

that all medical staff personnel should receive simple instructions about management of dental trauma. Both Lin *et al.*² and Levin *et al.*³ also stated the importance of providing primary caregivers with the relevant education to improve their knowledge and ability of dealing with diagnosis and treatment of dental trauma. However, it is not only medical primary care providers who need continuing education and training in dental trauma. Hu *et al.*⁴ reported that general dental practitioners may also have limited knowledge in dental trauma management.

In conclusion, this audit revealed the majority of dento-alveolar trauma is likely to initially present outwith the dental hospital trauma clinic and highlights the need to ensure the provision of training in the management of dental trauma encompasses all centres likely to be presented with these injuries. Regular and repeat training to include rotational medical junior staff will be required and protocols for treatment and pathways of advice and referral should be clear and practical.

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NEEDLE RE-SHEATHING

Sir, we have recently received information from the local infection control specialist on the new EU directive banning re-sheathing of needles, which came into effect last year.

We run a large organisation where the dentists are split between using fully disposable syringes and metal syringes with disposable needles and resheath-

ing devices such as the Jenger. The directive is specifically called 'COUNCIL DIRECTIVE 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and health-care sector concluded by HOSPEEM and EPSU' which states, 'the practice of recapping shall be banned with immediate effect'.

I would like to pass on this information as it is as yet not to the best of my knowledge a well known directive within the profession (not surprising with the huge amount of bureaucracy we have suffered under as a profession as of late). Also perhaps the topic can be debated openly and advice for all members obtained as I know many of our own dentists will not be happy moving to fully disposable systems in favour of their favourite metal syringes.

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ODONTOIATROS

Sir, I write further to K. Wilson's letter explaining the translation of the German word for 'dentist' (*BDJ* 2011; **210**: 53).

The same applies to Modern Greek, where the word for dentist is 'odontoiatros'. *Odonto* means of the teeth, and *iatros* is doctor. So a Greek dentist is also a tooth doctor.

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AN INTEGRAL LINK

Sir, at a dental conference held on 9-10 November 2009 in Göteborg, Sweden, at the initiative of the dental company Oral Care AB, a network of experts in geriatric dentistry was founded.

This interdisciplinary and autonomous network of expertise in areas such as pharmacology, pharmacokinetics, basic research, medicine and dentistry, will formulate guidelines for future geriatric dentistry. The group will work on quality assurance, quality development, as well as basic and applied research.

One of the objectives of this work is to promote dentistry as a natural and integral part of the chain of care of elderly and medically debilitated

people, in which dentistry is highly neglected today. Studies have shown that one in ten deaths from health care-related pneumonia in the elderly could be prevented by improving oral hygiene.

The number of elderly is growing rapidly in Europe and worldwide, but resources to provide good dental care are lacking to a large extent. This will inevitably lead to great suffering for this often multi-disease patient group, with malnutrition and worsened general health as the consequence. At the first meeting, the network therefore discussed how dentistry should be designed to rapidly meet this growing dental care need. It was also concluded that it is one thing to provide treatment of oral diseases, but equally important is to address the prevention of them.

At the 46th annual Swedish Dental Congress on 19 November 2010 in Göteborg, Sweden, Oral Care held an interdisciplinary symposium on elderly and geriatric dentistry, and provided informed on how IT support may be used in outreach geriatric dentistry.

About Oral Care AB

Oral Care is working with mobile dental care, where the main benefit for the patients is that both preventive measures and treatments can be given where the patient lives: at nursing homes or in private residences. Oral Care's complete preventive dentistry system also contributes to community benefits by decreasing the burden on the health care organisations by reducing the risk of morbidity. Oral Care conducts research in collaboration with leading academic institutions to develop tomorrow's geriatric dental care, with a strong focus on the links to medical benefits for the individual that adequate dental care among the elderly will lead to.

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REFORMING SURROUNDINGS

Sir, over the last few decades, the patient-clinician relationship has changed drastically. Today, the principle of patient

autonomy has dawned as the dominant ethos in healthcare, markedly nullifying the previous paternalistic model. As a result of this radical swing of the pendulum, emphasis is placed on shared decision-making, and a greater responsibility is given to the patient in the management of their health. The importance of communication is being stressed more and more at undergraduate training, and different approaches to consultations are being taken by professionals to establish this. The implementation of guidelines to accredit this change in standard was formalised in the NHS Plan at the turn of the millennium: *'letters between clinicians about an individual patient's care will be copied to the patient as of right.'*¹

It was hoped that this change would come into effect by 2004, and as a result of the protocol, hospitals around the UK have set copying letters to patients as part of their guidelines. Previous literature seems to have proven that letter sharing is beneficial for patients; in 2003 The Department of Health funded 12 Pilot Projects, which showed that copying letters to patients improves communication between health care professionals.² A review of previous literature in 2006 found that patients generally find copies of letters beneficial, and tend to be more satisfied with their consultation, whereas healthcare professionals are generally less keen to copy letters.³

A recent audit carried out in Barts and The Royal London NHS Trust found that 77% of patients wanted copies of their clinical letters. However, only 13% of the clinicians actually took consent to copy letters, with the main reason being that they *forget to*. From sitting in on multiple consultations in various specialties, the results of this audit do not seem to be a far cry from the reality in many hospital clinics.

It is understandable that a change in previous habits can be difficult to maintain after the administration of a new system. With the ever evolving clinician-patient relationship, all health professionals must be adept at adjusting to the reforming surroundings. This, in a field which rests heavily upon the importance of good communication;

between not only the multi-disciplinary team involved in the care of the patient, but also between the clinician-patient relationship itself.

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Al-Hadad,
C. Gallagher
By email

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INSPIRED BY A TUG

Sir, following an agonising couple of days, culminating in a visit to a dental hospital, I wrote a short humorous poem about a dental experience from the patient's perspective for my writing class and thought that I might share it with your readers too. Since my visit all has been well!

Age 102 in miserableness

Up through my head and down
through my jaw
Straight through my shoulder
and into my core.
Drains concentration, addles my brain,
Sweating and swearing and
lost in the pain.
Head in my hands, roll on the floor,
Simply don't think I can
stand any more.
Begging and pleading to
just make it end
Needles and forceps,
reluctant best friends
Crunching and grinding,
then gone with a tug
First time I've given a dentist a hug.

J. C. Barker
By email

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