

Letters to the editor

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Future of dentistry

The next three letters are in response to Mark Bishop's opinion piece – The patient-dentist relationship and the future of dentistry – published in the BDJ in December 2018.

Agreeing with every single point

Sir, Mark Bishop is to be congratulated on putting into words in such a clear, concise and precise manner, what so many of us, especially of the older generation and retired, have been aware of and frustrated by for so long now – the 'black hole' he describes dentistry disappearing/already disappeared into.

As I read his paper¹ I found myself agreeing with absolutely every single point he raised and discussed. It would be difficult to better the solutions he offers to bring about the immediate changes required if the dental profession is to be saved from the abyss into which it is so rapidly descending.

If dentistry in the UK is to have a future and regain some of the reputation it deserves and be released from the shackles of the now totally discredited General Dental Council, the BDA must take very serious cognisance of his proposals and act immediately to help bring about the changes suggested and that the profession now so desperately needs and deserves.

J. Hardy, Farnham, UK, by email

References

1. Bishop M A. The patient-dentist relationship and the future of dentistry. *Br Dent J* 2018; **225**: 1059–1062.
DOI: 10.1038/s41415-019-0048-6

I beg to differ

Sir, I read Mark Bishop's paper¹ with interest and a degree of dismay. He bravely tackled two big issues: the NHS dental contract(s) and the GDC. I share his concerns but I cannot agree with his conclusions. As a practitioner of more than 38 years and an expert witness, I feel I have something to add.

The NHS

The concept that dentists as a profession are being singled out and victimised is incorrect and unhelpful. The simple observed fact is that if you work in a job where the government holds the purse strings then you will be asked to do more for less each time there is a pay review.

Speak with any policewoman, fireman, teacher or hospital employee and you will know that dentists are not unique or alone in this. I don't believe that there has been a single year in my practising career (1980 to date) when the government has awarded dentists a pay rise above inflation, so that means that each year has seen a pay cut in real terms. The advent of dental corporates and the tendering of contracts have merely served to accelerate the race to the bottom in our profession.

Moreover, the costs of operating a practice are not related to the RPI (Retail Price Index). Changes in practice and new regulations have to be incorporated at extra cost but without extra funding.

Doctors (GPs in particular) have a huge hold on the government and an excellent (if unjustified) reputation with the public as selfless philanthropic professionals who always put their patients first, whereas dentists have never shaken off the old 1970s reputation of being under-challenged and overpaid.

The fact that our surgeries now conform to minor operating theatre standards is lost on our patients and they still presume that the NHS pays for our surgeries, materials and staff.

Governments work by section, where individual departments are charged with saving money. It's rarely achieved but what often happens is a budget is removed from one department and lands at another. I call it compartment syndrome.

It happened when I was in the Royal Air Force when families were no longer entitled to treatment. It saved the MoD millions and no doubt someone got a knighthood for it, but it merely passed the costs to the NHS dental

contract. This is what is happening with child dental health now. Cuts to the NHS contract mean that the children end up in hospital having GA extractions (hardly good for their health or our overall NHS budget).

The GDC

There are many weaknesses within the current system and we have an extraordinarily high proportion of disciplinary proceedings in our profession, compared to any other similar profession. This, in itself, should indicate that something is clearly wrong.

My own feeling is that the GDC should concentrate much more at the 'front end' by showing dentists what is expected, rather than using the big stick of disciplinary proceedings once something has gone wrong and a patient has been harmed. Prevention rather than restorative treatment makes sense.

The one thing I am certain of is that if any dentist finds themselves in front of the FTP (Fitness to Practise) committee, they will receive the most scrupulous, unbiased and fair consideration from the process and from the committee members.

I agree that some complaints should not reach this stage and that the whole, prolonged procedure is stressful for registrants but I am quite sure that no registrant is punished unfairly as a result of being before a committee.

The most common form of sanction is to impose conditions of practice. This could amount to working under supervision, limitation of scope and/or re-training. This is a form of sanction that is entirely appropriate and proportionate. It protects patients but does not prevent the registrant from practising. Erasure may have been the main focus of the paper but it is rare, and in my experience, always justified.

