

DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

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News in Brief

Teething with style

A new necklace designed with teething babies in mind called GUMIGEM has recently been released. The necklace comes in a range of stylish designs and is safe for young ones to teeth on. A mother herself, designer Jenny found it impossible to wear a necklace around her baby and it would pull and bite on anything that hung from her neck. Jenny then had the great idea to make a necklace that was safe for babies to put in its mouth and also looked attractive. As a result, GUMIGEM was born. Made of silicone, the GUMIGEM is baby safe, nontoxic, and suitable for sterilisation or a dishwasher - basically meeting the same standards as any other teething item. Plus the necklaces have a breakaway clasp. Another market for these necklaces has also emerged, children with sensory processing disorders often need to chew to calm themselves and concentrate. These children love the necklaces as they are discreet and parents love them because they are safe, as such Gumigems little sister Chewigem was born. Visit www.gumigem.co.uk for more info.

BDTA gets ATO status

The BDTA is delighted to announce that it has been granted Accredited Trade Organisation (ATO) Status by UK Trade & Investment (UKTI), making the BDTA one of only four such associations in the Life Sciences sector. As a result the Association will partake in the Trade Access Programme (TAP) and offer additional services and support to British dental businesses wishing to explore new opportunities in overseas markets. It will also help exporters to access the limited government funds that are available to companies who chose to exhibit on TAP supported pavilions organised by the BDTA. It is the UKTI's current strategy to increase interest in the high growth emerging markets (eg China, South Africa, Turkey, India and a number of South American countries) whilst still recognising the importance of high profile events in Europe and elsewhere. The Export Committee has already organised pavilions at AEEDC Dubai and IDEM Singapore for spring 2012, and as an ATO we expect to be able to offer the same services and support for IDS Cologne 2013.

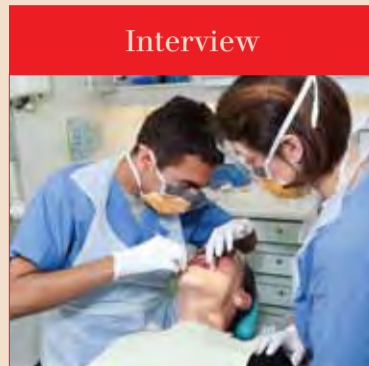
www.dental-tribune.co.uk



Medical miracle

Mother gives birth after cancer treatment

▶ page 6



Crisis campaign

Laura Hatton speaks with a Crisis volunteer

▶ page 8-9



Perio Tribune

Holistic treatment

Mhari Coxon discusses periodontal diseases

▶ pages 14-15



Feature

Dental retirement

Leo Briggs discusses retirement issues

▶ pages 23

Regulator flexes inspection muscles

Practice in Chesire first to come under CQC spotlight

The sudden closure of the West Street Dental Practice in Congleton, Cheshire follows a series of events, one being a CQC inspection that identified major concerns in six outcome areas and another concerning the termination of its contract with the Central and Eastern Cheshire Primary Care Trust.

The major areas of concern ranged from the care and welfare of people who use the services; cleanliness and infection control; safety, availability and suitability of equipment and requirements relating to workers and staffing and supporting staff. The inspectors informed the practice that it was not meeting essential standards and must improve.

During the CQC inspection no evidence was discov-

ered to show false teeth were disinfected before fitting or that impressions taken of people's mouths were disinfected before sending to the laboratory. Bags of clinical waste were overfilled and split and stored near clean items, there was an X-ray machine in poor condition and inspectors also discovered that there was no device installed to prevent mercury getting into the waste water system.

The Central and Eastern Cheshire Primary Care Trust had been working closely with the staff at the dental practice for three years, however despite their best efforts and the offer of a Capital Grant, the PCT stated that Mr Setumo Madiehe, the principal dentist at the practice, was unwilling and unable to make the necessary changes; the decision was therefore

made to terminate his NHS dental contract.

CQC regional director Sue McMillan said: "What we found at this practice is extremely concerning and we're confident any patients using this service would share our concerns.

"This is the first time we've had major concerns about a dental provider, with this group only recently having come under regulation by the CQC. It is cases such as these that show the value of regulation."

