COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. 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.

Dental radiography

Living in a bubble

Sir, I always find it fascinating to read the views of people who live in a 'bubble', particularly one as desperately parochial as dentistry. The letter from BDA staffers in the 7 July 2017 issue entitled *Cherry picking evidence* (*BDJ* 2017; **223**: 4) is one such example. Of the many challenges that could be levelled against that letter I would confine this simply to:

1) What has this got to do with 'protecting patients and practitioners'? The individuals concerned are not patients (look it up), and those carrying out such procedures are not practitioners in the usual accepted sense, ie GDPs, but formally trained forensic odontologists

2) In what way is the use of radiation to determine age in a border security setting any different from the body scanners, which most certainly irradiate those being scanned, in use at our major airports? Answer? None. So the voices of any objectors to them were overridden, quite correctly in my view, by those with a wider view. NB in the context of those devices, just try not consenting to being irradiated at an airport in the UK and you will find that you will be prevented from boarding your flight

3) The letter refers to the academics who wrote the original offending article as 'cherry picking' the evidence, but the authors' 'considerable deliberation' seems to have extended just to three papers, depressingly parochially, from the *BDJ*, one from the *Guardian* (scientific, obviously, and of course not politically biased) and one from an institution in India which to my reading actually appears to confirm the validity of age determination by radiography albeit in a select cohort of HIV positive children so it is of course quite irrelevant to this particular issue.

4) In my many years in dentistry I have encountered numbers of noteworthy and impressive practitioners such as Professor Jack Rowe, Dr Gordon Christensen, Professor Graham Roberts and Dr Bill Magee, but I never realised they were not outstanding teachers, clinicians, and innovators but were colleagues who could be dismissed as mere 'enthusiasts'.

R. Goulden, Forensic Odontologist,
by email

DOI: 10.1038/sj.bdj.2017.733

Highly politicised opinions

Sir, the comments in the December 2016 edition of *BDJ In Practice* on the subject of age assessment were almost unbelievable inclusions in the *BDJ* Portfolio; they were highly-politicised opinions that simply flew in the face of reason.¹ Thank goodness, therefore, that you saw fit to include the article by Graham Roberts *et al.* that put the case for age-assessment based upon published data rather than merely opinion.²

If the BDA wishes to influence government opinion from a moral standpoint then it is beholden for it to do so openly, and not to hide behind unfounded evidence.

J. F. Roberts, by email

1. Husband J. Column. X-rays and X-rated. *BDJ In Practice*. December 2016; **22**: 3.
2. Roberts G, Lucas V S, McDonald F *et al.* In our opinion. *Br Dent J* 2017; **222**: 918–921.

Editor-in-Chief's note: The following summary has been brought to the attention of the BDJ. In the matter of an application for judicial review [R (on the application of ZM and SK) v The London Borough of Croydon (Dental age assessment) [2016] UKUT 00559 (IAC)] in the Upper Tribunal (Immigration and Asylum Chamber) Heard at Field House on 7 and 17 October 2016.

C. M. G. Ockelton, Vice President of the Upper Tribunal Immigration and Asylum Chamber, made the following observations:

'Mr Wise QC suggested, by his questions, that the sparsity of information in Professor Roberts' opinions was deliberately designed to prevent them being read critically and therefore possibly to deceive a reader. I am not persuaded of that. It does, however, seem to me that Professor Roberts has developed an attitude of omniscience, in which he is prepared to assume that what he says goes. Coupled with that, he seems to be prepared to base apparently precise assessments on material which simply cannot support those assessments. The most alarming example of this in the report under examination is obviously that of tooth wear. Croydon's assertion that they do not rely on tooth wear does not help: the point is that Professor Roberts was prepared to express this opinion in a formal age assessment report. The difficulties in relation to the other age assessment methods in the report are more subtle, but they are of the same nature.'

In relation to each of the four age assessment methods, there was reliance on unreliable data, or failure to mention difficulties about use of the data, or both. In the circumstances I have, with the greatest regret, reached the conclusion that an assessment in this form (or anything like it) by Professor Roberts should be read with the greatest of caution and should be acted on only if there has been a proper explanation of the basis for the opinions expressed.'

DOI: 10.1038/sj.bdj.2017.734

Oral health

Caries risk category

Sir, working for a couple of years and coming across various exam templates and attending dental legal courses I have seen the emphasis on the title 'caries risk'. I have recently come across a colleague who has been legally challenged as he incorrectly categorised a patient