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.

Care for the homeless

Dental services for the homeless

Sir, homelessness is increasing at an unprecedented rate and includes rough sleeping, couch surfing, living in B&Bs, hostels and other forms of temporary accommodation.[1]

In 2017, a staggering 300,000 people were estimated to be homeless in some form in the UK with further increases projected.[2,3]

The prevalence and severity of oral disease and lack of access to dental services amongst this group are just as worrying. In the majority of cases, access to dental care is limited to emergency visits and relief of pain.[4]

In one study, 45% were found to be experiencing ongoing pain or infection as a result of untreated dental disease,[5] whilst 54% have been reported to not have visited a dentist for more than ten years.[6] This is particularly concerning as homeless people fall into the high risk category for oral cancer due to higher rates of smoking and alcohol intake.[4]

On the plus side, many individuals, charities and organisations have made highly significant efforts and contributions to the oral health and quality of life of homeless people.

In terms of dental care, major improvement of services at a national level will only come about via change of policy and regulations, large-scale coordinated planning and investment by the government.

Despite the current availability of community and mobile dental services for homeless people, these are often fragmented and the demand for resources greatly outweighs availability.[4]

General dental practitioners are often limited in the services that they can provide, partly due to lack of adequate support and inadequate remuneration in the current UDA system, which discourages treatment of high-needs patients.

As piloting of the new dental contract has recently been extended to 2020 this remaining time frame would be an ideal opportunity for planning and inclusion of policies to encourage provision of dental care to vulnerable groups within the structure of the new dental contract.

M. Ahmadyar, by email

1. National Audit Office. What's behind the growing number of rough sleepers? 2018. Available at https://www.nao.org.uk/naoblog/growing-number-of-rough-sleepers/ (accessed November 2018).
2. Shelter. More than 300,000 people in Britain homeless today. 2017. Available at https://england.shelter.org.uk/media/press_releases/articles/more_than_300,000_people_in_britain_homeless_today (accessed November 2018).
3. Crisis. Homelessness projections: Core homelessness in Great Britain. Summary Report. 2017. Available at https://www.crisis.org.uk/media/237582/crisis_homelessness_projections_2017.pdf (accessed November 2018).
4. British Dental Association. Dental care for homeless people. 2003. Available at https://bda.org/dentists/policy-campaigns/research/patient-care/Documents/homeless_dec20_2003.pdf (accessed November 2018).
5. Simons D, Pearson N, Movasaghi Z. Developing dental services for homeless people in East London. *Br Dent J* 2012; **213**: E11. DOI: 10.1038/sj.bdj.2012.891.
6. Smile4life. The Oral Health of Homeless People Across Scotland. 2011. Available at https://dentistry.dundee.ac.uk/sites/dentistry.dundee.ac.uk/files/smile4life_report2011.pdf (accessed November 2018).

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Corporate dentistry

Upholding dental standards

Sir, re E. O'Selmo, V. Collin, P. Whitehead. Associates and their working environment: A comparison of corporate and non-corporate associates. *Br Dent J* 2018; **225**: 425-430.

According to the 'Standards for the Dental Team',[1] there are nine core ethical principles a GDC-registered dental professional must keep to at all times.

Given the findings by O'Selmo *et al.* (*BDJ* 2018; **225:** 425-430) that non-corporate associates reported a significantly greater level of autonomy and a greater ability to make workplace and clinical decisions, corporate associates will risk failing to uphold a number of these GDC principles.

For example, to put patients' interests first (Principle 1), to work with colleagues in a way that is in patients' best interests (Principle 6) and to be able to maintain the patients' confidence in the dentist and the dental profession (Principle 9).

Clearly, it is time the business practices and operations of dental corporates deserve further investigation, in depth debate and a wider audience, both dental and the public.

B. S. Chong, A. M. Berman, G. Billis, C. D. Emery, P. K. Shah, A. M. Quinn and A. D. M. Watson, by email

1. General Dental Council. Standards for the Dental Team. 2013. Available at https://standards.gdc-uk.org/ (accessed November 2018).

DOI: 10.1038/sj.bdj.2018.1121

Paediatric dentistry

Child caries and antibiotics

Sir, we have read the recent article on guidelines relevant to paediatric dentistry[1] with interest. Many issues raised by the authors were identified in a small qualitative study we completed at a district general hospital.

We completed clinician-led questionnaires with 110 children and their parents attending for the removal of carious teeth under general anaesthesia. The questionnaires were used to gather information on the percentage of children who were prescribed antibiotics in primary care prior to referral. We also explored the effect

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