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.

Special care dentistry

Dementia-friendly

Sir, I write in response to Emanuel and Sorensen's recent study.¹ The Alzheimer's Society estimated that in 2015 there were 850,000 people in the UK living with the disability of dementia, or 1.3% of the population, with the cost of dementia to society standing at £26.3 billion, of which £4.3 billion were healthcare costs.²

The critical findings of Emanuel and Sorensen's study come at a time when the United Nations Committee on the Rights of Persons with Disabilities reported that the UK's government has not upheld disabled people's rights in healthcare, amongst others, and has not placed measures to safeguard disability rights once the UK leaves the EU, in what the report described as a grave and systematic violation of the rights of persons with disabilities.³

In response, the Alzheimer's Society, along with the Dementia Policy Think Tank, Three Nations Dementia Working Group and Young Dementia Network, forwarded a number of recommendations to the UK's government.⁴ These recommendations emphasised the need to recognise that impairment caused by dementia is indeed a disability; the need for a person-centred care model, as opposed to a medically-driven one; the allocation of necessary funds and resources for integration of health and social care; and raising awareness of dementia through the introduction of compulsory education and training programmes on disability and dementia to all healthcare professionals in addition to the workplace, schools and universities.

There are two main educational resources offering valuable information to dental healthcare professionals on dental disease

prevention and dementia clinical care and management. The *Delivering better oral health* toolkit⁵ presents general guidance on caries, periodontal disease and tooth wear prevention based on varying grades of existing evidence. More recently, the Faculty of General Dental Practice published their Good Practice Guidelines for dementia-friendly dentistry.⁶

K. E. Ahmed, by email

1. Emanuel R, Sorensen A. A study of oral health prevention behaviours for patients with early stage dementia. *Br Dent J* 2018; **224**: 38–42.
2. Alzheimer's Society. Dementia UK Update. 2014. Available at: https://www.alzheimers.org.uk/download/downloads/id/2323/dementia_uk_update.pdf.
3. United Nations Office of the High Commissioner. Committee on the rights of persons with disabilities. Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention. 2016. Available at: <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/InquiryProcedure.aspx>.
4. Alzheimer's Society UK. Submission to the UNCRPD Committee on dementia. 2017. Available at: https://www.alzheimers.org.uk/downloads/file/3631/submission_to_uncrpd_committee_on_dementia.
5. Public Health England. *Delivering better oral health: an evidence-based toolkit for prevention*. 3rd edition. 2017. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf.
6. Faculty of General Dental Practice. *Dementia-friendly dentistry*. Good Practice Guidelines. 1st edition. 2017. Available at: <https://www.fgdp.org.uk/publication/dementia-friendly-dentistry>.

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NHS dentistry

Culture of fear

Sir, it was with great interest that I read the article *State-sponsored dental terrorism?*¹

As a dentist who has worked in an NHS practice I can identify with Mr Kelleher's words and I too have experienced the fear of complaints constantly hanging over my head. I witnessed colleagues who suffered with complaints and subsequently had their names exposed on the GDC website as though they were criminals, even before any

investigation had taken place. This action is extremely derogatory and can ruin dentists' reputations.

I believe the current state of affairs has led to many dentists now practising 'defensive dentistry'. It is easier to refer the problem on than to deal with it and risk incurring a complaint.

I am currently working in an oral and maxillofacial unit and I see several referrals for dental extractions every day. The unit implemented a new system for triaging referrals in late 2014, with the purpose of ensuring that only appropriate referrals would be accepted. Despite this, the number of referrals has been increasing every year and we see a large number of inappropriate referrals. There are several cases of moderately difficult or sometimes even simple extractions that are referred to our unit, under the claim that the patients are 'nervous'. Most of the time we will find that this is a false pretense and that patients are indeed able to cope well with dental treatment; however, dentists will make that claim to avoid rejection of the referral.

It is very worrying to see that so many dentists nowadays feel so afraid that 'something might go wrong'¹ and that patients might complain that they will resort to lying just so they don't have to deal with the problem. Of course, another issue is the fact that multiple extractions under the NHS are worth nothing more than three UDAs (the same as a single extraction). Who can blame dentists for not wanting to do their work for free?

As Mr Kelleher pointed out, it is not only the dentists who are affected by this flawed system, but also (and more importantly) the patients. Patients who are referred to hospitals wait longer to receive treatment and on multiple occasions are left in pain whilst waiting for an appointment.