

likely to be prolonged. Other medications used in the management of HIV include but are not limited to: ritonavir, atazanavir, fosamprenavir, tipranavir, darunavir, cobicistat, lopinavir and letermovir. These are all listed in the BNF as having severe interactions with midazolam.

It is therefore necessary for both sedationists and referrers to be aware of these interactions in order to be able to accurately advise patients of the safe treatment options available to them. Furthermore, this highlights the importance of checking for drug interactions in the BNF.

Given that these drugs are listed as having severe interactions with midazolam, should we consider referring patients taking them for anaesthetist-led sedation?

*K. Bhatia, C. Moshkun, Manchester, UK*

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## BDJ covers

### Questionable cover image

Sir, I was surprised to see an example of destructive and unnecessary dentistry on the front cover of a recent *BDJ* (Volume 232 Issue 10, 27 May 2022). The image showed a colourful scanning electron micrograph of a large coarse-grit diamond bur plunging into an occlusal fissure of what appears to be a relatively sound molar. I am currently in the process of teaching my second year dental students about the principles of minimally invasive dentistry, and how many carious lesions can be remineralised

through reducing risk factors, fluoride therapy and perhaps fissure sealants. Picking up the handpiece is normally only recommended for lesions which are active, cavitated and non-cleansable. This image represents an outdated philosophy, still rife within our profession, which leads to harmful destruction of tooth tissue and perpetuates the 'restorative cycle'. Let's make sure the cover of this prestigious journal is representative of the evidence-based content within.

*P. Wilson, Cardiff, UK*

*The Editor-in-Chief replies: I thank Dr Wilson for his comments on this cover image. As he correctly observes, this is a photograph taken from an SEM. As such, it has been created out of the mouth and so we can reassure readers that no teeth entered the restorative cycle as a result of this image. His point is well-made nonetheless, but the journal has repeatedly promoted MID in recent years including three themed issues which I am sure Dr Wilson will have devoured and to which I hope he will repeatedly refer his students.*

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## Diversity and inclusion

### Not an excuse

Sir, I read with interest the letter from Ms Dewshi<sup>1</sup> in which she relates an incident where a male patient asked her if she is strong enough to remove his tooth. I similarly noted the letter next to it, which referred to the new female BAOMS Council members and reflected on the great progress women have made in dentistry.<sup>2</sup>

Firstly, I would like to supportively observe to Ms Dewshi that in my nearly 40 years of dental experience, a smallish (albeit memorable) proportion of patients can say very questionable things as they sit down in one's chair. These comments can

range from the crassly inappropriate to the jaw-droppingly aggressive and all shades between.

The dental chair can be a very difficult place to sit for very many people and as a result they can sometimes thoughtlessly and inadvertently show the worst of themselves while they are sitting there; totally scared stiff/not looking forward to paying a large bill/cross because the receptionist has been rude/needing the loo etc. It could be that the macho man who offended Ms Dewshi was simply scared stiff of undergoing an extraction and just too 'male' to admit it. I put that forward as a possible explanation not an excuse.

What would I have done in her position? After some thought, I would have booked him a free short review appointment a week later to check healing and get his feedback on the procedure. Then I would explain why I had found his comment inappropriate, asked him his view and then asked him if he wanted to say anything to give me the confidence to retain him as my patient. No doubt the GDC would have a view on that approach.

Secondly, I would also like to add my observation (garnished with my fervent hope) that more female influence in UK OMFS departments will help dilute the noticeable amounts of toxic arrogance and high clinical self-regard present in too many of these male-dominated arenas. Maybe the high levels of clinical acumen backed up with empathy, sympathy and (dare I say it?) some kindness, brought in by more women will improve the care in OMFS departments up and down the country?

*J. Sellers, Rochester, UK*

## References

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