In the *Congleton Chronicle*, it was stated that the notification of the practice's closure to patients was a sign on the West Street Dental Practice door explaining that the practice had been closed on a "permanent basis" and that the PCT had terminated its contract with them.

However, the Dental Commissioning Manager at the PCT has confirmed that other NHS dentists in Congleton, Crewe, Sandbach and Macclesfield had been found to see the patients that had been under treatment with Mr Madiehe. Patients would not be disadvantaged by having to pay for a new course of treatment with another dentist, as the PCT covered this cost.

A spokesperson from the PCT said: "The PCT is committed to ensuring that all patients who are currently under treatment with this practice are provided with an alternative NHS dental service to enable them to complete their course of treatment.

"The PCT will also ensure that this current loss of NHS dental service provision in Congleton will be provided again in the near future." DT



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Confusion continues over risks of chewing and smokeless tobacco

Despite high levels of public awareness of the risks of smoking tobacco, confusion continues about the dangers of using smokeless or chewing tobacco.

New research undertaken with people of South East Asian origin indicates that nearly 80 per cent are unsure or underestimating the harmful effects of using smokeless or chewing tobacco. Smokeless tobacco is used widely in South East Asian communities, especially by women.

The research found that more than one in six (17 per cent) peo-

ple of Asian ethnic origin used smokeless tobacco. Smoking of normal tobacco was only slightly higher at 22 per cent. Approaching a third of respondents (29 per cent) considered smokeless tobacco to be less harmful than normal tobacco and just under half (49 per cent) did not know. In reality, smokeless tobacco is more dangerous and the incidence of mouth cancer is significantly greater among South Asian women.

The types of smokeless tobacco products most used in the UK often contain a mix of ingredients including slaked lime, spices, flavourings and sweet-

eners. Areca nut – a known carcinogen – is also sometimes added. Unlike normal tobacco they are not burnt, but can be used in a variety of ways including sucking, chewing, inhaling through the nose or rubbed onto gums. Gutka, Khaini, Pan Masala are just some of the many varieties of smokeless tobacco used in the UK.

Despite the higher risk of mouth cancer in South Asian communities, less than ten per cent of respondents said they had ever asked their dentist to check for mouth cancer.

The British Dental Health

Foundation conducted the survey in the run up to Mouth Cancer Action Month, which began on 1st November. Smokeless tobacco, along with smoking, drinking alcohol to excess, poor diet and some sexually transmitted infections (Human Papilloma Virus or HPV) are all known risk factors for mouth cancer which is likely to affect 60,000 people in the UK over the next decade.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "More work needs to be done to improve our knowledge about the usage of smokeless tobacco and the best ways of communicating clear

messages to remove the ongoing confusion about the risk of smokeless tobacco. Education is key and we hope Mouth Cancer Action Month will provide an opportunity for everyone living and working in South East Asian communities to raise awareness.

"It is really important that everyone knows the warning signs for mouth cancer. They include ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth. Our message to everyone is 'If in doubt, get checked out.'" DT

'Dentistry in a Decade' – winners

The BDTA is delighted to announce the results of the successful Dentistry in a Decade competition.

Emma Louise Kateb and Matthew Hemming from the Peninsula Dental School, who wrote a joint article discussing the lessons learnt from the latest national Adult Dental Health Survey and postulating what the needs of adults, particularly men, over 45, will look like in a decade, were chosen as the winners by a panel of eminent judges from the dental industry.

The BDTA would like to congratulate Emma and Mat-

thew on their success in the competition that was open to 3rd and 4th year BDS clinical students, and thank everyone who entered for their hard work. In recognition of the exceptionally high quality of the entries, the BDTA awarded eight consolation prizes of £50. Emma and Matthew have been awarded the prize money of £500 and their winning essay will be published online in *Dental Update* and potentially across the wider media.

Tony Reed, Executive Director at the BDTA comments, "Many congratulations to Emma and Matthew for their

winning article and for standing out amongst a number of excellent entries. The judging panel and I have been extremely impressed with the standard of entries received, and would like to thank everyone who entered."

