracts are such that it appears many practitioners do not feel as responsible for patients as previously, mainly due to there being emergency clinics provided for access outside working hours. At these clinics it appears that patients are prescribed antibiotics without the drainage and removal of the cause of sepsis or treatment.

There also seems to be change with practitioners being employed by companies at fixed hours and on a business basis. The journals are full of details about tooth whitening, cosmetic dentistry and implants and the BDA is concerned with reports to the Office of Fair Trading. Some dentists refer to patients as clients!

Is the profession progressing in the right direction? Should we be more active in preventative activities, both on an individual basis and nationally? Is there not a need for priority treatment to those patients with acute conditions? Or should we be looking more to be compared with hairdressers and beauticians rather than medical practitioners?

Should I be concerned or am I just an old grump?

M. V. B. Nelson
Lancaster

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ORGANIC TOOTHPASTE

Sir, a colleague recently drew my attention to an organic, fluoride-free toothpaste that is marketed by The Green People Company Ltd for use by children. The availability of such a product raises a number of issues that dental professionals need to be aware of and prepared to discuss with their patients.

The widespread acceptance of fluoridated toothpastes has resulted in a significant reduction in caries experience since their introduction in the 1970s.¹

Although fluoride-free toothpastes have retained a niche market, this is growing and the advent of a product specifically aimed at mothers and their children should give the profession cause for concern. The marketing of a child's toothpaste without fluoride in a marketplace where organic products have come to signify improved health benefits is not only misleading, but also potentially harmful.

Whilst the product at £3.50 per 50 ml is not aimed at children who would be high risk for dental caries on socio-economic grounds, the use by children who would traditionally be considered low risk has the potential to increase their likelihood of experiencing tooth decay. I'm sure colleagues are familiar with the child whose parents have taken to making healthy fruit smoothies only to find that this has resulted in tooth surface loss or dental caries; parents' best intentions frequently have unintended consequences.

Considering the continued presence of 'low' fluoride (<1000 ppm) children's toothpastes it is vital that all dental

professionals enquire as to the type of toothpaste used by their younger patients. Furthermore, appropriate advice based upon the latest Department of Health and BASCD guidance² should always be provided. The approach to parents who have opted for fluoride-free toothpastes for their children should aim to outline the benefits of fluoride, whilst remaining sensitive to any lifestyle choices they may subscribe to.

In summary, dental care professionals should be mindful of the presence of this unnecessary product and discourage its use by their paediatric patients.

A. McKay
Sheffield

1. Marinho V C, Higgins J P, Logan S, Sheiham A. Fluoride toothpastes for preventing dental caries in children and adolescents. *Cochrane Database Syst Rev* 2003; CD002278.
2. Department of Health and British Association for the Study of Community Dentistry. *Delivering better oral health: an evidence-based toolkit for prevention*. 2nd ed. London: DoH/BACSD, 2009.

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A CONTRARY VIEW

Sir, I am a general anaesthetist with a specialist interest in paediatric anaesthesia. I have recently presented a lecture to the British Dental Association North West Hospitals Group meeting on sedation and anaesthesia in children. My subsequent discussion with dental colleagues was illuminating. It would seem that a potentially unintended consequence of Poswillo and subsequent recommendations in the late 1990s by the General Dental Council and the Royal College of Anaesthetists is a received wisdom amongst dentists that general anaesthesia for dental procedures is an option of last resort, and that sedation is, where possible, always the preferred option.

My own opinion on this issue, with which the majority of anaesthetists I feel sure agree, would indicate a contrary view. The prospect of a heavily sedated patient, whose airway is difficult to monitor and shared with a dentist, is the worst option of all. The less subjective end point of general anaesthesia as compared with sedation, along with an airway that is secure and full monitoring including capnography established prior to treatment com-

mencing, all contribute to a less stressful experience for all involved: dentist, anaesthetist and, most importantly, the patient.

The relative safety of sedation *versus* general anaesthesia, as recently published NICE guidelines indicate, is difficult to quantify as sedation practice in the UK has not been properly audited. Extensive data do exist demonstrating the (extremely small) risk associated with general anaesthesia in otherwise healthy individuals. No such data exist in the UK with respect to sedation. One of the NICE recommendations is that this situation needs to be addressed. Data from the USA compiled by the US Paediatric Research Consortium reveal that even in specialist centres, adverse airway events can occur in as many as 1:200 sedation cases. This may be as high as 1:60 when propofol sedation is used.

The potential undesirable result of the current mindset of dentists is that many patients, on whom it would be easier, less psychologically damaging and potentially safer to operate under general anaesthesia in a hospital setting, are not offered this option, or are actively discouraged due to perceived increase in risk. This also may lead in some cases to 'healthcare professionals' (the language of NICE) providing sedation that is of necessity at the 'heavy' end of the spectrum, without the skills and ongoing experience to deal with unforeseen consequences. The NICE guidelines are sufficiently open to interpretation that well-intentioned but misguided individuals may offer sedation that is neither to the benefit of the patient, and in the worst case scenario, potentially less safe than the option of general anaesthesia.

A. P. Dobson
Manchester

Useful resources:

1. National Institute for Health and Clinical Excellence (NICE). *Sedation in children and young people (CG112)*. December 2010. Available at: <http://guidance.nice.org.uk/CG112>
2. The Independent Expert Group on Training Standards for Sedation in Dentistry (IEGTSSD). *A guide to maintaining professional standards in dentistry*. September 2011. Available at: <http://www.saad.org.uk/system/files/documents/CPD%20Document%20Text%20Cropped.pdf>

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