LETTER TO THE EDITOR

Towards an equal future

Sir, it is cliché to view every crisis as an opportunity, but current and inevitable future challenges, warrant major societal changes to respond to these effectively. The past year has brought one aspect into sharp focus – the systematic inequalities across the world's peoples. Our societies are rendered frail when we attempt to co-exist with social injustices. Viruses, only nanometres in size, are quick to identify and exploit these weaknesses. Whilst jurisdictions aim to eliminate community transmission of the virus, a simultaneous effort to eliminate racial and ethnic inequalities across communities is needed.

One of the challenges with scoping racial and ethnic inequalities in dentistry is the paucity of evidence. Commonly cited issues include racial bias in patient care,¹ professional under representation, and a lack of diversity in clinical teaching curricula.²

Students have called for an optimisation of medical and dental curricula to be more ethnically diverse. Small changes in education may lead to better population health outcomes. 5-year survival rates for Black patients with oral squamous cell carcinoma is at least 22% lower than White, Hispanic and Asian people, where variation in the stage of cancer presentation is a key reason for this difference in mortality.³ Although the precise reasons for this cannot be confidently determined, clinical misdiagnosis is a plausible suggestion, supporting the value of enhancing medical education for wider ethnic groups. In

addition, there is a need to develop a wider oncological research agenda aimed towards reducing racial and ethnic inequality in cancer outcomes, especially where these influence mortality.

Under representation is a systematic inequality and its effects are multi-tiered, from lower acceptance rates for undergraduate dental student admissions, low representation in speciality training positions, and in leadership roles.²

Leaderships in dentistry have responded to the global momentum towards improving racial equity. The UK Faculty of General Dental Practice (UK) released a statement, committing to 'promoting equality and inclusion'.⁴ Their immediate actions included the promotion of inclusion at every level, by reviewing their equality and diversity training for all members of the Board and educational programme leads and the development of a diverse task force.⁴

The British Dental Association also outlined their commitment towards tackling racism and discrimination.⁵ They acknowledge that Black people are still significantly underrepresented despite demographic shifts in the makeup of the dental profession, accounting for only 1% of General Dental Council registrants.² Black, Asian and minority ethnic groups comprise a significant proportion of registrants, but all groups remain underrepresented in leadership positions.⁵ Commitments to engage with Black, Asian and minority ethnic dental care workers to identify

concerns and areas where racial disparities exist, suggest that positive actions are on the horizon. Although positive change and adaptation have been initiated, this endeavour for equality must continue, even as media attention evaporates.

The COVID-19 pandemic has spotlighted the challenges of an unequal world, but these are not new discoveries; the Marmot Review presented these problems more than a decade ago. Only if there is a shift from discussion to action, can a difference be realised. Equity can no longer be viewed as a desirable characteristic of our societies. It is essential for healthier, wealthier and sustainable futures.

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LETTER TO THE EDITOR

The challenges of Brexit

Sir, whilst some colleagues may rejoice that we have now left the single biggest trading block in the world I am wondering how many colleagues who run practices or who are involved in dental supply chains have accepted that slower, more expensive trade is now a reality. How many have prepared the reduced margins and potential real term cuts to associate pay to maintain profit? I know there are those colleagues who actively supported, or even ran for the Brexit party. If

they are reading this now I would be interested to hear their thoughts on the added burdens at customs for imports of EU dental products.

Perhaps I'm wrong; maybe the utopia of our freedom from the shackles of EU membership has yet to be realised. I'm sure many of my esteemed colleagues are ready to offer our patients the real term savings that leaving the single market has delivered. I am yet to be convinced.

W. Fitzpatrick, Cardiff