# **UPFRONT**

but regretfully there were lots of barriers and I found no further opportunities for my knowledge, skills and higher training.

Certainly, the academia combined with orthodontic training is beneficial, but whether it is of value for everyone is questionable, especially with the enormous cost involved. Even at my overseas jobs, I have not found it useful as a consultant orthodontist in Bahrain, Muscat or India. As the survey by Jopson et al. missed out the overseas students and non-BOS members with a meagre 13% response,<sup>3</sup> I would urge it to be further explored with a wider participation as higher degrees have mushroomed everywhere.

S. Ramaraj, Portsmouth, UK

### References

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- Jopson J L, Haworth J A, Atack N E et al. The perceptions of undertaking a higher degree alongside orthodontic speciality training: a cross-sectional survey of British Orthodontic Society members. Br Dent J 2021; doi: 10.1038/s41415-021-3617-4.

https://doi.org/10.1038/s41415-022-4158-1

# **BDJ** editorial

## **One letter out**

Sir, reading your always thought-provoking editorial 'Galloping on' with my pre-prandial sherry (yes, really – retirement has its rewards), I was struck by the mental picture conjured up by your reference to 'mistymorning cantors'.<sup>1</sup> I could see a burly, blackrobed cleric striding through the cloisters, singing the office of Matins in a powerful basso profundo. I think the word you wanted is 'canters'.

W. Lock, Alverstoke, UK

## Reference

 Hancocks S. Galloping on. Br Dent J 2022; 232: 131. https://doi.org/10.1038/s41415-022-4159-0

## Pedantic remarks

Sir, just to prove that I read every single word that flows gently from your nib, your recent elegant piece confuses cantor with canter.<sup>1</sup> Cantor is from the Latin for a singer or poet with its most frequent use to describe a singer of the Jewish, or indeed the Christian, clergy. A horse canters. In Ireland, we refer to them as 'nags' – which ought not to be confused with the word sometimes used to describe someone who makes irritating, childish or pedantic remarks.

M. Kelleher, Bromley, UK

The Editor-in-Chief replies to One letter out and Pedantic remarks: I thank Drs Lock and Kelleher for their gently humourous correction of the misspelling of canter. This goes to show how careful one has to be with typing and spell-checking; an 'e' for an 'o'. It also reveals my lack of oquestrian and cheral knowledge.

### Reference

1. Hancocks S. Galloping on. *Br Dent J* 2022; **232:** 131. https://doi.org/10.1038/s41415-022-4160-7

# **Emergency dental care**

# Internationally displaced people

Sir, by the end of 2020, the number of people forced to flee their homes to escape war, persecution and human rights violations exceeded 80 million. Over 40% of these people are children.<sup>1</sup> This number has almost doubled since 2010 and is sadly showing an ever-increasing upwards trend, especially with the worsening crisis in Ukraine where almost two million people have fled the current conflict.<sup>2</sup>

Through my work as a dentist at an emergency treatment centre, like many others, we are seeing an increasing number of internationally displaced people who are in desperate need of both emergency and routine dental care. It is well reported that a significant number of barriers exist which prevent these people accessing the proper care they need; these include, but are not limited to, knowledge of UK healthcare systems, pre-existing dental anxiety, language barriers and lack of interpretation services.<sup>3</sup>

As healthcare professionals, we are of course duty-bound to accommodate patients with communication difficulties and make arrangements to ensure they receive safe and timely care. We are frequently seeing individuals - and sometimes entire families - who require telephone interpreters when face-to-face interpreters cannot be arranged, often due to short-notice appointments or simply lack of availability of interpreters. Three-way conversations, particularly those involving a telephone, present several challenges, not least the accuracy of history taking and issues with informed consent, coupled with the demands placed on the dental team in terms of lack of interpersonal communication and time constraints. This is not forgetting that these demands are being placed upon a profession that is already under significant mental and physical pressure as a result of the COVID-19 pandemic.

Clearly, much more needs to be done to not only help these people who have fled from such traumatic and desperate circumstances, but also to help support the entire dental team to ensure they are in the best position to be able to properly support these groups of people.

P. Watson, Edinburgh, UK

#### References

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https://doi.org/10.1038/s41415-022-4161-6