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Trevor Burke

The Risk Issue

It seems like every time we get out of bed there is a risk issue. Recently, I saw a female patient who was walking her dog along a road, minding her own business, when a lorry carrying a length of pipe came around the corner of the road: the pipe had been propped up on the top of the cab of the lorry but, on turning the corner, it swung to the left, hitting the woman in the face and causing severe injuries to her face and to her mouth and teeth, the latter actually being the lesser of her life-changing injuries. I also recently saw a longstanding patient, whose tooth wear had been treated ten years ago, when I bonded resin composite restorations to his worn and wearing dentition in a minimally invasive way à la Dahl. He, unfortunately, slipped getting out of the shower and smashed many of the 15 restorations that I had placed. I am now in the process of replacing these, but reflect that, if I had crowned the worn and wearing teeth, the fall-back position would have been much less favourable and, rather than the resin composite restorations fracturing or de-bonding, crowns would have been sheared off, leaving an altogether much more difficult restorative position. By the way, I now get out of the shower much more carefully these days!

Ordinary life, therefore, is a risky business.

Readers will all have read articles in which stunningly beautiful restorative solutions are presented and will feel, like me, challenged to produce such magnificent results. However, few publications present results of techniques/materials/treatments which do not perform well. Fewer still present actual failures, or even disasters, because these lack the feel-good factor which people like to read about. This issue of *Dental Update* might make challenging reading because we present things that either went wrong, badly wrong, or which demonstrate that there are risks in almost everything that we, as dentists, do. Even the fact that we are alive and working in the profession carries risks to the dentist, as Crawford Bain and Lloyd Jerome discuss, and recent tragic events in Glasgow have demonstrated. There are no easy solutions to that but, to me, it means carrying out the simplest treatment which adequately meets the patient's needs. This means bonding, rather than cutting, additive as opposed to subtractive dentistry.

There are many other salutary lesson within this issue. Sadly, rather than reporting happy endings (as usual) we report the death of two patients, one after a relatively simple procedure (a dental impression), the second after a series of misdiagnoses. The lesson is loud and clear, we always need to be cognisant of the risks involved with even the simplest procedures. Another paper, by Mills and colleagues, reports a near suicide which was related to dental treatment, and reminds us to be aware (perhaps more aware) of the mental health of the patients who we treat, especially for complex treatment plans.

Readers who fly regularly will be thankful that the airline industry is in the forefront of safety, so it is great to be able to include, in this issue, a thought-provoking article from a pilot in the forefront of aircrew training, Captain Steve Hawkins. There are many lessons that we can learn in his paper, but what struck me most was the open reporting culture that the airline industry has adopted so that, when incidents or near-incidents happen, lessons are learnt and disseminated. In dentistry, I am not sure that we are good at that – we might call it 'sharing our experiences', but the fact that I have written above that we do not report failures regularly, perhaps says it all. He also writes 'it is no longer acceptable to wait for accidents or incidents to happen', so the papers in this risk issue on 'Errors and adverse events', and on 'Out-of-hospital treatment of cardiac arrest' and papers on avoiding problems related to third molar extraction are welcome. Steve will expand on his thoughts in future issues.

It would be remiss of me not to thank Professor Tara Renton who, at an Editorial Board meeting, suggested an issue of *Dental Update* on risk issues and has contributed greatly to this edition and to the subject at large. Many thanks Tara for all your work for *Dental Update*. She and I hope that you enjoy this Risk Issue.

Footnote: The publishers are aware of the General Dental Council's arrangements for Enhanced CPD. Full details of this will appear in the next issue.