Professor Liz Kay, Dean of the Peninsula Dental School, added: "As well as training high quality future dentists who are academically and clinically excellent, we also encourage our students to be aware of the wider dental environment – such as the challenges facing the profession and the issues that drive its future. We are all delight-



Dentistry in a decade winners - Emma and Matthew with Peninsula Dental Dean Liz Kay and BDTA Executive Director Tony Reed

ed by Emma and Matthew's achievement and we send them our wholehearted congratulations." DT

Orthodontist takes on the Chairmanship of Health Watch

At a recent meeting of the charity Health Watch, Consultant Orthodontist and long term BOS member Keith Isaacson, who has been a member of Health Watch virtually since its inception in 1992, was elected as Chairman. However even though when he joined almost a decade ago it was called 'Quack Busters' (the name was changed to a more formal title when it became a charity) its aim is still to ensure that media coverage of evidence-based medical treatment is accurate.

Health Watch awards an annual prize to a clinician, research worker or journalist who is considered to have made a significant contribution to the public awareness

of untried and unproven treatment, whether mainstream or complementary. At the presentation of the 2011 Annual Health Watch Award Nick Ross, the President of Health Watch handed a silver salver to this year's winner - Brian Deer the journalist from the Sunday Times who was responsible for uncovering the MMR scandal and the part played by Dr Andrew Wakefield.

In his acceptance speech Brian Deer explained very clearly how Dr Wakefield gathered together parents of children with Autism and presented to them the idea that the MMR vaccine might be the cause. The paper, which he authored, had the support of the head of his department. Brian Deer then explained the

painstaking process by which he pursued the information, which included following up a research worker in the pathology department who was aware of the shortcomings of Dr Wakefield's paper but was not prepared to speak out for fear of losing his job. It was not until the *BMJ's* editor Dr Fiona Godlee had the courage to place articles in the *BMJ* explaining the fallacy of the *Lancet* paper that the whole story was unmasked.

Commenting on his new role, Keith says he is looking forward to chairing the Health Watch Committee which also includes academic clinicians, clinical scientists, senior nurses, medical journalists, a barrister and a hedge fund administrator. DT

Recognition of peers



Lothar Huber, (pictured 2nd left), an orthodontic specialist from Peterborough, has become the first BLOS Accredited member. Following the successful presentation of three cases, all of IOTN 4 or 5 and treated with upper and lower lingual appliances, he is now entitled to describe himself as BLOS Accredited and display a plaque in his practice.

The judging took place on November 5th, the morning of the BLOS study day. The identity of the candidate was kept anonymous with only Examination Secretary Asif Chatoo knowing who had applied. The two judges were

BLOS committee members Sarah Hepburn and Baz Parmar.

A specialist working in Peterborough, Dr Huber said: "I'm very pleased and proud of becoming the first BLOS member to achieve accreditation. For a practice committed to quality, the recognition of colleagues is of special value."

BLOS Chairman Paul Ward, speaking at the annual meeting of the Society, encouraged other members to apply for accreditation. "It's a high standard to achieve but very, very worthwhile. If you are awarded accredited status you can be justifiably proud." DT

Editorial comment

Is it me or it is silly season for conferences and meetings? Looking back at my calendar and I can see that I haven't spent more than three days a week in the office due to a conference or meeting in the last month. To many

people they would say excellent, but my inbox is saying 'give me a break!'.

Despite this it has been an interesting time visiting meetings such as the BACD annual conference and the BSDHT annual meeting. Not only do I get to network with many of the companies who support these

events with their time and their products, but I get the rare chance to speak to delegates, many of whom read Dental Tribune and the specialist titles we produce in the areas of implants, aesthetic dentistry and endodontics. It is great to get feedback from readers, both the good and the not so good, this allows me to see the bigger

picture in what we are producing as it is very easy to hide in a little publishing bubble and pretend you know what your readers want!

So if you get a minute, I'd love to hear what you think about Dental Tribune – drop me an email and let me know! Lisa@dentaltribuneuk.com...DT

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Apprentice scheme launched

A major initiative to recruit more than 100 apprentices throughout England in the next 18 months has been launched by national dental organisation Genix Healthcare Limited. The programme aims to promote the dental profession and support the need for qualified and highly skilled dental nurses.

The programme will provide comprehensive training support for candidates for as long as three years, taking them through to achieve a level three qualification. The first stage will work towards an Intermediate Level Apprenticeship in Customer Service. After an induction candidates will work in a practice and have the opportunity to progress to an Advanced Apprenticeship in Dental Nursing (level three). This will involve spending up to 18 months 'chair side' in a dental surgery.

