A dreadful case was heard at the GDC recently, which resulted in a dentist being removed from the register. The dentist in question had some very strange habits indeed. He didn’t use latex or non-latex gloves, all the better to be able to clean his nails and ears with instruments he was about to use (one would hope he used different instruments for each purpose, as using the same would be very unhygienic indeed). Oh, and he also urinated in the surgery basin, but presumably he ran water afterwards. His nurse and a patient ratted on him. Can’t think why, but dental patients, not to mention the GDC, are very concerned about infection control, and he was duly signed to the scrapheap where presumably he can indulge more and weider perversion.

So should health-care professionals be more concerned with infection control, and health and safety issues. If so, which? Here is a list of issues, by no means comprehensive, about which we need to be concerned:
- Needle stick injuries
- Handpiece sterilisation
- Medicolegal factors

Cost
- Life of instruments
- Clinical time management
- Waste disposal.

Here are ten good reasons, plus questions arising, why you would not wish to comply with full sterilisation procedure:
1. If you are seeing, say, 15 patients a day, you are using a minimum of 15 pairs of latex/non-latex gloves, probably double that number daily. The individual cost/item is not high, but the collective cost is, especially if one is allergic to latex.
2. Then there is the question of disposing of 60 gloves, per surgery day. Should they be burned, buried in a hole in the ground (preferably in China), or are they biodegradable? Should we be using one pair of gloves that is repeatedly disinfectable?
3. Other than disposable needles and scalpel blades, should we be using disposable hand instruments? Points 1 and 2 above apply.
4. Cost of a steriliser today: why does no means insignificant. Even if you have a good one, is it one capable of sterilising and removing the air from the lumina of handpieces?
5. A sterilisation by itself sufficient, or do we require washers/disinfectors a priori?
6. That cleaning/disinfection/sterilisation procedures exist on the physical makeup of instruments, and in particular handpieces, is high. What can be done to minimise wear and tear?
7. Is the design of your sterilising room (assuming you have one) up to standards required by the Healthcare Commission? Do you have separate ‘clean’ and ‘dirty’ areas, and yet again separate storage areas? Is it still acceptable to keep previously sterilised but unwrapped instruments in a drawer in your surgery where they are susceptible to aerosol spray?
8. What about the water we use? How sterile is it?
9. How much time has to be spent on clinical decontamination/sterilisation procedures, and at what cost in terms of essential resourc...