Asbestos fibres may harm dentists too

**Daniel Zimmermann**

**NEW YORK, USA/LEIPZIG, Germany:** According to the US website Asbestos.net, dentist should be more aware of the hazards arising from asbestos. High concentrations of the microscopic fibres are often found in treatment rooms, from where they can penetrate the lung and cause mesothelioma, a rare and inoperable form of cancer that develops from the protective lining of the body’s internal organs. Annually, 20,000 people die of the condition around the world.

High exposure to asbestos is common in trades such as construction, in which there is the danger of inhaling the carcinogen’s dust and fibres from plaster and other asbestos-containing products. In dentistry, the mineral compounds are often used for the lining of casting rings or dental tapes. Dentists are at risk because they usually work in small confined rooms and do not take precautions against inhaling the fibres.

Recent studies have found that daily occupational exposure over time, even at low asbestos levels, under poor ventilation conditions in a closed space could cause pleural lesions.

The website said that symptoms of the tumour’s presence are usually not evident for another 20 to 50 years. They advise dentists who think they may have been exposed to asbestos to monitor their health carefully in conjunction with a physician.

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**Limit staff access to drugs**

Robin Goodman

**TUCSON, USA:** Dental offices and the pharmacists who treat them there present the risk of drug abuse, but dentists can put policies in place that help reduce the chance of illegal use of controlled substances, according to an article in *Anesthesia Progress* (2009, 56:112–115).

Dr. Joel M. Weaver writes that dentists who place too much trust in their employees make themselves and their practices vulnerable to people who abuse controlled substances. Dentists who regulate drug access and distribution are protecting more than their patients, employees and reputation. While it’s often easier to stick with the way things have traditionally been done, making a few changes to drug-access policies makes good business sense, Dr Weaver says.

“Although change is difficult and usually meets with resistance, the thoughtful practitioner who can step back and observe his or her practice for potentially fatal weaknesses will be less likely to succumb to a disaster,” Dr Weaver writes.

“Accredited hospitals already have strict rules to help prevent drug theft, but private unaccredited offices without mandatory controls are protecting more than their patients, employees and their practice—they’re also protecting more than their reputation. While it’s often easier to stick with the way things have traditionally been done, making a few changes to drug-access policies makes good business sense,” Dr Weaver says.

“Accredited hospitals already have strict rules to help prevent drug theft, but private unaccredited offices without mandatory controls are highly vulnerable to drug theft and deception,” Dr Weaver writes.

By taking sole responsibility for storing, filling and handling syringes containing controlled substances, dentists can reduce the chance of illegal drug use or mistaken dosages. It’s important to rely only on those licensed to handle medications, Dr Weaver says, such as physicians, dentists, nurses and pharmacists. Other employees who receive on-the-job training may be more likely to make mistakes with drug dosages and concentrations.

“Who should have access to controlled substances in the dental office? The answer is simple: only licensed professionals and a few of them as is reasonable,” he says.