EDITORIAL

NAMING NAMES

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Regular readers will be aware of the joy that I get from following the development of language. The twists, turns and shades of the same words in different contexts, of new words and of the use of words to express ever-so slightly nuanced meanings depending on emphasis and placement.

In this issue of the Journal, as in several of recent times, we publish a paper in relation to safeguarding children. It seems to me to be not so long past that we used the term 'child abuse' to describe issues pertaining to this most awful of situations. The language then shifted to 'child protection' and after a fairly short interim we are now speaking of it for both adults and children as 'safeguarding'. There are two points here which I would like to explore. The first is directly to do with the choice of words. Has the change been made in order to apparently soften the horror of the actuality? Does safeguarding sound rather less threatening or more manageable than if we damn it as abuse? It doesn't of course lessen the impact on any of the people involved either in the perpetration or the investigation and remedial process but is it designed to make us feel slightly less uncomfortable about the matter? If so, does it work?

I am struck with some parallels between this and the evolving terminology used in the area of disability. There is general agreement that the 'old' descriptions of which we are only too well aware are no longer politically correct. Yet interestingly in papers received from elsewhere in the world some of the terms that we now find 'difficult' such as 'handicapped' and 'retarded' are used without hesitation. For us 'learning difficulties' now takes precedence and instead of 'disabled people' the preferred description is 'people with disabilities'. As above, while I have no problem with changing sensibilities I wonder to what extent as caring professionals, irrespective of the shifting of society as a whole, we puzzle as to who the phraseology is designed to comfort the most?

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The second point that emerges from this interrogation of usage is how much wider the practice of dentistry has become in recent years. There was a time when the professional vocabulary did not contain a goodly number of words which it now holds as second nature in its armamentarium. Returning as an example to the subject of safeguarding children, there was a sort of collective disbelief that any of the children that we saw and treated in clinical practice were likely to be the subject of 'abuse'. Many of us then and now practice in nice middle-class areas where such monstrousness was unthinkable. Yet as we are now so well aware the problem manifests itself in many different ways in many different places and we do indeed have to be conscious of the consequent signs as well as the knowledge of how to follow up concerns and suspicions.

Similarly our excursions into other territories have equipped us with the ability to discuss subjects hitherto regarded as too personal into which to intrude. I remember reading at an FDI World Dental Federation Congress in 1996 the proposal to set up an 'anti-tobacco' lobby and wondering if it would ever attract any interest at all. Once more the terminology has moved on and how many of us currently think that discussing 'tobacco cessation' with our patients is outwith our sphere of influence? Alcohol consumption is a further area which we are set to address in a much more robust way in the name not only of oral cancer but of general health through oral health.

One concern that is not new to us is diet and sugar reduction. Conversely, this is now gaining considerable currency in the working vocabulary of other professionals, notably those dealing with diabetes and obesity. While there remains something of a blind spot to caries and its debilitating effects in many of these cases, the impetus does finally seem to be building to force a realistic look at sugar consumption. Except, if I interpret it correctly, there is a nervousness in adopting the word obesity and we have yet come up with a more comfortable yet euphemistically acceptable and simultaneously more accurate term than mere overweight.

Expansion of professional responsibility for patient health in all of these fields means that our horizons have had to widen considerably in recent times and look as if they will need to continue to do so into the future. Today's professional is required to nurture a far more comprehensive set of skills than ever before whilst at the same time also building reliance on other dental team members to bring their knowledge and expertise to add to the whole. However, much as my love of the use of words finds expression, the underlying imperative is that words and the culturally rich understanding of them oils communication which lubricates effective care.

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