

THE ARTFULNESS OF THE FAKE

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The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

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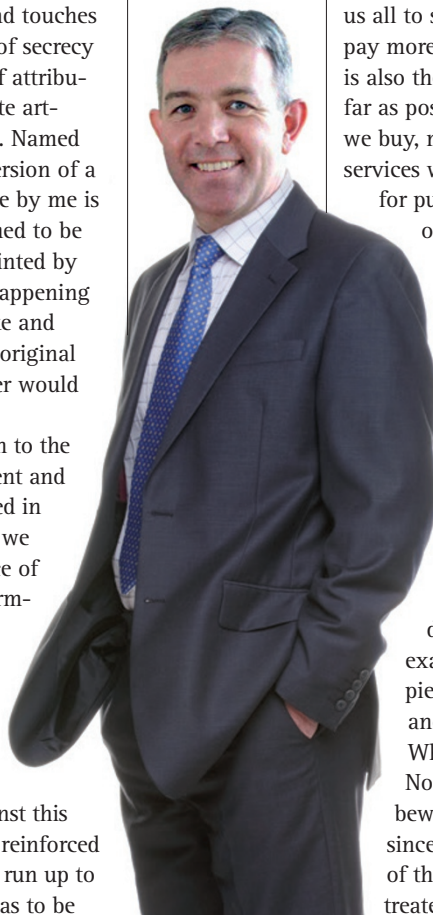
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As regular readers will know I have a professed fondness for euphemisms. I like the subtlety of them, the fact that in order to fully understand them one needs a whole raft of cultural background knowledge and that to explain them takes far longer than is reasonable, or indeed appropriate. I suppose the ability to instantly unravel them appeals to the detective in us, wanting to puzzle out the meaning, interrogate the sense.

The playwright and national treasure Alan Bennett wrote a play some years ago entitled *A Question of Attribution*. It is based around Anthony Blunt's roles in the Cambridge Spy Ring and as Surveyor of the Queen's Pictures, and touches cleverly on both in terms of secrecy and fakes. The 'question of attribution' is, of course, the polite art-world euphemism for fake. Named as a Stephen Hancocks' version of a Cezanne artwork a homage by me is perfectly acceptable; claimed to be a Cezanne but actually painted by me (not a chance of this happening by the way) makes it a fake and attempting to sell it as an original by the Impressionist master would be fraudulent.

I mention this in relation to the counterfeit dental equipment and materials that have surfaced in recent times and although we speak of the art and science of dentistry this is neither harmless daubing nor questionable experimentation. It is wrong and it is potentially dangerous. The British Dental Industry Association (BDIA) launched a campaign against this last autumn and have just reinforced it in their manifesto in the run up to May's General Election so as to be

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able to garner the support of MPs in the next parliament.

Called the Counterfeit and Substandard Instrument and Devices Initiative (CSIDI) and supported by the BDA and many other organisations and bodies within UK dentistry, it has three main aims: to promote awareness of the dangers of poor quality, counterfeit and illegal dental instruments and devices; provide a quick and simple method of reporting these to the relevant bodies; and promote purchasing only from reputable manufacturers and suppliers such as BDIA member companies.

Whilst not always 'the British way' to haggle for the lowest price, there is undoubtedly a tendency in us all to search out a bargain. Why pay more? But as professionals there is also the imperative to ensure, as far as possible, that the equipment we buy, materials we source and services we purchase are safe and fit for purpose. This for the safety

of both our patients and our teams. Purchases from the Internet can seem very appealing and certainly the ability to compare prices is unrivalled – although in due course I guess there will be a 'compare dental treatment prices' website, so it is a two-edged sword.

However, as in life generally, if it seems too good a deal to be true it probably is exactly that. How can a hand-piece be a fraction of the price and remain the same quality? What guarantee is there?

Normally the epithet 'buyer beware' can be applied but since we are buying on behalf of the practice and all who are treated within it the warning has

to be extended to 'buyer beware on behalf of all for whom you have a responsibility'.

Inevitably the issue once again raises the difficulties encountered at the interface between healthcare and business. In any commercial enterprise there is pressure to buy and sell for the best prices, quite simply it is how profits and livelihoods are made. While there may be no mystery about this there is often awkwardness and the resulting smokescreens can obscure the fact that whatever system we work under, NHS, private, third-party payment or corporate body that same formula lands ultimately on someone's desk.

The potential danger comes when we, or others on our behalf, try to squeeze the margin too tightly. Buying cheap and selling high, or perhaps selling short may be the expected behaviour of confidence tricksters but is not acceptable in the professional context. If it is our employers who are creating this situation we need to react; if it is us, we need to change. Conversely, we also need to make the case to our patients, with due deference, that our services have a recognised value and do cost money; those in our care also have to realise the extent to which their treatment cannot be reliably provided on the cheap.

So, where do we sit in this web of cost and value? We owe it to our patients to provide the best, safest, ethical and most appropriate treatment. That may mean having to also question the morality of the funding system under which we work as well as our capacity to weigh cost with value. A wide canvas and a fascinating picture which should have a professionally secured provenance and an honourable attribution.

DOI: 10.1038/sj.bdj.2014.199