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Dental Update Subscriptions
Mark Allen Group, Unit A 1-5, Dinton Business Park,
Catherine Ford Road, Dinton, Salisbury SP3 5HZ
Freephone: 0800 137201
Telephone: 01722 716997
Email: subscriptions@markallengroup.com

Managing Director: Stuart Thompson

Editor: Fiona Creagh

Production: Lisa Dunbar

Graphic Designer: Georgia Critoph-Evans



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MARK ALLEN DENTISTRY MEDIA (LTD)
Unit 2, Riverview Business Park, Walnut Tree Close,
Guildford, Surrey GU1 4UX

Telephone: 01483 304944 | Fax: 01483 303191
Email: Fiona.Creagh@markallengroup.com
Website: www.dental-update.co.uk

Facebook: [@dentalupdateuk](https://www.facebook.com/dentalupdateuk)
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Trevor Burke

It was not a good year

I was in a gift shop prior to the second lockdown, and pricked up my ears to listen to the background muzak: bizarrely, it was playing 'It was a very good year' a song written by Ervin Drake and made famous by Frank Sinatra on his 1965 album 'September of my years'. He was awarded a Grammy in the following year for the 'Best Male Vocal Performance'. In the song, he recounts the years he remembers fondly in his romantic life and the women who were part of that. He looks back on these memories, finishing by adding that he thinks of his life as vintage wine, as the song title is often used to describe. The shop had obviously not updated its playlist for some time!

Not many can say that 2020 has been a good year, perhaps only the distance conferencing software manufacturers and some on-line superstores. The COVID-19 pandemic struck, with, to date, 50 million people infected, and, sadly, 1.2 million people across the world and over 60,000 in the UK no longer being with us. Dental surgeries in the UK were closed, patients were disadvantaged, with many practice owners wondering how they could survive. Ironically, it was the practice owners who had invested heavily in their practice facilities and equipment who were most affected. As if that wasn't bad enough, re-opening in June presented practitioners with the problem of managing the aerosols that are generated when a turbine handpiece is used with the associated risk that they could contain the virus, even if that had not actually been proven scientifically. In this regard, research carried out in Germany¹ (where many practices stayed open) indicated that, after 90 days of reduced clinical activity, the majority of practices will generate very reduced profits, and, if the reduced activity continues for longer, a proportion of practices will yield negative profits in 2020, the consequences of which do not bear thinking about. It will be the same in the UK. Additionally, some patients will be so worried about the perceived risks of COVID-19 when attending a dental surgery as to put off their visit, with potential risks to their oral health. Furthermore, complex treatment plans, which take months to complete, may also be likely to be the treatments that are most affected.

Readers know all of this. Dentists are adaptable and many are back working in a near normal way, especially in the private sector. We have learned about pre-treatment patient COVID screening, use of rubber dam, and, most importantly, high-volume aspiration delivered at the point of origin by an assistant as part of four-handed dentistry. It is accepted that such an intervention will remove more than 95% of the bioaerosol (Professor Mike Lewis, personal communication, November 2020). The use of air purification technology within the dental environment is now an essential component of infection prevention, and the presence of air cleaning will also reduce the potential for contamination of surfaces. In this regard, the effectiveness of air cleaning systems in dental environment has been proven in research following the SARS outbreak.²

'This too will pass' is a Persian adage that has been translated and used in many languages. It reflects upon the temporary nature, or ephemerality, of the human condition. Reportedly, its first use in the English language was in 1848, but arguably its more famous use was by Abraham Lincoln in 1859,³ who recounted the following story:



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An Eastern monarch once charged his wise men to invent him a sentence, which would be true and appropriate in all times and situations. They presented him with the words 'And this, too, shall pass away'. Lincoln added – 'how much it expresses, how consoling in the depths of affliction'.

Am I being optimistic when I glean that, increasingly on news reports, correspondents discuss times 'when this will all be over', although few have been so bold as to put a date on this. As I write, news of a self-sterilising door knob, word of twice weekly lateral flow testing for NHS staff in England, and a newspaper article⁴ quoting Professor Stephen Challacombe, detailing laboratory studies indicating how an iodine-containing mouthwash killed 99.99% of the virus after only 15 seconds' contact. Most importantly, following what could be termed vaccine euphoria as a result of reports of a 90% effective vaccine, as I write, one week further on, a more balanced view is now being presented, given the challenges in transporting the vaccine, distributing millions of doses, and assessing how long it will remain effective. There is no question that this is positive news, but the vaccine being developed in Oxford will be more easily distributed as it will only require refrigeration in a conventional fridge, while giving up to 90% protection, although currently there is some confusion regarding this. Readers will also be able to think of other potential solutions to our current situation. For the dental practices of our country, it may be hoped that a vaccine and other innovations will bring hope that we can return to something like the 'old norm'. The only winner in dentistry is the increased impetus of minimally invasive dentistry, and repairing, rather than replacing, restorations, something once thought of as slothful, but now something with scientific credibility.⁵ As I and my colleagues wrote in June – 'a reduction in the number of teeth prepared for traditional crowns may be considered an unexpected benefit of this national and professional crisis'.⁶

Therefore, as we approach the end of another year of *Dental Update*, I wish all readers, everywhere, Season's Greetings and a happy and peaceful, and above all healthy, 2021. I also thank you, the readers of *Dental Update*, for continuing to subscribe to our journal during these difficult times – I hope that you have enjoyed this year's issues, or, perhaps more realistically, have found the issues that were written to coincide with the onset of COVID-19, helpful, if not actually enjoyable. I also wish to thank the Editorial Board for their input and wisdom, our superb authors for sifting through the voluminous dental literature and telling us what it means by way of the review articles that they write, our peer reviewers for their advice and, finally, the excellent team at Guildford, ably led until recently by Angela Stroud (and now by Fiona Creagh), and including Stuart Thompson, Lisa Dunbar and Georgia Critoph-Evans, for producing each super issue. And, finally to add thanks, that in the days of the original lockdown, Louis MacKenzie, Denplan and again Lisa Dunbar had the foresight, skill and knowledge to plan the wonderful series of webinars that gave us something to look forward to when we were not able to practice. Thanks are due to the many contributors to that superb series and also the most recent series.

I am not sure when we will again be able to say or write 'It has been a very good year'. It might be 2021, but perhaps, more realistically, 2022, by which time we can hope to have come to terms with a new way of living and working. Perhaps the time to really celebrate will not be at our traditional festivals, but when we have got rid of the deadly virus?

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