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Dear Dr Lockyer,

I understand that you are a busy person and only recently settled into your position at the GDC, however I feel that it is an important issue that I ask that you may possibly look into this matter. This is not the first time that I have raised this issue with the GDC and I enclose the previous correspondence, however I was hoping that you could give this a fresh perspective.

It has long been assumed that malocclusion is largely genetic in origin, children grow like their parents, look like their parents and seemingly have similar malocclusions. This assumption has permeated dentistry and the consciousness of the general public to a point where it is not now questioned. However to avoid assuming an unhealthy 'flat earth' mentality, dentistry needs to retain a healthy sense of scientific self-doubt and rigour, and avoid making such assumptions. It must continually call into question all broad assumptions, particularly theories as fundamental as this. Treatment must reflect cause and if the cause is the environment then the treatment provided would be very different than if they were genetic.

Contemporary orthodontics as practiced and taught in this country widely acknowledges that it does not know the cause for most malocclusions. The general public may feel that it is unethical to treat someone without informing them that you don't know what is causing the problem and they would certainly feel that it is unethical to also refuse to enter a

discussion to find out what does cause it.

If we wish to claim that treatment is evidence based then we should look at the evidence upon which to base our treatments. Thirty years ago there was little evidence to show either way, but now there is a great number of good quality papers in respected peer reviewed journals that strongly suggests the environment is the primary causative factor, which is largely ignored. Consequently I have challenged the orthodontic community to a debate on the aetiology (cause) of malocclusion.

I have emailed the BOS at length, but it does not feel that it is in its interest to hold a debate, and in several letters exchanged with Mr Rudkin , he has claimed that “it would be inappropriate for the Council to open a debate or discuss Orthotropics with you” due to a fitness to practice case against me for an individual treated with Orthotropics (a case that has dragged on for a suspicious amount of time without the positive conclusion that we see as inevitable). I replied that the debate was not in any case related to Orthotropics and feel that he is simply seeking to sideline this important issue.

As I mentioned to Mr Rudkin and I mention again to you “that the implications cannot be understated”, nearly a million people in this country undergo orthodontic treatment every year. I am suggesting that this treatment is not evidence based, and I am informing you as the body charged with protecting these members of the public. It is only right that you now contact the BOS for comment on this issue. However I am concerned that as one established body you are prejudiced towards another established body, they are hardly likely to support my view. I implore you to take an impartial view point. I do not expect to be believed but I do expect to be heard.

It would be my aim to meet with you and discuss this situation further.

Best wishes

Mike Mew

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