LETTERS TO THE EDITOR

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Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

MENTAL HEALTH

Would you choose a dental degree?

Sir, a recently conducted poll on the GDPUK online forum asked the question 'Would you consider a dental degree now?' Responses were made by 148 dentists (who validate their forum membership with a GDC number); 67% would now not consider a career in dentistry if they were starting over, and only 18% of respondents would consider a career in general practice.

Dentistry is still a very popular degree course, but the day to day job is changing rapidly. With a new NHS contract on the way and many more dental therapists qualifying, the dental workforce will have a very different look in a few years.

Dentists also face challenges with ever escalating NHS regulations, possibly reduced NHS dental funding, regulators (CQC and GDC), multiple inspections of practices, tiering leading to deskilling of non-specialists, corporate practices, increased litigation, high patient expectations and decreasing disease.

Dental students are now leaving university with massive debts (course fees alone are £45,000), lower earning power to repay those debts and with dental unemployment becoming a real issue along with possible further government spending cuts, it may take a long time to just break even. Dentistry is still a very rewarding career, but we believe the mood of the profession has changed markedly, and we call for potential applicants to dental school to be given these facts, and the results of this survey, before embarking on a dental degree course.

M. P. O'Reilly, Prestbury, Cheshire
A. V. Jacobs, Prestwich, Manchester
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Avoidable student suicides

Sir, cases of students committing suicide in dental institutions in India are now being reported. An unprecedented increase in the number of dental schools in India has resulted in competition among dental schools to recruit students.¹ However, employment opportunities

FEW LOUPES IN INDIA

Sir, I have been associated with undergraduate and postgraduate teaching in dental schools for five years now. As expressed by K. F. Marshall in his letter to the editor entitled *Galactic microscopes*, the same situation exists in India where magnification is unheard of in the undergraduate curriculum and not completely mastered by postgraduates either who later hold teaching positions in dental schools.¹ When students don't see their teachers using magnification routinely, they also do not find it imperative to do so. The dental schools need to make it mandatory for students to work with standard loupes right from the start of their preclinical training. The cost of good quality loupes is, however, a limiting factor. As students do not learn the use of loupes in preclinical training they are unable to use it during treatment procedures. When these students enter

postgraduate training they need time to learn their speciality-related work as well as to master the use of magnification. Most schools do not provide operating microscopes or loupes to each student. Such expensive equipment is available in limited numbers in each department which makes it difficult for a student to meet his learning curve before leaving dental school. This situation is unlikely to change until such time as the dental schools make changes in their infrastructure.

Over time for the staff and students the use of magnification will become habitual. It is when magnification becomes a habit rather than a novelty that things will change.

Neha Juneja, New Delhi

1. Marshall K. Dental education: Galactic microscopes. *Br Dent J* 2015; **218**: 369.

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for new graduates are decreasing and dentistry is no longer a preferred course among students after pre-university. Thus, students joining dentistry are not necessarily the best of those coming from pre-university. Dentistry is regarded as a complex, demanding and stressful course and, apart from a routine orientation day for students, interviews and mental assessment of prospective students are not conducted.

Teaching in higher educational institutes is unrelated to the clinical skills and theoretical knowledge of a dentist. Dental teachers are basically clinicians or researchers; they are not specifically trained in the art and science of teaching and are not conversant with the principles of educational methods.² In order to modernise dental education and make it more objective and effective, there is a need to train dental teachers and for reputable higher educational institutes to conduct teachers' training programmes for staff members. The Indian Society of Periodontology, for example, has been regularly conducting

teacher training courses for its members wherein learner-centred, self-directed teaching methods like problem-based learning, microteaching, role play and reliable assessment methods are explained.

Students, especially in pre-clinical years, benefit from mentoring.³ Parents of students who consistently perform poorly in exams are informed at regular intervals which means that parents are also involved in improving the performance of the students. Since mentor-mentee evaluation forms are official documents, these are used to protect innocent staff members from false accusations in cases of litigation.

Incidences of suicide by young people are horrifying experiences for parents, while teachers facing legal allegations in relation to suicide are also put under extreme stress. Implementation of student interviews and assessment before admission, teacher training programmes and initiation of mentoring would lessen the likelihood of suicide among dental students in India.

Sulugodu Ramachandra Srinivas
Malaysia

1. Komabayashi T, Raghuraman K, Raghuraman R *et al*. Dental education in India and Japan: implications for U.S. dental programs for foreign-trained dentists. *J Dent Educ* 2005; **69**: 461–469.
2. Faizuddin M. Moving ahead...Setting new standards. *J Indian Soc Periodontol* 2012; **16**: 2. Available online at <http://www.jisponline.com/text.asp?2012/16/1/2/94593> (accessed June 2015).
3. Garmel G M. Mentoring medical students in academic emergency medicine. *Acad Emerg Med* 2004; **11**: 1351–1357.