Well known life coach and trainer to the dental profession for over 16 years, Chris Barrow, will be supporting the apprentices with customer service training. He said, "People must learn at an early stage how to converse with the world effectively. As a passionate advocate of communication skills and customer service training I am delighted to be supporting this remarkable initiative."

Sian Nelson-Jones, clinical director of Genix Healthcare said: "This is a rare opportunity for individuals to get a great start in dentistry. Genix Healthcare has built a strong reputation in the industry and spending three years with us will heavily support their career credentials with the prospect of a permanent position with us. They will be working in stylish, modern practices, equipped with all of the latest technology, and learning from talented professionals who really care about their work and about passing on their skills to others." DT



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I Furgang et al, J Dent Res. 2011; 90 (Spec Issue): Abstract 3073.

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Loophole exposes costs of cancer

Mouth cancer campaigners believe that many sufferers are being treated unequally and face years of having to fund their own restorative dental treatment.

People with mouth cancer have no guarantee to receive restorative treatment paid for by the NHS. Mouth cancer campaigners are calling for the inequality to be put right in the new commissioning arrangements for NHS dental contracts to make sure that mouth cancer sufferers are exempt from dental charges.

Dr Chetan Trivedy, Clinical Director at Birwood Dental Care Limited – supported

by the British Dental Health Foundation – expressed their concern in an open letter sent to the British Dental Journal and other media. An e-petition has also been established to seek professional and public support, and encourage debate in the House of Commons. Mouth cancer campaigners believe there would be a public outcry if patients with any other form of cancer were asked to contribute to the cost of recovering from cancer treatment.

Dr Trivedy said: “I think it is time for the dental profession to stand up for our patients and we have organised an e-petition to encourage Government to add patients who have had

mouth cancer to be exempt from dental charges. The current situation of patients, who have had facial surgery and are confronted by the prospect of having to pay for restorative treatment, and on-going dental care themselves, is no longer acceptable. We believe it is only fair that mouth cancer sufferers have the right to receive the same level of treatment and support as any other cancer patient.”

Mouth cancer campaigners are also concerned about the lack of free examination for mouth cancer from NHS dentists is hindering improvements in mouth cancer survival rates. Many NHS patients have to pay to have a mouth

cancer check – a condition which kills more than cervical cancer and testicular cancer combined each year.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “Early detection is particularly important to survive mouth cancer. Compared to other cancers, the survival rates for mouth cancer have only marginally improved over the past decade. We hope Government will take a closer look at the current policy and develop new NHS dental commissioning arrangements which actively support early detection of mouth cancer. This commitment would be a major step to save the lives of 30,000 mouth cancer

sufferers over the next decade.”

A recent YouGov survey of 1,495 cancer patients for Macmillan Cancer Support has already highlighted the financial hardships of many cancer sufferers. The survey found that two thirds (66 per cent) reported an increase in costs as a result of travelling to hospital and/or an increase in household expenses. The survey also found that nearly a third (29 per cent) of those financially affected have spent all or some of their savings, and nearly one in ten (9 per cent) have borrowed money to cover the additional costs of cancer. For some mouth cancer patients, this is just the tip of the iceberg. **DT**

Orthodontist receives MBE

On 3 November 2011 Chris Kettler, (pictured), Specialist Orthodontist and past Honorary Secretary of the British Orthodontic Society was invited to receive his MBE from Her Royal Highness Princess Anne. Following the investiture Chris offered his thoughts about the honour and about the experiences which led to this event.

“I was really proud and delighted to attend the Investiture at Windsor Castle on 3rd November 2011, with two of my sons, to be presented with the MBE by Princess Anne. The citation was “for services to orthodontics”. I am also especially proud for our specialty of orthodontics and the BOS. I believe this is recognition of

all we have achieved together in the BOS during the past thirty five years.

“When I started in orthodontic practice, the arrangements for providing orthodontics in the GDS were unbelievably ludicrous... Over the years, there was some relaxation of the rules but the fundamental situation remained unchanged. When the opportunity arose to design a PDS Pilot for orthodontic provision through the initiative of the Consultant in Dental Public Health in Bedfordshire, I could not resist.

