The kids aren't alright

here is one group of patients who, no matter how hard they ask for it, are being denied treatment because of UK and European law.

This group of patients are extremely selfconscious of their appearance and are under immense pressure to conform to society's concept of beauty. They are teased by their peers if their smile is unsightly, and they routinely suffer the embarrassment and psychological trauma that teasing brings.

I am talking about the UK's teenagers, of course.

It concerns me that the under-18s are not permitted to have tooth whitening. As tooth whitening is the beginning of all aesthetic treatment plans, the current legislation means that they either have to wait until they are 18, or have more invasive aesthetic treatment to mask discolourations that could easily be addressed with tooth whitening.

It also puts UK dentists under immense ethical pressure.

Dentists are professional people: they are law-abiding and most care deeply for their patient's aesthetic concerns. But currently dentists are being forced to choose between contravening the law – because it is in their patient's best interests to have treatment – or denying access to treatment, prolonging the psychological trauma but remaining within the law.

There have been numerous reports in the newspapers about teenagers and the pressure that they are under. Reports of selfharm, teenage suicides, eating disorders and cyberbullying are on the increase.

It seems unreasonable to me that a simple treatment such as tooth whitening cannot be undertaken for this population group, especially when there are so many therapeutic benefits to whitening.

This month's article on therapeutic aesthetics addresses some of these benefits.

I believe the solution to the situation we find ourselves in is that:

- 1. The law needs to be amended (which is being considered in the UK and in Europe)
- 2. There needs to be an index of treatment need for patients with severe aesthetic issues such as discolouration following trauma and fluorosis discolouration
- 3. We need clear guidance from our professional indemnity association as to how to manage this in our practice without falling foul of the law as we cannot deny treatment for case-specific severe discolouration in the under 18s.
- 4. We as dental professionals need to lobby for changes to UK law so we are not placed in this present awkward situation

'Dentists are being forced to choose between contravening the law or denying access to treatment'

Elsewhere this month we bring you another series of excellent articles.

There are articles on aesthetic composite layering, and new ways to align teeth in a minimally invasive way. We also discuss some new orthodontic bracket designs and the advances in orthodontic treatment.

Along the way, we report on this year's Aesthetic Dentistry Awards, which are still going from strength to strength – more details are coming soon of how we're going



to revamp the format for 2015 so if you've never entered then maybe it's time you started considering it!

It seems that we have turned a corner on the global financial crisis and the recession is officially over.

It seems to be the trend that dental practices are getting busier and doing more aesthetic dentistry. Besides the essential focus on developing oral health strategies and prevention programmes, this means that we as dentists need to be prepared to provide more dental treatments – and particularly more aesthetic treatments – for our patients.

We can only provide excellent clinical outcomes by undertaking further aesthetic training and continuing professional development. One sure way to do that is by reading this journal.

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