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.

MARKET FORCES

Economics of periodontal care: market trends, competitive forces and incentives

Flemmig TF, Beikler T. *Periodontol* 2000 2013; 62: 287–304

A squeezing of salaries for both the periodontist and general dentist.

In the US, \$87 billion was spent in 2005 on dental services. This paper focuses on how economic and other drivers shape the provision of periodontal care in the US. However, many of the equilibrating factors in a free market are generalisable to other countries and different dental sectors. Contemporary periodontal care is centred on a nonsurgical strategy. As a consequence, there has been a fundamental change as to who carries out this treatment. No longer is periodontal treatment the reserve of the periodontist. Of note, if the general dentist considers highly the quality of their undergraduate course in periodontology, they are less likely to refer the patient for specialist periodontal care. Notwithstanding this, patients are generally only referred on to a periodontist when they require advanced procedures such as regenerative surgery. Even when it comes to the placement of implants, there has been a contraction in the market for the periodontist. Implant sales have stagnated since the recession of 2007(8). Moreover implants are now placed by general dentists. Indeed, the market may contract further if it is shown narrow diameter and/or short implants have similar outcomes to standard-size implants.

Not only has the salary of the periodontist been squeezed but also that of the general dentist. The purchasing power of insurance companies, have discounted the average fee by 17.5% for those patients taking out such a policy. Some general dentists have had their referral platform, and as a result fees, for preparatory treatment diminished as specialist practices offer services directly to patients. Such services are invariably aggressively marketed. Dental tourism does not appear to have influenced the market in periodontal care, as it is only when out-of-pocket payments for some dental procedures are 70–80% less than what is charged locally, will patients travel for treatment. Projected increases in the number of dental hygienists may cover previously unmet demand. Alternatively this may result in over supply of services.

In summary, although the treatment that a periodontist performs has increased the 'value change', when taken in the round, their market has contracted because of alternative treatment approaches and others providing such care.

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ORGANISATIONAL DEVIANCE

A deviation from standard design? Clinical trials, research ethics committees and the regulatory co-construction of organizational deviance

Hedgecoe A. *Social Stud Sci* 2013; DOI: 10.1177/0306312713506141

'...the TGN1412 trial echoes other cases of the normalization of deviance, most obviously the Challenger launch decision, in which actions that appeared deviant to outsiders after the accident were normal and acceptable (by NASA before)...'

On the morning of 13 March 2006, eight healthy young men volunteered to be part of a Phase 1 trial to be carried out in a building next to Northwick Park Hospital, but by midnight that day all six men in the test group were in intensive care. They had been injected with an experimental drug TGN1412, a putative treatment for leukaemia and rheumatoid arthritis. As a consequence, tragically Ryan Wilson had to have all his toes amputated and the long-term effects for all the test volunteers have been predicted to include cancers and immune-related illnesses. Central to this debacle was the routine procedure to give the experimental drug to each subject, one immediately after the other (short-interval dosing). Yet only when the last had received the drug, were catastrophic signs and symptoms experienced by the first volunteer. It was then all too late.

There have been several enquires as to the cause of this tragedy. One, an expert scientific group, made the somewhat unhelpful finding that this Phase 1 trial achieved exactly what it set out to do, namely to reveal the toxicity of a drug. The MHRA identified the kernel of the problem, that of short-interval dosing, noting that 80% of Phase 1 trials in the UK use this regimen.

When approving trials, there may be inevitable conflicts or perceived conflicts of interest. For example in this trial, an employee of Parexel, the clinical research organisation that was hired to test this drug commented 'We knew the administrator so we could phone her up and say, have you got any [application] slots?'. And a member of Brent Research Ethics Committee that approved the trial said 'this can't be a fly by night ... It's come through from Parexel and that's okay'.

The author of this paper asserts that 'no one individual, or even group, is to blame' for this tragedy, but instead makes the case for 'regulatory co-construction of organizational deviance.'

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