“Prior to Unification, the BDA, the DH, the GDC and other bodies would pick off the sepa-

rate Orthodontic Societies one by one. The founding of the BOS in 1994 brought immediate political benefits and other bodies were suddenly keen to talk to us. It is a fact that the inclusion in our membership of 400 GPs was very helpful in the political acceptance of the BOS.

“Has it been hard work? Yes, but it has been immense fun. I have had great fellowship working with fellow orthodontists towards the same goals. It has been immensely frustrating at times but wonderfully rewarding when we achieve our aims. I have met so many people in orthodontics and other areas of dentistry, both in the UK and

abroad. It has been so much better to be involved, and at least to understand why we are making slow progress, than to stay at home, being frustrated by the system and doing nothing about it.

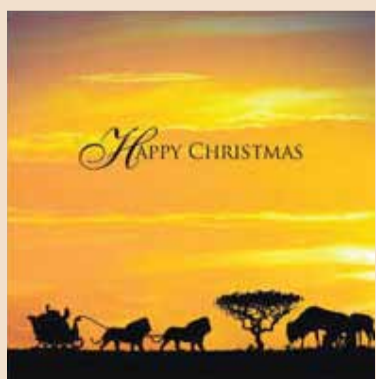
“I hope my narrative will encourage other members of the BOS to come forward to work for the Society. We must continue to work to preserve what we have achieved and there is still much to do to improve the provision of orthodontics in our country both for patients and for orthodontists. Don't wait to be asked. If you know someone talented but reticent, nominate them.

“I thank everyone in the

Society for their fellowship over these many years and I thank all those in the Society who sponsored me for the award. We can all take pride together.” **DT**



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Christmas is on its way if the shop displays are any indication!

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Alternatively, Charity Christmas Cards has a huge variety of designs for you to choose from. You can even personalise the greetings inside the cards. Up to 50p from every card you buy comes directly to us; money that goes such a long way in Tanzania.

So if you want beautiful cards this Christmas and want to help Bridge2Aid restore smiles in East Africa why not visit Charity Christmas Cards online and place an order today? Just be sure to specify that you are supporting Bridge2Aid in Section 2 of the order form! Visit www.charitychristmascards.com/charitychoice or email brian@bridge2aid.org for more information.

We won't wish you Happy Holidays or Merry Christmas quite yet, but hope you'll join us in getting into the festive spirit! **DT**

Watchdog faces DH investigation

The CQC has once again come under fire after a series of allegations which could have risked patient health. Concerns are continuing to mount over patient care and recent reports have stated that to address the issue state health secretary, Andrew Lansley, is considering reforming NHS regulation and the Department of Health have launched an investigation into the running's of the watchdog.

This of course isn't the first time the issue of neglect has been brought to the attention of officials; in September the

CQC was accused of neglecting its core duty of patient care in favour of its duty around registration of care providers. Such incidents have led to a level of mistrust between the governing body and the healthcare professions and many are questioning the CQC's purpose.

Even still, in response to past claims that the CQC have failed to investigate concerns, the regulator has argued that they are not adequately funded and have asked the government for a reported £15m for a new regime and to boost its inspection workforce. **DT**

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New



Mother gives birth after receiving oral cancer treatment

A British mum has made medical history after successfully giving birth having had chemotherapy cancer treatment during her

pregnancy.

Mum-to-be Sarah Best, 30, was diagnosed with mouth cancer when she was four

months pregnant and was told that if she didn't opt to have radiotherapy the cancer was sure to spread.

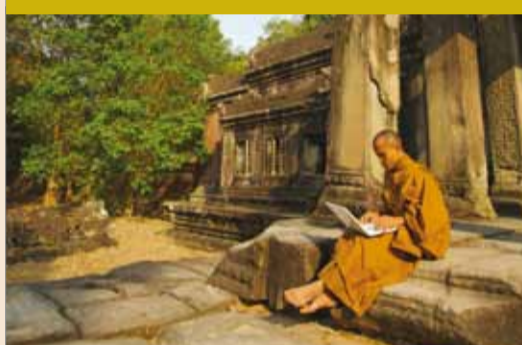
As Sarah underwent radiotherapy and chemotherapy treatment to treat the mouth cancer two five-cm thick lead shields were used to pro-



The baby was protected by two five-cm thick lead shields

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protect baby Jake from the radio waves.

