COMMENT

Letters to the editor

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Regulation

Is change impossible?

Sir, I enjoyed reading the article on *Self-regulation in dentistry and the social contract* (*BDJ* 2016; **221:** 449–451). For once, an article clearly emphasising the shift in dynamics of the GDC body from when it was first established in 1956. It is interesting to note that this opinion is shared by most, if not all dental professionals. Why is it then, that we as sound beings (and I am as guilty myself as anyone else) are sitting back and allowing the self-regulatory body to overpower us to the extent that we are frightened of practising our own profession? Are we waiting for someone to give us a voice? Little faith was pronounced to the BDA while they contested against the abominable rise in the Annual Retention Fee (ARF). Why are we afraid of taking matters into our own hands? As the deadline for the ARF once again arises in December 2016, what would happen if ALL of us stood united and decided not to pay this ARF? Surely not all dental professionals would be suspended from the GDC? We have forgotten that revolutions come about due to unity within communities... when people come out and SPEAK! It is sad that an individualistic society is now encouraged and unity and trust has depleted, not just between patients and dental professionals, but the whole of humanity in general. In a world where the masses sleep, the GDC can easily take the authoritarian stance because they know that although the majority of us will indeed be demoralised and upset, none of us will take a stand or refuse to pay their so called necessary fees. In the end our innate scepticism and obedience always makes us comply. When did we start believing that change is impossible?

A. Chaudhary, London

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Pharmaceuticals

Antibiotics and vegetarians

Sir, as professionals, we take great care in establishing if patients have any previous drug allergies or sensitivities; however, less commonly reported is what comprises the capsules, and the constituent elements of these medications. Though this information can be found in patient information leaflets, it is not common for patients to be actively aware of this, or to be given a choice over the matter. For certain patients, to treat them without clarifying this threatens the notion of valid consent.

We recently received a complaint from a patient, a practising vegetarian patient, who was unhappy that we were unable to guarantee his antibiotic prescription would be free from animal products. The antibiotics themselves are usually either derived from fungus, soil bacteria or are laboratory-synthesised, so generally are suitable for vegetarians and vegans. However, there is a general problem with capsules, as the majority of them are made from gelatine, an animal product.[1] Lactose is also used as a filler in tablets and capsules, and whilst this is acceptable to the majority of vegetarians, it is unacceptable to vegans; consideration to those who are intolerant to lactose should also be given regarding this point.

Often, tablets contain magnesium stearate as a lubricant during the tablet processing, and this is also derived from animal sources. Liquids can eliminate most of these problems, but again, the exact ingredients must be confirmed, as some colourings can come from crushed insects, for example cochineal.

Where other prescriptions are concerned in mouth care, for example in xerostomia management, a variety of non-animal derived, vegetarian-friendly alternatives exist; for example, AS Saliva Orthana contains porcine-derived mucin – however, vegetarian-friendly Xerotin may be used instead.[2] If, therefore, our patients feel strongly enough to opt for this, even when there is no ingestion of the medication, then is it not our duty to inform them that certain antibiotic prescriptions (which are swallowed and absorbed), may not be aligned with their values?

In some vegetarian patients who feel strongly about the consumption of animal-based products, regardless of the therapeutic value of medications, to omit information which they would attach significance to – the animal-based ingredients of their antimicrobials – could be seen as breaching Montgomery consent.[3] As practitioners, it is our responsibility to take a holistic approach to care with our patients, which encompasses their beliefs and wishes.

D. J. Smith, R. A. Ratansi, E. Mann, J. Russell, A. Kanatas, by email

1. Beddis H P. Pharmaceuticals: Animal ingredients. *Br Dent J* 2016; **220:** 557.
2. Jawad H, Hodson N A, Nixon P J. A review of dental treatment of head and neck cancer patients, before, during and after radiotherapy: part 2. *Br Dent J* 2015; **218:** 69–74.
3. D'Cruz L, Kaney H. Consent – a new era begins. *Br Dent J* 2015; **219:** 57–59.

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NOAC drugs

Sir, new oral anti-coagulant (NOAC) drugs have become increasingly popular. Recently, we have seen a series of three patients who were taking NOAC drugs, had extractions under local anaesthesia and returned to casualty due to extensive bleeding.

NOAC agents are often preferred to warfarin as they are easier to manage from a patient perspective. However, how easy are they to manage from the clinician's perspective?

These patients were either taking rivaroxaban or apixaban. Two patients were managed effectively with local haemostatic agents. One patient required admission for three days and received a two-unit blood transfusion.