



In the DDU's first *Viewpoint*, **DEBBIE HERBST**, dento-legal adviser, discusses the importance of obtaining a medical history...

MOST dental professionals are all too aware of the link between patients' general health and the

state of their teeth and gums. But they do not always ask patients for a medical history and note this information in the records. This has obvious dangers for patients and worrying implications for dental professionals.

Obtaining a medical history is clearly important because your patient may have a condition which limits the care and treatment you are able to provide: a pregnant woman with caries, for example, or a patient with haemophilia who requires an extraction.

Many diseases also have symptoms or complications which affect patients' oral health, such as the link between diabetes and periodontal disease; Parkinson's disease and difficulty in swallowing. Meanwhile, some medications and/or treatments, such as anti-epilepsy drugs and radiotherapy to the head and neck may cause an uncomfortable dry mouth.

Then there are lifestyle factors which commonly affect oral health. It is considered standard practise to ask patients whether they smoke and get an idea of their alcohol intake because these

are both risk factors for oral cancer, while a diet high in sugar will clearly have an impact on the risk of dental caries. Such insights will help you draw up an appropriate treatment plan and give relevant advice, but they could also deter you from beginning courses of aesthetic treatment which have little chance of success. If you have already noted that a patient is a heavy smoker, it's unlikely you will want to provide tooth whitening treatment which has little likelihood of meeting the patient's expectations and has a high risk of a complaint.

The Government has backed a recommendation from the NHS Future Forum¹ that dentists take every opportunity to question patients about their lifestyle and explain how these could adversely affect their oral health, but it's important to do this sensitively. Explain why your questions are relevant to their oral health, and if patients clearly do not wish to be quizzed about their drinking and smoking habits, it's better to respect this, otherwise you may put them off coming to the dentist altogether.

Finally, there is little point in asking patients for a medical history and discussing their general health if you do not then make a note of this information in their records. But in the DDU's experience, information about the patient's health, including risk factors for caries, periodontal disease and oral cancer, is frequently missing from the notes of members facing a GDC complaint or claim. If you have previously recorded that a patient is a smoker, you are likely to be more aware of suspicious mucosal lesions which require further investigation, helping avoid a delay in diagnosis. Conversely, if there is no record that you have spoken to a patient about the risks of smoking, it might be more difficult to demonstrate that you have met the standards expected of you in relation to the treatment of periodontal disease. ■

References

1. Summary report on proposed changes to the NHS, NHS Future Forum, 13 June 2011.



This month, **DR NILESH R PARMAR** explains why he believes dental reps are the undiscovered heroes...

AFTER a long two days at The Dentistry Show, I had an epiphany – dental reps work really hard! Not only are they at shows such as this, setting up a few days early and organising their aims and presentations for the event, but they also need to be well attired in suits and smart dresses.

They stand around in high heels all day, (the women, mainly), smiling sweetly at any dentist, dental nurse, dental technician, dental hygienist/therapist that walks in their direction, and nod with understanding when someone complains about their company or product, instead of telling them what they're really thinking!

After the shows, the reps pack up, tidy up and disappear off to their respective areas. The next day, I would assume they are out on territory,

sometimes very early in the morning, calling on dental practices, trying to meet their quotas, whilst still remaining impartial. It can't be easy.

However, we mustn't forget that reps are the knowledgeable, helpful people who are on-hand to provide advice on the latest technological advancements or materials available, all of which can help enhance the care we provide to our patients.

Dental reps are also the very patient individuals who probably have the answers to all our technical queries, no matter how novice they are.

I am lucky to have great reps around me, and I consider them almost an extension of my team. The old adage that "I do business with people, not businesses" could never be further from the truth where my reps are concerned. We work well together to help provide

the best treatments for my patients, and they are able to put up with my little tantrums every now and then! Nothing is ever too much trouble.

They are on call 24/7, getting back to me late at night, or early in the morning when I need an answer to a burning question, or require technical support. I value my reps and they have certainly helped me along the way. But, unfortunately, they don't always get the recognition they deserve. Imagine if there were no dental reps, what would we do?

We are all busy people, and there are never enough hours in the day (I can certainly vouch for that), but the next time a rep calls in at lunchtime, spare five minutes of your time. You never know, that rep may also eventually become an extension of your team. ■



Only dentists can whiten teeth legally and safely, writes Chair of the British Dental Bleaching Society, **DR LINDA GREENWALL**...

NOW that legislation has indicated that tooth whitening is the practise of dentistry, it's time to stop illegal tooth whitening, such as treatment being offered by beauty therapists. In fact, the British Dental Bleaching Society (BDBS) is currently planning a campaign for this very purpose.

We're already seeing unlawful tooth whitening businesses being prosecuted, including an Internet trader who was jailed in November 2012 for supplying illegal tooth whitening gel to members of the public.¹

It is so important for the whole profession to get on board with this, spread the message and report unauthorised practitioners. A number of these beauty therapists don't even realise that the law has changed. They are completely ignorant of the new legislation that clearly states only a dentist may perform tooth whitening treatment or give tooth whitening products to members of the public. But the plain fact is that anyone else giving tooth whitening treatment or supplying products containing more than 0.1 per cent hydrogen peroxide is breaking the law.

One of the main dangers with non-dental professionals relates to the bleaching products they use. These products are often highly acidic and, as such, they are extremely harmful to the teeth, gums and lips. Patients are at risk of pain, irreversible damage to their teeth, and poor outcomes. There's no compliance with health and safety, nor cross-infection control legislation and guidelines.

There is also no accountability or

monitoring of these people – if they set up in a shopping mall, they can simply vanish without trace the same day – and they don't have the necessary knowledge of the patient's dental anatomy and medical history to make informed choices for safe and effective treatment.

In fact, there are two main points that we need to address – we need to raise awareness amongst non-dental professionals that they absolutely cannot provide tooth whitening treatment, and we need to educate patients that only their dentist can legally and conservatively whiten their teeth.

Dentists can perform excellent whitening using the correct materials and techniques. There are training courses available for the whole dental team, such as those offered by the British Dental Bleaching Society, ensuring tooth whitening with confidence. And practitioners really should take advantage of the new law and begin marketing their services as soon and as widely as possible.

As things currently stand, I don't think enough dentists are doing tooth whitening. I can understand why many have chosen not to do it. Up to this point, there has been a lack of clarity in the law. However, since October 31

2012, a dentist must diagnose; a dentist (or suitably trained professional under a dentist's supervision) must perform the first treatment; and a dentist must supply any further product until the cycle of treatment is complete. Furthermore, the product must contain or produce no more than six per cent hydrogen peroxide. We now have clarity, so dentists should waste no time in acquiring tooth whitening skills.

Part of the reason that beauty therapists have been so successful with their tooth whitening businesses is because they have been undercutting prices, making tooth whitening very cheap – although, of course, they don't have to adhere to safety protocols.

Now, with the law on your side, there is every reason to get trained in tooth whitening and shout from the rooftops about your fantastic, safe, tooth whitening service.

Now it's time to go for it. ■

References

1. Daily Mail website. Available through: <http://www.dailymail.co.uk/news/article-2232745/Barrington-Armstrong-Thorpe-jailed-16-months-selling-illegal-tooth-whitening-gel-online-100-TIMES-safe-level-cleaning-chemicals.html> [Accessed 13th December 2012].