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**Subscription Information**

Full UK £99 • Europe £109 • Airmail £135
Surface mail £115 • Retired GDP/Vocational Trainee/PCD £59 • Student £36

10 issues per year

Single copies £15 (Overseas £17.50–£20)

Subscriptions cannot be refunded.

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Dental Update Subscriptions

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All subscriptions should be made payable to George Warman Publications (UK) Ltd.

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Dental Update is published by: George Warman Publications (UK) Ltd, Unit 2, Riverview Business Park, Walnut Tree Close, Guildford, Surrey GU1 4UX
Tel: 01483 304944, Fax: 01483 303191
email: astroud@georgewarman.co.uk
website: http://www.dental-update.co.uk

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Printed in the United Kingdom by Williams Press (Berks) Ltd

Repro by Williams Press (Berks) Ltd

The Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow offers its Fellows and Members *Dental Update* as an exclusive membership benefit.

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**Dental Update** has been in the forefront of clinical dental photography for decades but, most recently, in the form of a series of papers by Mike Sharland (*Mr Photography in Dentistry*), the most recent of which appeared in the 40th Anniversary issue of this journal. Among the uses of dental photography are education of peers by way of lectures and study groups, as a record – this being of potential value in the defence of a patient complaint, and in education of patients. My recent experience in a medicolegal case was related to patient education in a perverse sense, since the motive of sending 40 clinical illustrations to a patient is questionable, but seemed to be to encourage a patient to sue her dentist.

The story commenced when a patient changed to a new dentist after four years of attendance at the same dentist, seemingly with no problems (the patient having been attracted to the ‘new’ dentist because of the offer of a free check-up and a free scale and polish). The ‘new’ dentist stated that he did not like what he saw in the patient’s teeth, took 40 clinical pictures and sent these to the patient. Thus the complaint was initiated. Given that we teach our students on the University of Birmingham Distance Masters in Advanced General Dental Practice to take a standard 14 photographs of the patients who they are presenting, 40 pictures seemed like overkill to me and suggested that the only motive of this action was to land the previous dentist in some sort of trouble and/or for the second dentist to seek to ingratiate himself to the patient.

This brings us to the act of ‘whistle blowing’! When should we advise a patient that all is not well with their previous treatment? May I suggest that it is certainly not on the first visit because, until I have treated a particular patient, I have no notion of how difficult or easy the patient might be to treatment and his/her degree of co-operation with advice. Taken by its definition, the whistle blower is a person who exposes misconduct, or alleged dishonest or illegal activity. The term is derived from the whistle that a referee blows to indicate illegal or foul play, originating in the 1770s. There can be internal whistle blowers who report misconduct of a fellow employee or superior within their company (or perhaps their profession) or external whistle blowers who report misconduct to outside people. The case that I mentioned could therefore be thought of as whistle blowing by proxy, as a third party was provided with the so-called ‘evidence’ and encouraged the patient to report the perceived misconduct to a higher authority. The main question which I asked was – ‘Did any harm flow from the treatment which the second dentist considered to be suboptimal?’ The answer to this was ‘No’. This surely is the crux of the matter. Of course, we, as members of a profession, have a duty to uphold standards. However, we do not have a duty to rubbish treatment previously provided by another professional to impress a new patient, or to land the previous dentist ‘in it’.

This is not intended to be seen to encourage poor standards (the dentist in this case used what was seen to be an inappropriate material). However, the relevance of this has been brought into public focus by the recent report from the Public Enquiry into the Mid-Staffordshire NHS Trust, chaired by Robert Francis QC. The report states that there should be openness (enabling concerns to be raised freely without fear), transparency and candour (ensuring that patients who are harmed are informed of the fact), and that patients should be put first at all times. It also recommends that incidents of concern should be reported. In the case that I mentioned, the concern expressed seemed to be out of all proportion to what was actually seen in the patient’s mouth.

Finally, the paper by Alexander Holden in the current issue advises us that complaints are an inevitability of dental practice and presents an interesting slant, suggesting that the complaints system may be used to build trust between dental professionals and patients. In the case which occasioned this Comment, the patient considered that there was evidence for her complaint because the evidence had been provided (inappropriately) by another professional. Nothing good came of it, other than keeping the lawyers busy, something that we must seek to avoid.

**References**

2. wwwWikipedia, the free encyclopedia. Whistleblowing.

All articles published in *Dental Update* are subject to review by specialist referees in the appropriate dental disciplines.