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ORAL HEALTH AND NUTRITION

Aspartame and other materials

Sir, it is with interest that I read that Pepsi have now stopped using aspartame in their diet drinks in America, reportedly as a response to the public's health concerns over its use in diet drinks. There is increasing public concern regarding the use of artificial sweeteners, and more widely in general chemicals in our foods, that may be influencing our health.

In the late 1990s we had a tooth friendly endorsement of aspartame-containing products as part of a BDA campaign. I wrote a letter concerned about the general health effects that this may cause and got rather lambasted by the profession in the letters' section for such an approach.

However, the BDA subsequently stopped endorsing sugar free products, certainly those containing aspartame, stating that it was looking at different opportunities. Maybe it was foresight over this controversy. I think it is right not to promote the use of such a potentially health-harming product.

In a modern and up-to-date society, we have to look at other chemicals that are still accepted, endorsed by the BDA and considered safe by our regulatory bodies. Is it not now the time to look at other materials used in dentistry? The biggest and possibly the most controversial dental product being mercury and its use with dental amalgams and closely followed by fluoride. We should look at the role of amalgam fillings from the patient's health perspective (and the dental team's) rather than ease of use, convenience and cost.

If we are the profession I hope we are, we should look at the present scientific and possibly the anecdotal information available and make the decision ourselves rather than let someone else make the decisions for us. Ultimately, we were the ones endorsing aspartame-containing drinks and are the ones placing fillings containing mercury in people's mouths as well as prescribing fluoride. At the BDA Conference there was an informative presentation on the comparison of amalgams and composites.

Let's embrace the narrowing of the gap between these materials and work towards stopping using amalgam just in case it is as harmful as the aspartame we now avoid. Have we done a current up-to-date review of the literature to defend our position if at a later date these substances are found to be harmful? I look to open a debate and scientific discussion on this matter.

J. Roberts
Huddersfield

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STEREOPSIS IN DENTISTRY

Dismal sporting skills

Sir, I read with interest the literature review published in this Journal¹ about the importance of 3-D vision in dentistry, and the benefits of two good eyes as our profession develops ever more detailed operative techniques. The authors suggest that stereoacuity should be tested and regularly monitored in all dental students. This would put me at the bottom of the class as I have lived with a 'lazy' left eye throughout my career; it is no use at all in dentistry, reading, or anything much else for that matter.

I cannot say this lazy eye has held me back and have never felt disadvantaged in adopting to new techniques. I am now in my fourth decade of dental practice and I like to think I have made a reasonable success of my career, so anyone with similar issues reading the article should take some comfort from this.

My sporting skills, however, especially those involving a moving ball, have always been dismal, and my confident swipes at high velocity tennis, cricket and squash balls give opponents great hope, as the ball sails sweetly past my racquet/bat with monotonous regularity.

Can I suggest golf to those similarly affected, as the ball remains stationary before it is hit?

S. Duffy
Harrogate

DOI: 10.1038/sj.bdj.2015.543

1. Syrimi M, Ali N. The role of stereopsis (three-dimensional vision) in dentistry: review of the current literature. *Br Dent J* 2015; **218**: 597–598.

ENDODONTICS

To intervene or not to intervene

Sir, Your recent paper¹ allows me to hope that the age-old dilemma for the dental profession – whether or not to intervene when asymptomatic apical periodontitis is diagnosed – might soon be resolved.

A 2014 paper in the *BDJ*² provides us with a rough estimate of the number of

adult patients in the UK who may have asymptomatic apical periodontitis; it was detected in 49% of the 136 patients and confirmed that high quality root canal treatment is crucial to ensure a favourable treatment outcome.

The issue of standards in endodontic treatment is topical. Martin Kelleher has broached the issue in an opinion piece³ in which he refers to a dramatic fall since 2006 in the number of dentists doing root fillings combined with an increase in the number of extractions. Clearly, these figures should be reversed. A first step for the General Dental Council – whose slogan is: protecting patients, regulating the dental team – might be to ensure that all dental students complete a uniform quota of endodontic cases to a high standard prior to graduating. If standards can be improved, apical periodontitis will be less of an issue.

But there still needs to be clear guidelines for the benefit of both patients and the profession. I would like to think that as a result of your opinion paper and accompanying model for a study, these are within our grasp.

J. Webber
London

1. van der Waal S V, Lappin D F, Crielaard W. Does apical periodontitis have systemic consequences? The need for well-planned and carefully conducted studies. *Br Dent J* 2015; **218**: 513–516.
2. Carrotte P. Apical periodontitis and the technical quality of root canal treatment in an adult sub-population in London. *Br Dent J* 2014; **216**: 586–587.
3. Kelleher M. Regulations and regulators: Who will guard the guards? *Dent Update* 2015; **42**: 406–410.

DOI: 10.1038/sj.bdj.2015.544