contention is that judgements should be made on whether patient wellbeing is threatened, not on the reputation of the profession. In the Armstrong case the reprimand was given because her actions, '...placed the profession at real risk of being brought into disrepute.'³ However, she had not treated patients badly and the Committee did not believe she would do so in the future. If the Committee had found that she was likely to treat her patients in a sectarian manner they would have been right to take action. However, they did not. The reprimand was seemingly intended to show the regulator disapproves of such conduct.

We are concerned that too much is expected of dental professionals. The ninth standard of *Standards for the dental team* is to, 'Make sure your personal behaviour maintains patients' confidence in you and the dental profession.'⁴ We believe that this standard needs to be questioned. The implication is that the dental professional is judged by how it is thought the public will perceive their personal behaviour.

We do not see professionalism as a 'temporally-based concept'¹ but rather as a situationally-based concept. It applies in a professional situation, such as interacting with a patient, but not in others, such as in personal, sexual relationships. Holden agrees with us on this fundamental point when he acknowledges that the nurse having an affair would not be impaired to practice, '...as infidelity in a relationship in itself is very unlikely to affect patient care.'¹ Our point is not that an affair is morally equivalent to posting hateful material, but that judgements of personal behaviour should be based on relevance to that professional's practice rather than the reputation of the profession. Akin

to Holden, we would greatly welcome further responses to develop this debate.

P. Affleck, K. Macnish, by email

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OMFS

GA rights

Sir, the Hong and Baker paper¹ in relation to dental extractions under general anaesthetic (DGA) was particularly interesting. It highlights many of the challenges dentists working in a hospital setting face on a daily basis.

One challenge which appears to be increasingly prevalent is the management of patient expectations in relation to DGA. I agree wholeheartedly with the authors that clinical need in relation to DGA is not clearly defined and often interpreted differently amongst practitioners. The differing interpretations frequently become apparent in patient referrals to the hospital setting. A substantial number of patients are referred each year for extraction of teeth under GA often citing anxiety, difficulty of extraction, or number of teeth to be extracted as the reason for necessity of GA. Contrary to the authors report my experience is that referrals for failed extraction attempts under LA are rare.

In some instances there is certainly a clear clinical need for DGA but in a substantial number I believe the expectation of the patient for DGA is often a significant factor for referral in the first instance. Many patients referred

for treatment under GA have previously undergone restoration and in some cases extraction of teeth under LA. The raised expectation for GA, whether related to anxiety or not, is often compounded by the GDP assessment and treatment plan for DGA. Additionally, the referral to a hospital setting only strengthens the patient's belief that treatment must be 'too difficult' to be carried out under LA.

Having seen adult patients undergo 'simple' extractions under GA on more than one occasion over a period of years, I do wonder whether we are missing the bigger picture. With no apparent intervention or management of these patient's anxieties in the interim between each GA treatment, it has become clear that a holistic approach to patient care is often not taking place. Is it not our place as clinicians to not only deal with the need for treatment but also the management of patient attitude and anxiety? We regularly carry this out in relation to oral hygiene and in a similar vein should apply the same emphasis to managing patient expectation and any underlying causes to potentially severe anxiety.

I am aware that the current NHS system in dentistry does not necessarily encourage or allow for any significant time spent on behaviour management. However, with the problem continuing to worsen it may be something which needs to be addressed not only to improve patient care but also relieve strain on NHS hospital beds and theatres which are already stretched beyond their limits.

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