But what is most incredible about this story is that Sarah unexpectedly gave birth to a healthy baby boy just hours after receiving her last course of radiotherapy.

"I was devastated when I was told I had cancer," said Ms Best, who had an operation to remove a tumour from her tongue, was quoted saying in *The Telegraph*.

"The surgeons managed to remove most of it but they said they saw specks of cancer cells on my lymph nodes.

"I thought pregnancy was supposed to be the happiest time. You're supposed to feel wonderful.

"I was really worried about the effect the radiotherapy could have on the baby but the doctors said the lead shield would protect him."

"I was expecting to have Jake at least a month after my treatment ended but I suddenly went into labour on the last day of my treatment.

"He is so special to us and thankfully is perfectly healthy. He is healthy, smiley and smart – I couldn't be luckier."

Sarah, who has described her new-born son as a "mini-miracle" has been given the all clear from cancer.

Consultant oncologist Lydia Fresco, who helped design and build the lead guard for Sarah, said in *The Telegraph*: "Sarah's case was extremely rare. As far as published cases go she was the only woman with mouth cancer in the world to have this combination of chemotherapy and radiotherapy while pregnant." **DT**

Colour changing toothpaste? Now you've seen it all...

A retired dentist from St Louis in the US has invented a toothpaste that changes colour.

Dr Howard Wright, the dentist behind the invention, says that the process, which has taken an incredible 10 years to achieve, will make children actually want to brush their teeth for longer so they can see the colour changing process happen.

“Ten years is a long time to spend fighting for your product. But if you truly believe in your invention, the fight is exhilarating,” Dr Wright, a graduate of the Washington University School of Dental Medicine, was quoted.

The magic behind the colour changing toothpaste, Vortex, is refreshingly simple, and works on the basis of simple colour mixing to make

breathing through the mouth difficult, making the experience frightening. Remove the SLS, make it change colour, and you have kids wanting to brush their teeth.” **DT**



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‘Ten years is a long time to spend fighting for your product. But if you truly believe in your invention, the fight is exhilarating’

new colours. According to a report, Vortex is dispensed as two streams of blue and red toothpaste and when mixed together during the brushing process, it turns to purple.

“By brushing vigorously, kids delight in watching the toothpaste change colour,” says Dr Wright. “The colour change is accomplished not through a chemical reaction, but by simple optics.”

Vortex Toothpaste also has an emphasis on natural ingredients, and contains no sodium-lauryl-sulfate, or SLS, a common foaming agent.

“When brushing with conventional toothpaste,” says Dr Wright, “children find that the heavy foaming makes

The nitty gritty truth

Laura Hatton interviews Jane Lelean, dentist, business coach and volunteer at the annual Crisis at Christmas campaign, on re-evaluating what dentistry really means



The Crisis at Christmas campaign

When the conversation of homelessness is brought to the attention of a room, chances are there will be an awkward silence and an embarrassed shuffling of feet as people remember walking past a dirty sleeping bag leaking with dampness, which houses a broken man and his faithful dog. I'm not even conjuring up the typical cliché image here: this is reality.

It doesn't take a genius to work out that at Christmas the situation worsens. Those who are homeless find themselves existing in a cruel world where the facilities they rely on are closed, and there is no guarantee of a meal let alone somewhere to shelter from the harsh bitterness of winter. Here loneliness and desperation rule the senses and it is obvious that these people need a lifeline.

A little direction

40 years ago this lifeline began to emerge in the form of the national charity, Crisis. But what was different about Crisis was that it set itself aside from other charities; not only was it set up for single home-

less people, but it didn't aim to be a temporary resource, it set out to end homelessness.

Since its beginning Crisis has been providing food, shelter, warmth and friendship over the Christmas period and everything from healthcare, counselling, hairdressing, legal advice, housing advice, computer facilities, arts and crafts activities, sewing facilities to repairing clothes are available. Even though it may sound like they've got it covered, there's more to a story than the opening paragraph...



In surgery

Give me a smile

I recently interviewed Jane Lelean, a dentist and international business coach and trainer, who had for the first time taken part as a volunteer dentist during Crisis at Christmas 2010.

