COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

CORONAVIRUS

Food poverty

Sir, the topic of food poverty has featured heavily in the news recently. Many families and children are facing difficulties at this time due to the effects of the COVID-19 pandemic and additional pressures over the winter period. The government's previous decision not to supply food vouchers to disadvantaged children over the October school holidays limited many families' ability to opt for healthy food options and have a balanced diet.[1]

As dental professionals we see the consequences of malnutrition including the effects of an increased risk of caries. We are also seeing an increased use of antibiotics to manage these consequences. Some paediatric patients are presenting with dental abscesses and facial swelling, but are unable to tolerate dental extractions in general practice. As mentioned in a letter to the editor by Robson,[2] the services providing extractions under sedation or general anaesthetic are limited and have long waiting lists, meaning that many children are being prescribed multiple courses of antibiotics. Addressing food poverty in children would not only improve overall health, but would align with the government's national strategy to reduce antimicrobial resistance.[3]

Eddie Crouch, Chair of the BDA recently joined others in signing a letter addressed to the Secretary of State for Education and the Parliamentary Under Secretary of State for Children and Families to call for 'funding to be extended to support vulnerable children during school holidays'.[4] On 6 November, the government announced a plan to support vulnerable families with a support package, and an intention to support families throughout 2021.[5]

I would urge all dental professionals to remember that we are in a fortunate position where we can act and promote positive changes to support families at a local level. In the current climate it is important, now more than ever, to work with families to advise on healthy food options, explain methods to prevent dental caries, and to identify those who need additional support accessing food.

S. Halsall, Liverpool, UK

References

1. Weale S, Adams R. Marcus Rashford in 'despair' as MPs reject free school meal plan. The Guardian 21 October 2020. Available at: https://www.theguardian.com/education/2020/oct/21/marcus-rashford-in-despair-as-mps-reject-free-school-meal-plan (accessed 6 November 2020).
2. Robson J. Duty to extract. *Br Dent J* 2020; **229:** 499.
3. Global and Public Health Group. 2019. Contained and controlled: The UK's 20-year vision for antimicrobial resistance. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773065/uk-20-year-vision-for-antimicrobial-resistance.pdf (accessed November 2020).
4. Crouch E, Crowther B, Taylor A *et al.* Letter to Gavin Williamson. 5 November 2020. Available at: https://bda.org/news-centre/press-releases/Documents/letter-to-gavin-williamson-healthy-food-vulverable-children.pdf (accessed November 2020).
5. Richardson H. Marcus Rashford welcomes school holiday support climbdown. BBC News 8 November 2020. Available at: https://www.bbc.co.uk/news/education-54841316 (accessed 8 November 2020).

https://doi.org/Missing DOI

Teledentistry safeguards

Sir, since the global pandemic started teledentistry has been encouraged by many hospital trusts and dental practices. In the standard operating procedures for urgent dental care systems, it is encouraged to risk assess, triage and manage remotely via telephone or video link. It has also been hugely beneficial for patients and clinicians shielding, significantly reducing the number of people coming into care settings lessening the risk of COVID-19 transmission.

However, with many clinicians working from home and on personal devices it raises the question: how does our duty of confidentiality extend to protecting patient data when carrying out remote teledentistry and triaging? Undoubtedly clinicians will be aware of their duty both ethically and legally to make sure that clinical data are kept safely and securely when in a dental practice or hospital setting. Despite this, many clinicians will be unaware of how this extends to the use of personal devices, potentially leaving patient data and records vulnerable.

This leads to our second question: if patient data and records are stolen what is the clinician's liability for this and to whom would they then report this? Clear guidelines are needed on how to protect patient data and what clinicians' duties and responsibilities are regarding this matter. For example, is there a minimum level of software that our devices should have installed or should we have separate and secure devices purely for work purposes? Such guidelines are of great importance to help maintain the trust between the public and the profession, much of which stems from the duty of patient confidentiality.

P. Menhadji, K. Oberai, London, UK

Dr Len D'Cruz, Head of BDA Indemnity responds: Thank you to Drs Menhadji and Oberai for raising these important questions. The GDC together with other healthcare regulators have recently published High level principles for good practice in remote consultations and prescribing.[1]

This document makes it clear that patients can expect to have effective safeguards in place to protect them when they receive advice and treatment remotely. Safeguards are necessary whether the consultation happens as part of a continuing treating relationship or in a one-off interaction between a patient and a