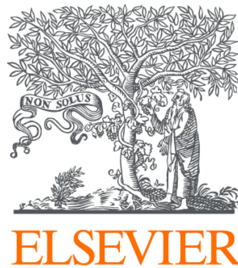

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Urgent dental care for patients during the COVID-19 pandemic

During the initial phase of a pandemic, when a vaccine is not available, personal protective equipment (PPE)[1] plays a major part in disease control. Dental and oral surgery procedures using drills or ultrasonic devices cause aerosol release, and routine dentistry has therefore been suspended in several countries, including the UK, to reduce virus transmission. There is an urgent need for organised emergency dental care delivered by teams provided with appropriate PPE.[2] This also allows for redistribution of PPE to urgent care when there is inevitably an initial shortage and distribution challenge.

Timely and major reorganisation of dental care services is challenging. Early management of acute dental emergencies is important to avert patients from Accident and Emergency services and to avoid hospital admissions. One concern is that with the suspension of routine dental care, more patients than usual could need admission for the management of acute dental infections that threaten the airway and require intensive care.

Patients with substantial swellings can progress to life-threatening emergencies, which can increase risks in the setting of reduced health-care availability. For such patients, extractions of the causative pathogenic teeth should be prioritised over restorative rescue, and input from dedicated oral surgery and oral and maxillofacial services and close follow-up should be instigated as locally appropriate. This approach has many benefits, including stewardship of antimicrobials, but is a deviation away from routine dentistry that should be thoroughly discussed with patients. Decisions on undertaking treatment should therefore be made with appropriate patient consent. Clinicians might wish to follow up patients digitally (eg, through video calls), if appropriate, to ensure patient safety, but also to minimise repeated patient contact.

Testing for coronavirus disease 2019 (COVID-19) in dental professionals should be undertaken with the same high priority as that of medical health-care workers in hospitals. The risk of a dental practitioner being positive for COVID-19 and potentially infecting patients attending emergency dental services should not be underestimated. Proactive and preventive measures need to be established as mainstay protocol to contain the spread of the virus.

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Cancer medicine: a missed opportunity

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Richard Horton's Comment on the broken promise of cancer medicine[1] inspired us to provide another perspective on the issue. Vijayalakshmi, in her 50s, and Sangeeta, in her 30s, both died in 2019 because innovative medicines were not available in India or clinical trials were unavailable. Scores of men, women, and children die every day worldwide due to lack of available treatments.[2] Access has been long debated and although India has a national cancer programme and several treatments available through insurance, care has been unaffordable because insurance does not cover all costs. As patients, we welcomed the World Health Assembly resolution on cancer prevention and control[3] and the related 2018 WHO Technical Report addressing the pricing of cancer medicines.[4]

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This report[4] comprehensively addresses pricing approaches and the effects on availability and affordability of cancer treatment. It also provides an overview of financing gaps and incentives for research and development.[4] However, the report missed the opportunity to involve patients and patient organisations; although a civil society was consulted, the report was not representative of constituency. Challenges in cancer care are presented from a narrowed government's perspective, disregarding the vital role of patients, families, and carers. The report makes very important judgments, such as the value that medicines give to patients lives and the effect of extending patients' lives, without regard to patients' views.[4] Patients not only have experience with the disease, but often the best perspective on interrelated challenges of treating cancer, and their input could have helped explain the actual costs across the care continuum, from prevention to end-of-life care.

Considering that for many patients in developing countries, cancer care is still an impoverishing out-of-pocket