Jane explained that for many years dentistry has been one of the services that the charity provides and although only basic treatment is available, the different it makes is priceless.

"Dentists have the unique opportunity to change someone's life by simply changing their smile," Jane said, "and for me this was about giving people an opportunity."

So Jane took the leap and volunteered: "It was the best four days and a very humbling experience. The people that arrive at the centres are just normal people. One person in particular on Christmas day didn't eat and when I found out why it turned out that he was fasting so he could understand how much he actually had. Everyone there is so conscious and appreciative of what's being given to them."

Understandably, not every

homeless case is the same: "There was a person in a wheelchair who was just really angry," Jane explained. "He'd previously broken his back in an accident and could no longer work, meaning he was unable to afford to pay his rent. He was made homeless the day before Christmas Eve.

"He really had a problem with being homeless and he kept saying that he didn't want

as a volunteer and lead a carol service; he then broke out in song and it was simply incredible."

Smiling as she let her mind drift back to that moment, Jane enlightened me on how charitable dentistry is different compared to dentistry in a dental practice. "Putting aside the fact that you don't have all the equipment or a typical surgical-environment around you,

'Dentists have the unique opportunity to change someone's life by simply changing their smile,' Jane said, 'and for me this was about giving people an opportunity'

to be here next year. There was so much anger behind those words, so I kept asking him: What do you want to do then? And he just kept repeating that he didn't want to be here again and again.

"I don't know what happened but suddenly he changed his way of thinking and announced that next year he was going to come back

the people you treat are incredibly grateful, much more than your usual patients. It really feels like you're treating people and not just patients. They're so grateful."

"We even got referrals. People were seeking me out to say thank you, and others were telling their friends about their experience and coming to see us.

Hygienist's dream

"Usually the work we carried out was a simple case of cleaning people's teeth, but what I found most amazing was that they actually asked for floss! How many patients normally ask for interdental brushes?! It really is a hygienist's dream!"

Even Mary Farnell, a long-timer volunteer, had said in a Crisis press release how "watching a group of chemically dependent guests in rapt attention while being told about interdental cleaning was a revelation."

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“However, the charity needs more dental nurses to help out,” Jane explained. Even though every member of the dental team is welcome, volunteer dental nurses are worth their weight in gold.

Working conditions

Crisis runs on donations; everything from the stock that the charity uses to the premises that the meetings take place in. Last year volunteer dentists accommodated two donated mobile units and although they were small, they were nonetheless functional and stocked with equipment.

“Last year Henry Schein donated a lot of materials,” Jane stated. “And if anyone wishes to donate dental sup-

“I’ve always been grateful,” Jane said, “but during my time at Crisis I was struck by the saying but there for the grace of God.

“Many of the people that were there just slept; I learnt that when living on the streets homeless people have to sleep with their heads behind bins so they don’t get attacked. It really is a harsh world they

live in. They’re so vulnerable and their life expectancy drops drastically.”

“It makes you realise how fortunate you really are.”

The Crisis experience is an opportunity to think outside the box and re-evaluate what dentistry really means. This year Crisis at Christmas runs from 24th-28th December.

The Crisis website, www.crisis.org.uk has lots of information about the charity and how to volunteer. Companies wishing to donate materials, loan equipment or provide free samples are very much appreciated.

Crisis also organises other charity work and spends a lot of time and energy helping people both young and old

get off the streets and back into work. Crisis Skylight is involved in providing learning and skills in London and Newcastle by running education, training and employment centres. Crisis Skylight also runs cafes and social enterprises that provide real job training. [DN](#)

Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year

(Source: British Dental Health Foundation, www.mouthcancer.org)



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- 4: Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer



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It makes you realise how fortunate you really are

plies, what we really need are ultra-sonic cleaners and scalers; for us these are incredibly valuable items because although cleaning is a basic task, cleaning the homeless people’s teeth is what the dentists spend most of their time doing.”

“Aside from the cleaning, we do talk to them as well, but we’re not allowed to ask them about their past; the aspect is to focus on the future. We even help them by having a no drink or drugs rule, which is consistent throughout all of the sites; even mouthwash with alcohol is banned.”

There for the grace of God

When it came down to question of how the experience changed her, it became obvious to me that until I had seen the situation for myself, there would be no words that Jane could use to describe the way it had changed her.

