BISPHENOL ALERT

Sir, a recent study examines associations between urinary Bisphenol A (BPA) concentrations and adult health status. The study concludes that higher BPA exposure, reflected in higher urinary concentrations of BPA, may lead to a higher incidence of disease in the adult population. The quarter of the population with the highest BPA levels were more than twice as likely to have heart disease and/ or diabetes when compared to the quarter with the lowest levels. Also, higher BPA levels were associated with abnormal liver enzyme concentrations. This paper is discussed by Saal and Myer, concluding that 'decreasing exposure to BPA and developing alternatives to its use are the logical next steps to minimise risk to public health'.

BPA is in widespread use in dentistry, in adhesives as Bis-GMA (bisphenol A glycidyl methacrylate) and in composite filling materials.

There are very little data about adverse events relating to BPA in dentistry, the paper by Söderholm and Mariotti being one of the few, which looks at the potential of these agents to mimic or disrupt oestrogenic cell responses. The overall conclusion is that there is little to worry about, but longer term effects need to be studied, together with pharmacological evaluation of dental materials.

It would appear that this is an area where further research is needed, especially as we are gradually moving away from amalgam to other materials, composite resins being an important alternative in many instances.

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FINANCIAL PLANNING

Sir, I read with great interest the editorial in your debt (Br Dent J 2008; 205; 219) and could not help but agree that financial planning is not something that most dentists worldwide are taught, whether in pre-university days or during their professional dental training. I wish to share our experience on a survey done in Malaysia about two years ago with regards to the financial knowledge and motivation to pursue a career in dentistry.

In a survey of 380 dental students with 255 responding, we found that most undertake this course out of interest, with only 16.1% for financial gain. Only one-third of them think they can become rich as a dentist. This is of course good news as it will ensure that we get suitably dedicated dentists who treat their patients not merely for monetary reward. However, we also found that their knowledge of financial planning, insurance, investment, pension planning and so forth was shallow. For example, 87% of the respondents had no idea what indemnity insurance is despite its importance to their eventual working lives.

Similar to the BDA reports most of our students will be in debt by the time they complete their course due to the fact that they usually have no financial support from their sponsors during the three years of undergraduate study. The only way we can solve this is to provide a solution where dentists who have completed their education will be able to secure a loan. It is one of the expenses that we will have to bear as the financial support from the government is not enough to sustain us until we complete the course.

We have no solution to this problem but hope improvement may be made by incorporating the teaching of financial planning at a very early stage.

W. C. Ngeow


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