

Giving for (dental) charity's sake

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Just what is it that holds us back from giving to charities, or giving more to charities? Is it the oft quoted 'compassion fatigue' or is there something deeper at work?



For example, rather than dipping into our own pockets we ask others instead. We organise fund raising events, perhaps through the practice where there is never a shortage of ideas. The young-keenies suggest daredevil pursuits like bungee jumping from the parapet of a large local bridge, abseiling down the town's shopping mall or a weekend's outward-bound course. From the enthusiastic but more sedate team members come proposals of wearing clowns' hats for a day, holding a confectionery-bar munchathon or a sponsored magazine reading event (but only until 5pm). After that it descends into ideas with slightly more questionable motives such as a 'no pants day' or a 'fund a team member to shave their legs happening'. Providing that you stop short of the wackier propositions, the advantages are two-fold, raising cash for the chosen cause and uniting the team.

Maybe that's the clue to it, perhaps charity does begin at home because it's a curiosity of the human condition that individually we employ a whole variety of excuses for otherwise not giving. We see some poor homeless person on the street sitting with their polystyrene coffee cup, tooth-marked around the rim where we assume that they have gnawed it out of hunger, containing a few paltry coins and like as not we walk past. 'What a nuisance,' we say, 'why don't they get up off their backsides, get a job or do something useful?'

So, a week or two later we see them busking but we still walk past without 'donating' because 'it's such an awful noise, don't they have something better to do than that?' Even when they start selling 'The Big Issue' we don't buy one because we've got enough to read already. And so on.

The same principle applies to calls for our alms overseas. It has a lot to do with information transfer. The speed with which

we are told about various disasters around the world is now so great that we often know about them before the unfortunates directly involved. In the days of sailing ships, intrepid travellers would return from foreign parts with amazing and fantastic tales of the things they had seen and of the desperate or primitive conditions under which peoples lived. In those times famines, for example, would probably have been over, one unfortunate way or another, before news of them reached further flung parts of the world.

Not so nowadays. Instant access via the electronic media means that images of the faces or body parts of the latest victims of starvation, or disease, natural disaster, or human folly, are beamed straight into our

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homes, often at meal times as it happens. The main benefit is that we can start to feel guilty so much more quickly about not doing anything.

But if these feelings are true of general charity they are also true of dental charity too. We read in the journals of the plight of oral mucosa and dental hard tissues in various unpronounceably named places around the globe and put them aside for another time, or find a reason not to let the item move us to action.

There's too many of these sorts of projects, is a common cry. Rather like those little envelopes that come through the letterbox and lie with an intimidating earnestness on the doormat staring up at you. It's easy to put them on one side, at home or in reception, not even with any money in, and hope that you'll be out or busy with a patient when the person calls to

collect them. If the worst comes to the worst and you get 'caught' at least you can slip a few coppers in and hand it over with a worthy smile. 'Such a good cause.'

Another reason for deferment is that we try not to see the need, or to dismiss it instead. A worthy band of dentists offering oral hygiene to children trapped in a military or political conflict makes us ask if that is really the priority. Surely, we pooh-pooh, those poor little mites would trade every tooth in their heads for a good night's sleep, a bath and something decent to eat. Also, not that you doubt the integrity of the particular practitioners, you never know just how much of the small change that you give actually reaches the target recipients and how much gets creamed off by admin-

istrators, or corrupt regime officials or just gets wasted in the bank converting it into an obscure African currency. So, instead, we tend to defer the giving. 'When I win the lottery, then I'll be able to help'.

Alternatively, we just give away the things that we don't want anymore. Used equipment that no longer cuts the mustard must surely be of value in the jungles of south east Asia, mustn't it? Similarly, all those 'only slightly out of date' local anaesthetic cartridges which the previous practice manager over-ordered, maybe we could palm those off on some unsuspecting needy patient somewhere far enough away for us not to have to worry if the active ingredients don't work as well as they might.

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