COMMENT

Letters to the editor

Submit your Letters to the Editor via the online submission system: https://mts-bdj.nature.com/cgi-bin/main.plex.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Israel-Gaza conflict

Personal opinions of a political nature

Sir, on 12 January 2024 you published a letter from Messrs Mahmood *et al.*[1]

I have two issues.

On the first, you published this letter with the 'due process' now required, that is a list of references, the subject matter of which had no clinical content.

On the second, the letter merely expressed personal opinions of a political nature, which I happen not to agree with.

My question is what is the point of the due process and references? Or is it instead the case that some personal opinions are worthy and others not?

H. Stean, London, UK

References

1. Mahmood S, Momin P. Call to dental colleagues. *Br Dent J* 2024; **236:** 12.

https://doi.org/10.1038/s41415-024-7350-7

Special care dentistry

Lateral oblique quality

Sir, the FGDP Selection for Dental Radiography guidelines[1] state that 95% of digital radiographs should be diagnostically acceptable (DA) allowing for 5% being unacceptable.

Whilst this may be feasible in general practice, working in special care dentistry poses its own challenges. Many of the patients have additional needs. Thus, taking radiographs is extremely challenging particularly if the aim is for 95% of them to be of acceptable quality.

This is particularly true of lateral obliques. These are the 'last resort' radiographs taken for the patients with the poorest cooperation, often with a carer/family member clinically holding the patient to help with quality of the radiograph. These radiographs are of great use when it comes to planning a general anaesthetic.[2]

A recent audit in our service looked at a sample of OPGs and lateral obliques taken over a one-year period. The percentage of diagnostically acceptable lateral obliques was 80%. This is lower than the FGDP guidelines; however, given the patient factors we would argue this is acceptable.

When setting standards for audit, it is important to recognise that standards need to be achievable as well as aspirational, across the dental specialities. This is particularly true for special care dentistry where the patients may struggle with cooperation.

A. Ali, M. Jinadasa, R. Emmanuel, Haywards Heath, UK

References

1. Horner K, Eaton K A. *Selection criteria for dental radiography.* London: FGDP(UK), 2018.
2. Whaites E, Drage N. *Essentials of dental radiography and radiology.* Edinburgh: Elsevier, 2021.

https://doi.org/10.1038/s41415-024-7358-z

Coronavirus

COVID-19 redeployment reflections

Sir, the Royal London Hospital was one of the largest COVID-19 hubs across the UK and in December 2020 elective dentistry was reduced to allow reallocation of dental staff to departments where the hospital required most help. Restorative and oral and maxillofacial surgery dental core trainees (DCTs) were amongst the first cohort of staff to be redeployed, many as nurses, healthcare assistants or as junior doctors to help in both Intensive Care Units (ICUs) and COVID-19 ICUs.

As one of this cohort, I was redeployed as a junior doctor and it was definitely a steep learning curve especially on the crash call team. Dealing with life and death was a situation that as a dentist, I had never envisioned I would be in; however, I was able to hone the skills that I had learnt during dental school. My fellow DCTs redeployed as junior doctors worked closely with consultants and registrars and our duties included involvement in daily handover meetings, having multi-disciplinary meetings with other medical profession teams (such as radiology and microbiology), and supporting with crash calls.

Looking back, the experience was invaluable as I became more confident with working under pressure and within a wider team where I was able to identify a deteriorating patient to successfully start emergency medicine. During BDS training and yearly BLS (Basic Life Support) training, we learn skills that can support and equip us to handle medical emergencies, which ensure patient safety. However, my experience in emergency medicine gave me more confidence to deal with medical emergencies should they arise. It poses the question: should a placement within emergency medicine be compulsory during dental school? I would urge dental students and clinicians currently undertaking hospital placements to shadow A&E doctors; it is such an invaluable experience which altogether makes one a more confident and well-rounded dental practitioner.

N. Bhamra, Kent, UK

https://doi.org/10.1038/s41415-024-7359-y

Artificial intelligence

Skin cancer and AI

Sir, I write further to the *BDJ* paper highlighting the critical role that general dentists play in diagnosing skin cancer (SC), particularly in the head and neck area, during routine dental check-ups.[1]

Fortunately, advances in artificial intelligence (AI) have led to the development