During my first week of vocational training, a woman in her early twenties presented with a florid pregnancy epulis; she was unable to eat and was eight months pregnant. A referral was made to the local oral surgery unit where the lesion was successfully excised within a week. Following the surgery, the surgeon enquired about the patient's pregnancy, which was met with a vague answer. Further investigation revealed that the patient had not accessed any antenatal care or even visited her GP – this raised concerns about her social circumstances, which unfortunately turned out to be valid. There exists a duty to safeguard vulnerable adults and children (and unborn babies).[1] This patient's lack of antenatal care alerted us to her social circumstances; failure to access appropriate medical care constitutes neglect.[2]

I feel GDPs are well-placed to enquire about a patient's pregnancy and the care they are receiving. Just as we routinely give smoking cessation advice to patients who smoke, it surely makes sense to ask about antenatal care in pregnant patients. Something as simple as 'have you been for your scan?' can flag up individuals who may belong to – previously undetected – complex social circumstances and then help to facilitate access to the appropriate social and medical services. Credit to the observant surgeon who identified the patient's absence from antenatal care; she has now been given access to both obstetric and social care.

L. Olsson, R. R. Welbury, Glasgow

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DOI: 10.1038/sj.bdj.2016.843

Occupational health

A positive and proactive approach

Sir, I read with interest the article by Vijay and Ide[1] which highlights how the well-recognised issues with musculoskeletal disorders (MSDs) in dentists are also demonstrated in dental students.

As a practising dentist for over 20 years, I understand that dentistry is a uniquely challenging profession.

When I retrained as an osteopath in the 1990s, there was a clear understanding that good working habits should be instilled from the beginning of the course. These principles were emphasised by every member of staff from day one in order to reduce physical stress when treating patients and to reduce the risk of MSDs both in the short and in the long term.

Indeed 25% of the marks at every clinical technique assessment were allocated to the category of 'care of self'. This meant there was an inducement to keeping your own back, shoulders, wrists etc in the best possible position, rather than focussing solely on the end point of the clinical technique. I wonder if this concept could be applied to dental students?

However, the stresses involved in dentistry are not purely physical. Good posture cannot be the sole focus.

The modern approach to back pain in any population is to take a biopsychosocial approach, with attention paid to understanding and managing stress. This is essential in dentistry where the emotional demands are high. It is noted in the title of Myers' paper on stress and health in the general dental practitioner, 'It's difficult being a dentist'.[2]

Another important factor is physical conditioning. Evidence is accumulating about the positive benefits of exercise and physical activity on many aspects of health, including mental health.

The specific benefits of exercise in reducing back pain have been shown by many studies, including the one cited by Peros *et al.*[3] which showed that dental students who exercised more regularly had significantly less back pain.

In conclusion, may I suggest a positive, proactive and holistic approach is adopted with the emphasis on the health and wellbeing of the individual, from the early stages of dental school and continued throughout working life? The aim would be to help to enjoy long and fulfilling careers.

G. Gallacher, Bristol

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DOI: 10.1038/sj.bdj.2016.844

Law and ethics

Worrying attitudinal issue

Sir, I write with regards to the opinion piece by P. Singh, *Orthodontic allegations raised against registrants by the GDC*.[1]

Whilst it is to be applauded that such an article has been published to raise practitioners' awareness of this burgeoning field of investigation by the GDC, I am somewhat dismayed to read the emphasis that the writer P. Singh has placed on their role as 'Expert Witness for the GDC'.

The role of an expert witness is one of absolute impartiality and their role is to assist a court or disciplinary committee in exercising its duty. To therefore imply one is a witness for one side or another suggests bias towards the side one has received instruction from. Whilst I am sure this may be due to a lack of experience the writer may have in the field or expert witness work (as I notice they are newly appointed to the role and therefore this may be an innocent misunderstanding), it reveals a more worrying attitudinal issue that some expert witnesses appear to have, in that they are under the misunderstanding that they actually are an advocate for a side in a case and therefore their impartiality may be called into question. It may be that some have a poor understanding of their responsibilities as an expert witness unless they have taken further CPD in this field. They may also be therefore unaware of the potential for them to be litigated against for exhibiting bias if this is found to be the case. Expert bias can be displayed in many forms, not least the dogmatic adherence to 'Gold' or aspirational standards that leave many practitioners falling well below this level of measurement.

As an expert witness myself, and having taken instructions by the GDC amongst others, I am well aware of the pressures of instruction, and to remain purely impartial is, at times, a challenge. One must constantly question oneself as to whether any form of bias is being shown when acting in this role. One must always remember that the expert witness is not the final arbiter of the case, but their opinion may be fundamental in the decision made. However, given some of the allegations found in the GDC charge sheets in the past, this might not have necessarily been the case with some of the experts.

It is to be hoped that the GDC is seeking to address these issues with those expert witnesses who have failed to fully understand their responsibilities by no longer instructing them.

S. Thackeray BDS, PGDip (Law), CUBS Accredited Expert Witness, by email

1. Singh P. Orthodontic allegations raised against registrants by the General Dental Council. *Br Dent J* 2016; **221:** 291-294.

DOI: 10.1038/sj.bdj.2016.845