

Our reference: **L1230/2008**

21 October 2008

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: +44 (0)20 7210 5150-4
Fax: +44 (0)20 7210 5407
liam.donaldson@dh.gsi.gov.uk
www.dh.gov.uk/cmo

Phil Woollas MP
Minister of State for Borders and Immigration
Home Office
2 Marsham Street
London SW1P 4DF

Dear 

Re: Dental age assessment using X-rays for children seeking asylum

I am writing to you to raise my concerns about the proposal that children and young people seeking asylum should have their chronological age assessed by dental X-rays.

Dental X-rays can give a measure of dental age, but a simple extrapolation to chronological age can be misleading. The scientific evidence on estimating age in this way is weak and limited. It cannot be assumed that dental age assessment from X-rays can be performed reliably across a range of ethnic groups. The teeth of different ethnic groups mature at different rates. The validity of the method in different age groups, is not clear either, particularly those around the age of 18 years, or who have experienced malnutrition. For all these reasons, I do not believe that dental X-rays can accurately assess chronological age in children seeking asylum.

Both the General Dental Council and Royal College of Paediatrics and Child Health have expressed grave ethical concern about these proposals, which I share. The use of a medical intervention with potential for harm (in this case ionising radiation) without the intention of clinical benefit is not ethical. Concern has been raised within the dental profession that such practice would fall below the expected ethical standards of the profession and indemnity cover would not be provided by dental indemnity organisations.

Moreover, performing these X-rays on a large population of people with limited access to healthcare will generate dental conditions that require treatment.

Professional ethics require that informed consent from an individual should normally be taken before X-rays are performed. Consent should be both voluntary and informed. If the X-rays are to be voluntary, any young asylum seeker should have

the option of declining a dental X-ray without fear that his or her case will be treated differently. Given language barriers and limited maturity, I doubt that many young asylum seekers would be able to comprehend the risks and benefits of the proposed investigation. This would not meet the standards of informed consent that would satisfy either the dental or medical profession.

I can see that an accurate assessment of the age of children and young people seeking asylum is important. An holistic approach to age evaluation, incorporating narrative accounts, physical assessment of puberty and growth, together with cognitive, behavioural and emotional assessments, as advocated by the Royal College of Paediatrics and Child Health, would be a better approach. Such assessments could take place at dedicated centres with teams of paediatricians and social workers. The medical examination would serve the combined purpose of ensuring health screening for diseases like tuberculosis and contributing towards an assessment of age.

In writing, I am not seeking to be unhelpful to a key area of Home Office policy but rather to highlight the scientific evidence and suggest an alternative way forward.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'L. Donaldson'.

**SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER**