

# Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email [bdj@bda.org](mailto:bdj@bda.org). Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

## Orthodontics

### Patient consent

Sir, I write in response to the letter published on 25 March 2022, titled 'Can you over-consent?' (*BDJ* 2022; 232: 353). In orthodontics, it is essential to obtain 'informed' consent before initiating treatment for a patient. The term informed is highlighted as it has been seen time and again that patients who are well informed cooperate and comply better with any form of orthodontic treatment.<sup>1</sup> The problem is often that in lengthy treatment procedures, consent must be considered as an ongoing process rather than a one-time event. As monthly follow-up procedures are discussed with patients, it turns consent into a regular process with a patient being able to decide against treatment at any point in time.

Rather than over-consenting being a problem, there is a greater risk when the patient is not fully informed regarding any significant risks that may affect their decision to go ahead with a particular procedure. In case of orthodontic treatment, patients must be made aware of the risks of pain, trauma, tooth decay, root resorption and even periodontal problems.<sup>2</sup> While consent is an essential part of treatment, maintaining proper records of the information provided to the patients during follow-up appointments is also of great importance. The problem with the patient signing the initial consent form is that the very act of signing does not ensure that the patient has a complete understanding of the procedures to be undertaken during treatment.<sup>3</sup>

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### References

1. Mortensen M G, Kiyak H A, Omnell L. Patient and parent understanding of informed consent in orthodontics. *Am J Orthod Dentofacial Orthop* 2003; 124: 541–550.
2. Haines W F, Williams D W. Consent and orthodontic treatment. *Br J Orthod* 1995; 22: 101–105.
3. Askew G, Pearson K W, Cryer D. Informed consent: can we educate patients? *J R Coll Surg Edinb* 1990; 35: 308–309. <https://doi.org/10.1038/s41415-022-4298-3>

## Communication

### Poor online reviews

Sir, the amount of energy and time we put into our education and our profession puts us into a special standing, thereby affecting our daily and social life. Thus, it is normal that our practice becomes a reflection of our ego and we identify our work with ourselves.

Most patients are more than eager to leave a positive internet review for the treating dentist or dental clinic. Unfortunately, there is always the possibility that patients can leave poor reviews, occasionally without giving any prior indication of their dissatisfaction. Even for seasoned professionals, it can be difficult to accept negative comments personally, when made in public. The question here is: how do we as professionals respond to this?

- Maintaining calmness. If you can identify the patient, call them to discuss the situation. Patients may be eager to address a concern, especially if they can speak directly with the dentist. Listen attentively and respond compassionately rather than defensively. Admit your mistake, especially if you think it was unfair, and ask what you can do to make things right. After you have fixed the issue, respectfully ask the patient to remove their poor review
- Respond to the review if you can't identify the patient. Simmer down, enter your response in another word processing program and sleep on it for a day before submitting. Avoid becoming defensive and express your desire to resolve the patient's problem, just as you would over the phone. Discussing the content you want to publish in response with a staff member may be a good option. Negative reviews might come from irrational patients or those who are not even your patients. You can contact the review site and ask them to delete the superfluous or unfair review by explaining why the

review is irrelevant or unjust, and ask that it be deleted

- In the end, everyone gets criticised for some reason or another. If you followed these suggestions and still do not reach a sensible agreement, the best approach moving forward is to invite your satisfied customers to leave positive reviews, which will quickly drive the negative review to the bottom of the page. Have a team member or employ a monitoring agency to check the review sites on a frequent basis to guarantee that poor reviews are identified and responded to quickly.

People are frequently so engrossed in their own *weltanschauung* (world view), that the evaluation almost always reflects that thinking and may be readily addressed with a simple reframing and better communication.

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<https://doi.org/10.1038/s41415-022-4309-4>

## Pharmaceuticals

### Update on 'blood thinners'

Sir, we are pleased to see the recently updated (March 2022) Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance on management of dental patients taking anticoagulant or antiplatelet drugs.<sup>1</sup>

The updated guidance has been accredited by the National Institute for Health and Care Excellence (NICE) and includes specific recommendations relating to edoxaban and injectable anticoagulants. These were briefly mentioned in the previous edition, meaning clinicians encountering this medication in the dental setting were often unsure about the most appropriate course of action.

Edoxaban is from the family of direct oral anticoagulants (DOACs) used namely for the prevention of thromboembolic events. The first edition had created an excellent guidance