EDITORIAL

RIGHT HANDEDNESS

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I was recently at an open day for one of the UK's dental schools, an opportunity for sixth formers and younger school students to attend and assess the dental course. While it provided them with an insight into undergraduate studies and dentistry as a way of life, it also enabled me to ask what interested them in dentistry as a career. I thought this particularly important given the current flux in the profession and the possible negative impact that regulation, contractual changes and disease patterns might have on their livelihoods between now and when they could be retiring from 2060 onwards. How scary is that?

There were two over-riding main reasons that they gave for their choice. They were good with their hands and they wanted to help people. OK, very practical and very laudable. However, these seemed familiar themes. They were similar responses to the ones I remember giving a very long time ago when I was interviewed for a place at dental school, coinciding with those given by my peers. On probing, then and now, the next level of reasoning included that dentistry provides a good living and that it was less intense than medicine. Also OK, very practical and very realistic. But.

But I wish that those same potential dentists had also been given the opportunity as I was to attend a conference on oral health inequalities organised last month. It launched the International Centre for Oral Health Inequalities Research and Policy (ICOHIRP) – rather a mouthful but a precise summary of its aims and activity – an initiative from the Research Department of Epidemiology and Public Health at University College London (www.icohirp.com). With a keynote address from the master of public health engagement Professor Sir Michael Marmot, the subject matter focussed on how oral diseases, as other conditions, are disproportionately suffered by people with lower socioeconomic status. Health inequalities being defined as caused by the broad conditions in which people are born, grow, live, work and age, the shorthand term for which is social determinants.

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It was a fascinating and thought-provoking event but probably not one that would have caught the imagination of many currently in the dental profession; which is why it would have been good for the putative dental students to have witnessed it and why it is also the conundrum of oral care and disease prevention. On the one hand, literally and metaphorically, dentistry as we know it is about 'doing'; it is about, as those sixth formers described, liking being good with their hands. Yet we all also know deep down that active treatment is not the best route to future prevention. It is a help yes, but it is not the whole story and never can be. The clue lies perhaps in some of Sir Michael's wise words. When asked 'what can we do?' (that verb again 'do', as dentists we like to 'do') he responded by saying that we needed to appeal to the finer instincts in people, as in healthcare professionals and indeed in society in general to do the right things. In other words, to put care over business. But.

But how does that sit with the underlying motivation for dentists to make a living? Probably it doesn't. I write that not because I think we are motivated solely by finance but because the oral healthcare practitioners of the future, between now and 2060 for example, are not likely to be dentists as we now know them, dentists 'like us'. If prevention is the key, and it is inherent in all that we preach, in the government's expressed desire to incorporate it in the future NHS dental contract however that eventually manifests itself and in the wider views of society as being better than cure at all levels, then we will need fewer individuals who are good with their hands. We will though need more who are advocates for better housing, better diets, better education, better public health. Does that sound like the sort of career that interests you and that you signed up for? There is no shame whatsoever if the answer to that question is 'no' but in my opinion it is a question to which we should be alerting those who are contemplating entering the profession for the next 40 years.

Human nature is such that the preventive message will not be fully taken up despite it being comprehended as good sense and despite people understanding that it will be beneficial in the long run. Similarly, the likelihood of the ironing out of adverse social determinants and the dismissal of health inequalities is, bluntly, slight. However much these might be present trends we will of course need in future, as we do today, people who are good with their hands to diagnose, to treat oral conditions and to liaise with other health professionals in the holistic care of the population. It is just that the hands may be fewer and of a rather different nature.

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