

respondents were asked: *And to what extent do you support or oppose ending the 1% pay cap for the following groups of public sector workers in particular?* For nurses 69% were in favour of lifting the cap compared to only 14% opposed; for the police (63% v 15%), fire service (66% v 14%) and armed forces (60% v 15%) similar results were obtained. When asked about teachers (56% v 18%) and doctors (53% v 21%) the figures were marginally less sympathetic. However, when asked about dentists the gap was considerably narrower: only 38% wanted the cap on our NHS earnings raised and 26% were OPPOSED to any increase >1%.

The question that comes to my mind is why? It is perhaps understandable that lower paid workers in nursing, police, fire and rescue receive more public sympathy compared to relatively better paid dentists. But for the disparity between the perception of our profession and that of medicine is troubling. I fear that this demonstrates the public do not value the hard work NHS dentists perform every day at their own financial risk in many cases without the safety net that comes with employment.

I offer no solutions or suggestions to change this but hope that my fellow colleagues would examine these findings and consider that if we cannot improve our standing (relative to other professions) amongst the public then I suspect politicians and governments will be slower to react to our requests and needs.

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## Dental careers

### Life-long friends

Sir, I read with interest the article on *Dentistry, and why it is a great career (BDJ 2017; 223: 81–84)*.

Having qualified over ten years ago, I can relate to many of the topics raised in this article. I am extremely grateful and indeed lucky to have had a diverse and interesting career to date across many areas within

dentistry. However, one area that I believe this article has missed, but I feel is one of the most rewarding, are the many life-long friends I have made through dentistry.

Training for five years with some of us pursuing specialist training involves long hours studying along with numerous exams, whether in late night library studying groups or in the celebrations following exam successes at a bar, with that feeling of complete utopia for having passed. I'm sure many of us reading this could relate to those colleagues who were right by our side throughout the whole journey.

Indeed, there have been so many great moments I can relate to during my undergraduate and postgraduate training with colleagues (some of whom are as close as family to me now) that I simply would not have had pursuing other degrees.

In part I have become the professional and the person I am today because of them. I'm sure this is something with which many of your readers can relate.

*W. Fitzpatrick, Cardiff*

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## Aesthetic dentistry

### Changing public perceptions

Sir, midline diastema is a form of malocclusion and its prevalence reduces with growth (it is present in approximately 98% of 6-year-olds, 49% of 11-year-olds and 7% of 12–18-year-olds).<sup>1</sup> Treatment options for permanent diastemas include fixed orthodontic therapy and restorative dentistry.<sup>2</sup>

People undergo corrective treatments since diastema can impair speech<sup>3</sup> and cause problems for neighbouring teeth but usually the need for treatment is mainly attributed to aesthetic and psychological reasons, rather than functional ones. Facial aesthetic perception differs among individuals and is often influenced by their own experiences, and the influence from society and culture.<sup>2</sup>

Society's view of diastema is fairly negative for lay people. Furthermore, dental professionals consider the high smile and diastemas to be the least aesthetic.<sup>4</sup> This universal negative outlook on diastema makes the individual self-conscious especially as they reach the adolescent years where quality of life is influenced by facial aesthetics through

their social interactions. Studies have shown that the correction of midline diastema improves the quality of life among young people by nearly 50%.<sup>2</sup>

The fashion industry shapes society's views on modern standards of beauty. Models are a colossal part of changing these standards. Kate Moss singlehandedly changed the accepted beauty standards by allowing a new breed of 'heroin chic' models, who were shorter and skinnier, to replace the Amazonian models of the supermodel era of Naomi Campbell and Eva Evangelista.

Lara Stone, Georgia May Jagger and Vanessa Paradis are all extremely successful models with diastema: their defining feature.

If those at the forefront of the fashion industry, the models, relay an image which makes diastema appear as an aspect of beauty which is unique and desirable, perceptions of the malocclusion will consequently change. People may be more accepting of their diastema because it is no longer regarded as a flaw but rather as something that is aesthetically pleasing and accepted as 'cool' for the younger generation who look up to them as role models.

I believe it is important for dental professionals to highlight the advantages of not having corrective treatments when going through treatment plans and to encourage patients to see the beauty in their condition and not treat it as a deformity that necessarily needs correction. It may also be helpful to bring patients' attention to the examples in the fashion industry, helping the individuals with diastema to see their deformity as the 'norm'. This in turn will transform the public's perception of diastema, consequently changing the psychological and social problems that people with uncorrected diastema face.

*S. Anari, by email*

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