

Risking it

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We are constantly being exhorted to communicate better with our patients which is all very laudable and desirable of course but it is not made any easier by the increasing need to try and explain 'risk'.



Risk is one of those mysterious end of the twentieth century buzz words like 'defining moment' and 'vision thing' that has insinuated its way into the common parlance of newspaper reports and conversations over a glass of ale down at the local. Previously the only time we came upon risk being mentioned was in relation to the impossibly small print in insurance policies.

It used only to pertain to the 'risk' of explosion or civil disturbance or of acts of God. Things that rarely, if ever, touched our daily routines. You could get through a whole lifetime without your insurance company having to invoke the subsidence or riot clause, although arguably at the end of your life, insurers might bring in the act of God provision (I wonder why they haven't thought of that one more often?). But the point was that consideration of risk only ever glanced off the side of our consciousness once a year at policy renewal time, if even then.

Now it is quite a different matter. 'Risk' is everywhere. Everything has to be carefully scrutinised according to its risk. Plane or train? ISAs or bonds? Root canals or extractions? What? Well yes, that's just the problem, it takes you quite unawares doesn't it? And how do you find the time to explain 'the risk' let alone the words with which to elucidate it, when, just as suddenly as the subject has been introduced some smart-brained boffin introduces the term 'theoretical risk'.

It will come to pass in some way such as this. Because body language is a wonderful thing, you know intuitively that something is about to happen when a patient comes in and sits down with an authoritative air. It immediately makes you think that a revelation is imminent, almost impossible to define, there is a sort of slick confidence about their approach that means you start to measure your response.

This is slightly guarded as a result, although you try your best not to show it for fear of triggering off a greater reaction

still from them. 'How are you today?' you venture as a reasonably bland opener.

'Fine. Yes, thank you. It's just that I've been reading on the Internet...' Now it was not so long ago that the sentence would have run, 'I've just been reading in the papers...' but all that is about to change as patients discover a whole new world of apparently 'scientific' information lurking about in the ether of hyperspace that is the Internet.

'Oh, right,' you counter, 'it's easy to

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spend hours on that isn't it?', you're fishing now, trying to get a clue as to what it is they've been reading. Certainly they're not about to tell you last night's results from Walthamstow Dog Track.

'Yes, hours and hours but there's some very interesting stuff. Like, I didn't realise that you could get mad cow disease from dental instruments.' Ah, here's the nub of the matter. 'Well, I don't think you can,' you reply but with just enough lack of conviction for them to come straight back with... 'Well it says on the Internet that even with sterilisation there is a risk with root carnal instruments.'

'Canal,' you politely correct, 'root canal instruments.'

'Oh, so you do know about it then.' 'It is only a theoretical risk,' you grapple the words from a vague memory of an earnest newscaster telling you so, as you slid in

and out of fitful slumber in front of the TV an evening or two ago. 'There is no proof at all that it can be passed on in that way.' 'But that's what they said about the risk of beef being safe to eat isn't it?' the patient is fired with his pseudo-statistical knowledge of calculating probabilities and nothing is going to hold him back.

'Well, yes but I think this is slightly different,' you muster for a riposte, 'after all, if we don't treat your root canal the risk of you getting another abscess is a very real one, not just a theoretical one.' Silence. Followed by: 'But what if we just leave nature to take its course?'

'The risk is another abscess and toothache.' 'Hmm.' You think he's stumped until a spark of risk rekindles, 'what sort of risk?' You then patiently explain that the alternative, in order to eliminate any risk at all of him having pain from the tooth ever again is to extract it (you choose for the sake of sanity to leave aside trying to explain the risk of 'phantom tooth' pain or referred pain).

After some considerable further debate he asks how soon after the extraction, if he were to opt for it, would he be able to take part in energetic activity. Guardedly, you estimate a day or so but also ask why he is particularly interested in that. 'Oh well,' he smilingly volunteers, 'you see this weekend I'm taking part in a charity fund raising marathon and I wouldn't want to miss it.'

Of course not. What is he doing? Bungy jumping! The actuary within you wants to scream but the quiet, unruffled dental professional gets the upper hand. 'Well in that case,' you advise, 'I think I'd risk the root canal treatment.'

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