### News in brief

**Lavender heals**
The scent of lavender calms patients' nerves at the dentist, claims a study which will be presented at the British Psychological Society's health psychology conference at Bath University. Researchers from King's College London used a questionnaire to measure the anxiety levels of more than 500 patients in dental waiting rooms over a month, where 50 per cent were exposed to the scent. The anxiety level of those not exposed to lavender was 10.7 compared with 7.4 among those smelling it, regardless of the type of dental appointment anticipated. Lavender essential oil reputedly has a calming effect and is often used in massage and bath oils. It is said to help in treating migraine, headaches and anxiety and is a good remedy for insect bites. However, the study did not observe that smelling the oil helps decrease anxiety in patients when they were thinking about future dental appointments.

**Off-white teeth**
A national survey has reported that men from Leeds regard themselves as having some of the most discoloured teeth anywhere in the UK. The dental health questionnaire showed that men in the North- ern city assessed their teeth as being the least white in the country. Every male participant from the city took part in the survey, and he confesses that they would like much whiter teeth and on average they gave their set of teeth, marks of four out of 10.

**Dental roadshows**
A series of dental roadshows on the implementation of the new contract has launched around the UK. The dental practice advisers, the SDAC, and local dental committees and dental practice advisers. The first one kicked off in London on Friday, September 19. Three others are set to take place around the country in Taunton, Nottingham and Leeds. Chair/Government dental officer, Dr Barry Cockcroft said: 'The aim of these roadshows is to show where and when they will be truly outstanding or your business will die.'

### News and opinions

**Big salaries**
The NHS Information Centre says that dentists are earning more money than ever, but at what cost to the patients?

**First class**
Being good at what you do is just not enough anymore - you have to be truly outstanding or your business will die.

**Worker's rights**
There many reasons why you could end up in court and the penalties for not 'working legally' can be disastrous.

### Practice management

**Sensory Committee**
The Standing Dental Advisory Committee was established in the NHS Act 1946 and set up in 1949 as one of nine bodies to advise on matters relating to services provided under the act. The remit of the committee is to advise the Secretary of State on matters relating to the services with which the committee is concerned, as it sees fit, as well as questions referred to them by the Secretary of State.

### Money matters

**Clinical case studies**

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**SDAC abolition is ‘misguided’**

The British Dental Association (BDA) has written to the Secretary of State for Health, Alan Johnson urging him to reconsider the decision to abolish the Standing Dental Advisory Committee (SDAC).

The letter from the BDA's chair of the executive board sent earlier this month, voices the association's 'deep concern at the decision, particularly in light of overwhelming support for the continuation and strengthening of the committee in responses to the consultation on the issue'.

Susie Sanderson added: 'We believe the decision to abolish the SDAC to be a misguided one that goes against a strong consensus of opinion across different branches of the profession. The committee offered an effective method of canvassing the whole spectrum of the profession including those on the frontline of patient care. One of the key principles of the NHS Next Stage Review is the promotion of a quality service developed with full professional engagement. This decision appears to be contrary to that principle. We urge the Secretary of State to reconsider the decision and guarantee the future of a committee which is an invaluable source of expert consensus in dentistry.'

Dr Sanderson added that the SDAC, with its professional authority and strong links to hands-on patient care was very much in line with the principle of providing a quality dental service with full professional engagement and would make an invaluable contribution to discussions and planning about the future of NHS dentistry.

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On the SDAC's future, the consultation document states that because ad hoc committees are time-limited and subject specific, they make fewer demands than standing committees, from both expert members and the secretarial staff who support them.

The DH has made increasing use of subject-specific committees and members of the National Committee for Health and Clinical Excellence (NICE) to obtain clinical advice about dentistry.

To provide a further source of professional advice, England's CDO has appointed a consultant adviser to complement the skills and experience of his team at the DH, together with a specialist from secondary care dentistry.

He said the Secretary of State is going to reply to the statement from the BDA.

Dr Cockcroft said: 'The SDAC has not met for two years and does not advise on policy around contracts, but on dental matters. We have produced a series of documents by bringing together expert consultants, which is a much better method. The BDA has provided us with the people with expertise.'

**We are not convinced that the alternatives proposed would reflect the profession's views**

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**Money matters**

Endodontics and pain go hand in hand for some people, but with a bit of TLC you can make a big difference.

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Political gripes, dental dilemmas, areas.
have higher incidents of dental optimally fluoridated areas even by industrialist benefactors. It is flawed, being biased and funded by advertising. Opinions expressed by authors are their own and cannot assume responsibility for the validity of product claims, information and manufacturer’s product news accurately, but before the Government introduced the new NHS dental contract in April 2000 when local PCTs began to control dental provision in their areas, it was almost unheard of to find a dentist taking on new NHS patients when dentistry was controlled centrally.
As a result, there was more cash given to the county to improve the availability of NHS dentists and the situation was remedied, although NHS dental uptake has a long way to go.
The challenge now is to get the message across to residents that dental access has greatly improved, with regard to NHS dentistry in the locality.
A ll patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county’s dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS dentist with new practices recently opening in North Hykeham and Gainsborough. The only areas in which the waiting lists still need to be reduced are Louth and Mablethorpe.
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Oppose the fluoridation of water on four grounds:
1) There is more than ample evidence to show that fluoridation does not preclude dental decay.
2) Adverse side effects of fluoride-containing compounds beyond the ‘benign’ side effect of dental fluorosis are well documented.
3) Poor nutrition /or poor HYGIENE = DENTAL DECAY
The ‘nanny state’ is overlooking this and the dental profession, to its ethical shame, is sleepwalking through this misconception. The government that gave us ‘Weapons of Mass Destruction’ as a rationale for war, is now offering ‘weapons of decay prevention’ as a rationale for ‘beneficial sound medication’. Neither programme was based on honesty.
Most importantly, Old oral health is attainable through a combination of good hygiene and a type of nutrition which not only eliminates dental decay but also reduces the chances of acquiring diabetes and pyogenic infections, amongst other diseases.
It is a type of nutrition that is proven general health, without fail.
Mr Pastoll
I do not agree that water fluoridation has any benefit other than to rid the fertilizer industry of its toxic residues. Fluorosilicic acid is highly toxic waste. It is disposed of in the water supplies under the guise of ‘prevention’.
The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist beneficiaries. It is long documented that some ‘optimally fluoridated’ areas even have higher incidents of dental decay than non fluoridated areas.