

LETTERS TO THE EDITOR

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS
Email 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. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

DENTAL EDUCATION

Geopolitical crises

Sir, while Malaysia has public and private universities which offer higher education programmes in health sciences including dentistry, additionally students may enrol in approved overseas universities by using the existing schemes or by self-financing. In recent years factors such as affordability, assurance of quality and a good social environment have made Egypt a favourable hub for Malaysian students. The political events which unfolded in Egypt during September 2013 posed a threat to the professional careers and personal safety of around 3,000 students pursuing their higher education in Egypt, the majority of whom were evacuated by the Malaysian government back to their home country and then offered a unique 'one-off' opportunity to continue their courses in universities in Malaysia.¹ Universities offering dentistry in Malaysia were requested to accommodate the students while ensuring adequate quality in terms of staff and facilities. Inherent differences in the credit hours as compared to the Malaysian dental programme were offset by implementing the 'parallel minus one rule' in which students would be required to drop down a year from the one they were pursuing in Egypt.² The offer provided relief for parents and students of which a number were allocated to the various public and private universities.

Many students from Egypt still in their early clinical years enrolled at the Faculty of Dentistry, SEGi University, Selangor, Malaysia. The faculty has a well-established mentor-mentee system in which the allocated groups of students (mentees) meet with their teaching staff (mentors) on a weekly basis for analysis and discussion of their progress in academics. Academic and non-academic problems encountered by the mentees are discussed with their mentors and possible solutions are considered. Mentoring sessions were useful to stabilise 'transfer students' while settling in their new environments and to reinstate confidence to pursue their dental education in Malaysia.²

The actions taken by the Malaysian government towards the conflict-affected Malaysian students in Egypt are novel and can be adapted as a model to rehabilitate students affected by other geopolitical crisis. At the same time, verification of credits offered by foreign universities and compatibility of their curriculum with their home nations are basic parameters that students and parents should check before applying for higher education in foreign nations.³

Sibu Sajjan Simon
Srinivas Sulugodu Ramachandra
Dato Fawzia Abdullah
Md Nurul Islam
SEGi University, Malaysia

1. Kulasagaran P, Idris Jusoh: 'One-off' chance for Malaysians studying in Egypt to transfer credits to local universities. *The Star Online* 18 September 2013. Available at: www.thestar.com.my/News/Nation/2013/09/18/malaysian-students-egypt-transfer-credits-home.aspx/ (accessed 14 July 2014).
2. Schwartz B, Saad M N, Goldberg D. Evaluating the students' perspectives of a clinic mentoring programme. *Eur J Dent Educ* 2014; **18**: 115–120.
3. Plasschaert A J, Lindh C, McLoughlin J *et al*. Curriculum structure and the European Credit Transfer System for European dental schools: part I. *Eur J Dent Educ* 2006; **10**: 123–130.

DOI: 10.1038/sj.bdj.2014.654

GUIDELINES

Stifling initiative

Sir, I write in response to the letter written by Professor Wayne Richards published in the *BDJ* (2014; **216**: 376–377). Professor Richards raises issues which are worthy of further debate and discussion within the profession, especially with regards to those who provide reports as expert witnesses to the court. I hope that many who read that example felt the same as me in failing to understand what about the dentists' actions were so wrong as to result in an out-of-court settlement for the patient concerned.

In the example given by Professor Richards, the patient involved is reported to have been given preventive advice regarding her periodontal disease but had not acted upon this. This has resulted in the patient not being referred onwards for specialist treatment. I feel that this course

of action as portrayed in the example, with an emphasis upon prevention, is reasonable and as Professor Richards states, the dentists were 'owning' their decisions as 'gatekeepers'. The guidelines produced by the FGDP regarding record keeping state that BPE scores of 3 and 4 require full pocket charting to be taken in the appropriate areas. Whilst this guidance makes sense, I fail to understand why *not* following this guidance, providing BPEs, prevention and treatment as appropriate has been carried out, constitutes a breach of duty. Even if a breach of duty is ascertained, I feel it would be very difficult to claim causation based solely upon a clinician not undertaking full pocket charting.

The guidelines that are produced by the various clinical authorities, such as the FGDP, British Society of Periodontology etc should be seen as exactly that: guidelines. When assessing cases for liability and causation, experts should try to convey to their instructing parties that not all deviations from guidelines are breaches and even if they are seen as so, many small breaches, such as the example given above, do not constitute grounds for the finding of causation.

We are all too aware of the burden of litigation within dental practice in this country. It is lamentable that litigation, whilst helping to protect patient rights, has such a detrimental effect upon morale and the potential to encourage defensive practice. The use of guidelines in such a strict and inflexible way is not conducive to providing the best for our patients. If the expert witness community and the legal profession insist upon this approach, to quote Lord Denning, 'initiative would be stifled and confidence shaken'. Some might argue we are already quite far down this path.

A. C. L. Holden,
By email

Useful reading

1. FGDP(UK). *Clinical examination and record keeping: good practice guidelines*. 2009.
2. *Roe v Minister for Health* [1954] 2 QB 66 as per Lord Denning para 87.

DOI: 10.1038/sj.bdj.2014.655