

Letters to the editor

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Mental health and wellbeing

Worldwide burnout in dentists

Sir, based on an FDI World Dental Federation publication, dentists and students face high burnout and mental health risks, worsened by the COVID-19 pandemic.¹ Stressed work environments contribute, with signs appearing even during studies. The FDI urged dental associations and schools to take action: raise awareness, create accessible support like counselling, normalise mental health discussions in workplaces, and provide training on self-care and supporting colleagues. Schools should offer support resources and equip students with mental wellbeing skills for their careers. More research on burnout and mental health in dentistry is needed.¹

A recent dental study investigated burnout and depression in Turkish dentists.² Interestingly, dentists working in Oral and Dental Health Centers reported feeling more emotionally drained compared to those in private clinics or universities. Factors such as age or experience did not seem to influence burnout or depression. The study suggests that improving work environments in Oral and Dental Health Centers could be key to reducing burnout among dentists.

Castro *et al.* explored how COVID-19 impacted burnout with over 300 dentists answering questions about burnout, work factors, and pandemic worries.³ The study found dentists who felt unprepared or scared of catching the virus were more likely to experience burnout. Interestingly, age, working in the public sector, and private education also played a role.

Another study aimed to assess burnout, a state of emotional exhaustion and depersonalisation, among US dental faculty with under ten years in academia.⁴ They found that 13.46% of the 52 respondents exhibited a 'burnout' profile. The data suggested higher feelings of burnout at the nine-year mark,

particularly among those over 44-year-olds with increased administrative duties. Early identification of burnout factors and implementing reduction strategies were crucial for enhancing faculty productivity and satisfaction.

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References

1. FDI World Dental Federation. Mental health and wellbeing for oral health professionals and dental students. *Int Dent J* 2024; **74**: 159–160.
2. Ciğerim L, Orhan Z D, Dođru İ, Kahraman N H, Hussein A, Bař H. Factors influencing burnout syndrome and depression in dentists across various institutions. *Medicina (Kaunas)* 2024; doi: 10.3390/medicina60030517.
3. Castro M S, Meira G F, Mendes R G F *et al.* The relationship between professional variables and burnout syndrome in Brazilian dentists during the COVID-19 pandemic. *Int J Environ Res Public Health* 2024; doi:10.3390/ijerph21040435.
4. Henry A D, Salter R O, Young D L, Leavell J. Assessing burnout among early career faculty in US dental schools. *J Dent Educ* 2024; **88**: 295–303.

<https://doi.org/10.1038/s41415-024-7511-8>

Restorative dentistry

Bernard Smith's sense of humour

Sir, following Stanley Gelbier's article on Bernard Smith,¹ one aspect not touched upon was his excellent sense of humour.

In my final viva, I noticed that he was paired with a strict external examiner, and I prayed that Bernard would viva me. My heart sank when I arrived at the table for the external to say I would viva this candidate. As he opened his mouth, a secretary ran in to say that his mother-in-law had died and could he take the phone call. I asked Bernard if this was good or bad news. Bernard immediately burst out laughing and continued to giggle through the examination. The external arrived back just as the bell sounded!

My other memory of him was when we started the four-handed unit at RDH, which he was instrumental in setting up. A tape slide programme was used to instruct the students, with Bernard pictured as the operator. A

clock-face layout was used to inform the students of where the operator and nurse should sit. I thought that this would make a good sketch for the student Christmas show. Bernard agreed to have a photo taken at the clinic, one in the student bar with a pint of beer in his hand, and finally, one dishevelled and asleep, with the barman leaning over him and pointing to the door. The commentary ran, and now we see the operator at 1 o'clock, 6 o'clock, and 11 o'clock!

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References

1. Gelbier S. Bernard Geoffrey Norman Smith (1938–2016). *Br Dent J* 2024; **236**: 556–561. <https://doi.org/10.1038/s41415-024-7511-8>

Sustainable dentistry

Wastewater management

Sir, I write in response to the recent article by Suresh *et al.* on water and the Green Impact Toolkit in reducing the carbon footprint of dental practices.¹ While the article discusses important measures such as procurement, waste management, and water conservation, I believe there is an additional aspect of sustainability in dental practice that warrants consideration: wastewater management.

Traditionally, dental unit wastewater has been categorised as domestic wastewater and disposed of into urban sewer systems. However, recent legal rulings, such as the 'Corte di Cassazione Penale, sez III, sentenza 17 gennaio 2013, n° 2340' in Italy, have reclassified dental unit wastewater as industrial wastewater.² This reclassification has significant implications for wastewater treatment and regulatory compliance.

Conventional wastewater treatment processes, particularly those employed in wastewater treatment plants, are known to be carbon-intensive. The energy requirements for processes such as aerobic activated sludge