

ARF HIKE

You cannot be serious

Sir, I just received my Annual Retention Fee (ARF) renewal communication from the GDC with its most helpful attached Q&A section. I must express my amazed opinion that something designed to justify the large hike in the ARF, managed to do precisely the opposite.

Stating that the major cause of the fee rise is the large increase in 'fitness to practise' hearings it then later says that the number of those found lacking as a result of these hearings was so very small that they could not possibly make up any financial shortfall; this is having your cake and eating it on a *Great British Bake Off* scale. It goes on to state that these wrongdoers amounted to 'only 0.001%' of the dentists on the register, revealing top down failure and mathematical incompetence to match the arrogant hypocrisy of earlier. By my rough calculation this percentage would equate to about 40% of one single dentist; this based on a figure of 40,000 dentists on the Register obtained by phone just now (be warned this figure could be incorrect!).

I believe that the GDC approach to the regulation of our profession is the source of many woes: for the many dentists who are caught up in the many unwieldy, deeply unpleasant and expensive hearings that seem to come to nothing; for patients with genuine grievances (rather than the unpleasant, bonkers or just plain vindictive ones); for the profession asked to pay hard earned money to the unfit incompetent organisation that is charged with policing it.

Presumably this year's ARF communication was written with the difficult dento-political environment in mind – maybe with the aim of restoring some confidence in the Council prior to its day in court? That this must all have been examined and given clearance from the very top of the organisation seems to provide ample reason for a head or two to roll.

J. J. Sellers, by email

DOI: 10.1038/sj.bdj.2015.106

Get off our backs

Sir, Peter Ward's recent editorial (*The entrepreneurs at the GDC*; *BDJ* 2014; 217: 549) is a gloriously dispassionate view on the workings of the current GDC and it may be interesting for all concerned to listen to this year's *Reith Lectures*, on BBC Radio 4, by Dr Atul Gawande.

In his lectures, Dr Gawande talks about the increasing complexity of medicine and the human fallibility of doctors,

suggesting that preventing avoidable mistakes is a key challenge for the future of medicine. He also cautions against the 'council of perfection' by regulators as being unrealistic and as a means for setting up the medical professionals for failure: you are damned if you do and damned if you don't!

Peter Ward concludes with the GDC's admission about having 'done very little work on looking into the "why" of complaints but has ploughed on in ignorance to build its empire'. What is also worth noting is how the GDC, both staff and members, justify its behaviour by stating that they are only doing what the regulations allow them to do. This is the Nuremberg Defence, ie 'I was only following orders'. It is surely time for the GDC to come to terms with the realities of life in the medical/dental world and to get off our backs so that we can care for our patients without looking over our shoulder to see if the GDC is coming to damn us.

C. Marks, Southampton

(sent December 2014)

DOI: 10.1038/sj.bdj.2015.107

The dental police force

Sir, I applaud the BDA's stance on the recent ARF price hike and am, of course, disappointed that the increase went ahead despite the efforts.

Dentists always regarded themselves as a self-regulating profession but, since the changes to the make-up of the Council, should we still regard ourselves as such? The Council is made up of six lay members and six members of our profession, the Chairman being a lay member and presumably having the traditional 'casting vote'.

I would, therefore, suggest that we are no longer a self-regulating profession, as a result of the potential distortion of influence in Council decisions by the make-up of the Council.

In consequence, why are dentists expected to pay the whole costs of what is, in effect, an external governing body?

The public purse pays for the police force etc so why should only dentists pay for the dental 'police force'?

J. S. Pairman, Bearsden

DOI: 10.1038/sj.bdj.2015.108

BODY ART

Intraoral tattoos

Sir, inner lip inking is on the rise as a latest trend in body art with the lower labial mucosa being tattooed. Popular on blogs, this tattoo is considered unique as it is not readily visible. It is an extremely painful



Fig. 1 A 31-year-old male with a lip tattoo

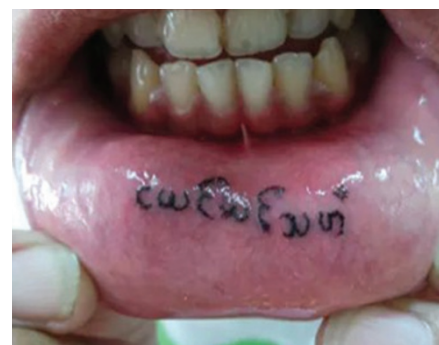


Fig. 2 A 35-year-old male who had a lip tattoo completed for devotional reasons

procedure and can be expensive too.

Figure 1 shows a 31-year-old male who had such a tattoo done by a tattoo artist because he thought it was trendy. Figure 2 shows a 35-year-old male who had the tattoo completed for devotional reasons by a temple worker.

Tattoos play an important role in many religions as ritual tools and part of tradition; in particular Buddhism and Hinduism use them extensively for protection and devotion. Ramnaamis are a sect of Hindus in North India who devoutly and uniformly tattoo their entire body including the tongue and inside of the lips, believing that it protects them from harm. Tattooing rituals are also common to tribes of South East Asia and sacred Buddhist texts are commonly tattooed by Thai people. These texts are believed to possess powers and magical potency.¹ The trend of tattooing the inner surface of the lip with these sacred texts as part of ritual is now on the rise.

Due to the action of saliva most of these tattoos may fade away within a few months but some may stay up to five years;² however, they pose serious health risks such as: infection, swelling, granuloma formation and scarring.³ Intraoral tattoos may have an additional risk of gingival recession around the lower anteriors that are in contact with the tattoo.²

Tattoo inks contain many components including metallic salts, carbon, aluminium, oxygen, azo pigments and polycyclic