“...the aetiologies of the two major conditions, caries and periodontal disease, the ravages of which we spend our days combating, are rooted in socioeconomics and therefore, culture”

Silence is golden

There are times in life, moments, when something happens that we least expect. Something that smacks us soundly in the face. It might be the unpleasant attentions of a school bully, the realisation that as we have tripped, so we will inevitably fall. But it need not be only physical, it can also be metaphorical, this sudden awakening. It might be the fragment of a song, a textual phrase, a concept or just a humble word.

In this case it was a word. It hit unexpectedly when I was reading the proof of the paper in this issue by Popat on *Improved cross-cultural awareness. A review of Australian indigenous health* on pages 37-45. The word was ‘silence’ and it is contained in the following: “In Aboriginal society, lengthy periods of silence are the ‘norm’ and are expected during conversation, particularly during information sharing and information seeking. Aboriginal people use silence to listen, allow for consensus or to indicate non-committal. The positive use of silence in Aboriginal interaction should never be interpreted as a lack of understanding.”

The context is cultural, that is to say, the purpose of the author raising it is to alert us to the fact that in aboriginal culture silence does not equate to negative consequences and that, should we find ourselves faced with such a patient we should not interpret their silence as problematic.

I paused, and pondered, and was about to move on again after trying to reassure myself that silence wasn’t disrespectful in ‘my’ culture, or ‘our’ culture (for want of giving it an attribution) when I suddenly realised that while silence was not perhaps disrespectful it was something else that I had never thought about before. It was expensive. Expensive because when everything that we do is measured in time and so also quantified inevitably in terms of money, then silence, and the implied inactivity of it, comes out as being incredibly costly. So, while it might not be a culturally problematic issue as such, it does

become an economic issue and therefore a very real matter for concern.

However, whether it is silence or any other culturally specific element of our relationship with our patients it does have relevance to our work because it touches on our wider responsibility to treat oral diseases. The connection being because the aetiologies of the two major conditions, caries and periodontal disease, the ravages of which we spend our days combating, are rooted in socioeconomics. As such they are thus also fundamentally touched by culture, since culture, like disease, has the awkward and often apparently inconvenient reality of having people attached to it.

So it is not about, or perhaps more accurately, not only about respecting cultural diversity in a polite or politically correct sense but also in the context of trying to understand our patients and their cultural norms and expectations in order to treat and more importantly, prevent disease. For many of us the chance of our having to treat an indigenous Australian is like to be small but for all of us the daily need to be able to empathise, guide and motivate people from different cultural and socioeconomic backgrounds is ever present. The better we are at it, the better practitioners we will be and be seen to be.

Silence might be golden but awareness of difference and sensitivity to cultural divergence is beyond gilt in terms of its lasting value.

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