

Should we regard our role more as the motivators of change rather than the servants delivering it?

Lifestyle dentistry

From time to time certain words or expressions penetrate our collective consciousness or catch our imaginations. Sometimes they fade. 'Defining moment' might be an example from a few years ago, which is now rarely used. Such words or phrases are at once in every newspaper column and news report, before themselves being superseded by newer pretenders.

A word that has to date met with a longer lasting resonance is lifestyle and I wonder whether it has to do with it being not only a string of letters but also a concept that is readily recognisable to us all. It has become a shorthand definition, a textable distillation of that which we understand twenty-first century living to be about. Since that is the case, we should consider the consequences of this concept in the practice as well as in the home.

We have recognised for many years that the aetiology of the overwhelming majority of dental and oral diseases is the result of behaviours, or habits, or as we might now say, lifestyle. Dental caries and periodontal diseases are consequences of choices made by us as individuals, albeit choices made as a result of complex social and economic interactions some of which may be beyond our immediate control. By our understanding of the natural progression of these disease conditions we have sought to arrest or avert them by providing preventive strategies for our patients to follow. We have effectively been urging behavioural change based on our ability to motivate them towards better health. This we have attempted by recommending dietary modifications and improved oral hygiene activities.

More recently we have been urged to add smoking cessation advice to our regular procedures and this has led some practitioners to question whether or not we should be moving into the more personal areas of our patients' private lives. In a sense, what could be more personal than suggesting they change what they eat or what they do in the privacy of their bathrooms? Yet in another way it does raise the question of the type of service, or business in which we increasingly find ourselves, that of behavioural management and change.

Although the nature of our practices has changed radically in the past few decades, there is still a huge

emphasis on the technical aspects of what we do every day compared with the importance of the motivational aspects. This is a reflection both on the historical need for interventive treatment and on the training which we received to prepare us to carry out that role. At a basic level it was needed, accepted and provided. However, as we move towards an acceptance of lifestyle dentistry we also have to move towards a newer acceptance that the style in which we provide that service must also be subject to change. Should we still see ourselves as only being diagnostic machines and technical repair artistes, of a highly skilled and sensitive nature nonetheless? Or should we regard our role more as the motivators of change rather than the servants delivering it?

The question arose some years ago in relation to minimal cavity design and ultra-conservative restorations. It was said that in time we would all become oral physicians instead of dental surgeons, and we generally felt rather uncomfortable with the notion. It did not seem to encompass what we were, or what we did, or what we thought we should do. So we 'sort of' ignored it and it has, as far we know, gone away at least for now. But the lifestyle dentistry phase is going to be with us for longer and more persistently. We are going to need better training in communicating with people, motivating people and dealing with behavioural issues in general.

Of course it may be that we choose not to. The option is there to merely bury our heads even further into the mechanical minutiae of cavity design, material selection and pocket depth manipulation, muttering at the same time that this is what we really regard dentistry as being about. In that case we are going to need another team member to undertake the behavioural aspects but even then we cannot negate the need of leadership and of having sufficient knowledge of the subject to be able to delegate effectively. Lifestyle not only shapes the way we live but will increasingly mould the way we work.

Stephen Hancocks OBE, Editor-in-Chief
doi:10.1038/sj.bdj.4812208