Refugee healthcare

Refugees in crisis

Sir, the refugee crisis is a pressing global challenge. Refugees often take treacherous journeys towards safety, encountering grave dangers and fraught challenges. Increasing numbers of refugees are stuck in protracted physical, sexual and emotional oppression, and endure traumatic events and a complete lack of autonomy in their host countries.

In addition, they often struggle to find their feet in often hostile environments with foreign languages and cultures. The significance of language cannot be over-emphasised as there is a long history of using pejorative language to dehumanise and stigmatise new arrivals. Their experiences of physical and psychological distress can be literally so unspeakable that they become deeply embedded within them.

The stigma of mental health issues is often compounded by cultural and language barriers between health personnel and refugees which often create obstacles for them thereby risking not getting the urgent care they desperately need.

Given the stigma surrounding refugees, they might also become haunted not only by past violent events but by feeling hesitant to come forward and seek either general or oral healthcare treatment.

Institutional accommodation, gender disparities and the restriction or prohibition of refugees in host countries to access labour markets also have significant harmful impacts on health outcomes, as well as a possible correlation between the typology of refugees, refugee settlement and refugee trauma.[1]

This diverse and complex array of factors often also contribute to poor oral health and manifest in untreated decay, periodontal diseases, malocclusion, fractured and missing teeth, and orofacial trauma.[2]

There should also be an emphasis on services' provider sensitivity to the political, religious, social and historical contexts associated with each refugee. Developing multilevel interventions requires consideration of factors that go far beyond these factors in each refugee's country of origin. It necessitates the understanding, respect, acceptance and awareness of service providers to their clients' beliefs, religions, values, experiences and cultures.

This integrated model emphasises the importance of understanding the full backgrounds of refugees that influenced them to leave their homeland, their pre- and post-migration experiences, difficulties with host government refugee policies, and the physiological and psychological factors contributing to their mental distress and subsequently their poor oral health status.

The broader the knowledge of service providers about the values and beliefs that underlie refugees' experiences, the better and more efficient their services will be tailored to meet their needs. In a nutshell, policy- and decision-makers need to inextricably integrate and bind physical, mental and oral healthcare issues in their future service provision and philosophies for refugees.

M. F. Al Qutob, London

1. George M. A theoretical understanding of refugee trauma. *Clin Social Work J* 2010; **38:** 379–387.
2. Davidson N, Skull S, Calache H, Murray S S, Chalmers J. Holes a plenty: oral health status a major issue for newly arrived refugees in Australia. *Aus Dent J* 2006; **51:** 306–311.

DOI: 10.1038/sj.bdj.2018.658

Tooth whitening

A grey area

Sir, I read with interest your letter 'Brexit: implications for tooth whitening' by R. Yee and V. Wong.[1] However, unfortunately it appears not a lot has changed.

It is widely accepted that pathologically discoloured teeth can be treated safely with tooth whitening in children,[2] delaying this can cause damage to their psychosocial health.

Although the GDC allows its use in under 18s when treating or preventing disease, it seems that we may not be indemnified to do so.[3]

Whilst Dental Protection currently will allow members to carry out such treatment, under advisement,[4] the Dental Defence Union claim categorically that whitening under the age of 18 is against their legal advice.[5]

By restricting dentists from providing required treatment based on who indemnifies them, could we be creating a lottery style approach to who can receive treatment?

C. Hutchison, by email

1. Yee R, Wong V. Brexit: implications for tooth whitening. *Br Dent J* 2016; **221:** 211–212.
2. Donly K J, Kennedy P, Segura A, Gerlach R W. Effectiveness and safety of tooth bleaching in teenagers. *Pediatr Dent* 2005; **27:** 298–302.
3. General Dental Council, Position Statement on Tooth Whitening, 11 July 2016. Available online at https://www.gdc-uk.org/api/files/Tooth-Whitening-Position-Statement.pdf (accessed 26 July 2018).
4. Dental Protection Tooth Whitening, 29 March 2018. Available online at http://www.dentalprotection.org/uk/publications-resources/updates/updates/2018/03/28/tooth-whitening (accessed May 2018).
5. Dental Defence Union The DDU's advice on tooth whitening, 12 May 2017. Available online at https://www.theddu.com/guidance-and-advice/latest-updates-and-advice/the-legal-position-of-tooth-whitening (accessed May 2018).

10.1038/sj.bdj.2018.659