As you read this, GDPUK forum members will have been discussing the new Health Bill, as well as proposals from the GDC for revalidation, the next bête noir.

A major topic was when a colleague asked for opinions from others about a request from a patient with chronic leukemia to have her amalgam fillings removed and replaced with composit. The reaction of many dentists is to immediately worry that the patient will not recover, and health will not improve if this is done. On the other hand, if the same patient had attended and asked for replacement of the same silver fillings with tooth-coloured ones for aesthetic reasons, how many of us would hesitate?

This led to a heated debate with more than 50 replies. Does the metal in her mouth have an effect on her disease? There are tests which can investigate these matters. Another writer asked us to consider whether changing the fillings would give the patient a positive mental lift. And so the debate swung on from “don’t touch with a bargepole” to treat like an aesthetic request. Concepts of professionalism were brought in, aspects of “do no harm”. Another poster suggested making the change slowly to see if there was any benefit to her health.

Modern amalgam alloys have more copper in them and latest research links exposure to copper as a factor in chronic leukemia. Another turn and there was a mention of seriously ill patients clinging onto illogical hopes and being willing to undergo unproven medical treatments, in the hope of success. If a dentist is investigated by the GDC for this type of claim to treat other diseases, the dentist loses the case and their career. This poster says we must ensure we do not give patients any false hope, and ensure there are no more high profile cases showing lack of professionalism by dental colleagues.

Two notes of caution, regarding emergency drug kits, one that buccal midodralam is now £274 for a 5ml bottle. Will you be stocking it? Plus a practice inspector was perturbed that a practice’s emergency drug kit was visible to the public. The principals explained the box had to be easily accessible by the team in an emergency, the inspector insisted it must be locked. A solution was found using a tamper-evident plastic tag, as used on fire extinguishers.

On the same vein, one PCT wrote to dentists insisting that their infection control advice, due to aerosols generated, was that dentists and teams must now wear long sleeves in surgeries. If implemented, this would mean removing clothing too, between patients. This is contrary to advice in HTM 0105. Advice from the forum – ask the PCT which regulation should be ignored, HTM or theirs, or wear one short sleeve and one long!

### Oral Cancer prevention • examination • referral

Oral Cancer – prevention, examination, referral has been designed to support all health professionals by updating their knowledge, highlighting the importance of oral cancer screening, and providing practical tools for communicating with patients and colleagues.

The programme comprises four topics:

1. The facts - Providing a background into the incidence, causes and development of oral cancer
2. Team Approach - Looking at all aspects of communication both within the team and with patients
3. Screening Examination - Practical advice on improving the opportunistic screening procedure in practice
4. Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer

Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year

(Source: British Dental Health Foundation, www.mouthcancer.org)

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