A profession must be prepared to deal with those who undermine its values. We must accept that a small number of our profession do not uphold the values of the profession and these people must be removed.

Our licence to practise is just that; in the same way that our driving licence can have penalty points applied for minor infringements and can be removed in the case of major infringements. A driving licence will be removed from a driver who makes repeated minor offences or a single major offence. Few drivers would say that was victimisation.

Self-regulation is not trusted by the public anymore. Consider the examples of the police, banking, financial services and the press and you will understand why. It is ironic that our profession regulated itself much better when we did it ourselves but we have to accept that those days are in the past.

The GDC is not going to 'go' and allow dentists to set up a more preferred model. Our only hope is to lobby the powers with a cogent argument for improvement of the current system. Bear in mind that the GDC is not there to protect dentists, it is there to protect patients. So self-interest will not help to convince anyone of the need for change.

Polemic

I blame the BDA for our plight. It has missed a chance to improve the reputation of dentists with the public. It has missed a chance to explain to the public how dentistry is funded (and how different the funding is to all other 'NHS' services). The BDA is our representative pressure group and should be fighting our corner. It is up to the BDA to be improving the public image of dentists and dentistry.

The adult dental health surveys have confirmed that dental health has improved massively in my lifetime. We have a lot to be proud of. In contrast, child dental health has improved but is now on the decline again. We know this is due to the funding model. It's time to say so.

If the GDC truly wanted to protect patients then it should recognise that there comes a point when the fees are simply too low to meet the required quality of the paymaster. It's up to the BDA to say this.

J. A. Woodcock, Chalfont St Giles, UK, by email

References

1. Bishop M A. The patient-dentist relationship and the future of dentistry. *Br Dent J* 2018; **225**: 1059–1062.
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Populist solutions

Sir, I have been supporting dentists who are 'failing to thrive' for a number of years so I read Mark Bishop's polemic¹ against the General Dental Council and the flaws in the current NHS contract with interest.

His article makes for entertaining reading. The populist solutions offered echo Donald Trump's policies; emotionally attractive but too simplistic, but I do agree that morale within the profession is at a low point.

Is there any hope for dentists in the twenty first century? My answer is an unequivocal yes! Andy Toy (personal communication) says that the best time to be a dentist is always 20 years ago. We must remember that we have the knowledge and skills to thrive in any period, if we make up our minds to do so.

George Bernard Shaw described professions as conspiracies against the laity; the knowledge, expertise and power is always in the professional's hands. Most dentists act in the best interests of patients most of the time. But even the best of us can't abandon at least a smidgeon of self-interest.

A small proportion fails more seriously and patients do need a referee in the ring with them when things go wrong.

At the moment, the pendulum of regulation does seem to have swung too much against the profession; but regulation and policing will always be needed to protect patients as well as helping to get failing dentists back on track.

J. Cottingham, Healing, UK, by email

References

1. Bishop M A. The patient-dentist relationship and the future of dentistry. *Br Dent J* 2018; **225**: 1059–1062.
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Root canal treatment Netflix warning

Sir, we recently watched the newly released documentary *Root Cause* on Netflix and thought it necessary to make the profession aware of the important message it delivers.

The description clearly states that it will 'set ripples through the dental profession' and 'expose perhaps one of the world's greatest medical industry cover-ups'; and should not be ignored.

As if dentists are not aware of the vast amount of research demonstrating the links between oral and systemic health, this documentary exposes the truth that five years of training is merely a sham, depriving us of vital knowledge that could save lives.

The story follows a patient who received root canal treatment (RCT) only later to develop chronic fatigue syndrome and a host of barriers to him living life to the fullest. Whilst many may label the protagonist as a chronic hypochondriac, his mandate is to abolish RCT

and the weight of evidence provided by the documentary's numerous experts should leave little doubt that RCT does 'nothing positive for the general health of the body at all'.

Critics will point out that these experts of 'holistic dentistry' also described as unconventional dentistry are the subject of revoked licenses, litigation and generalised scrutiny when searched online, but as a profession that has long suffered in the glare of public perception, we should not let smear campaigns cloud our judgement.

Indeed, if peppering their argument with the phrase 'science shows' alongside visual animations was not enough, then the volume of anecdotal evidence provided should sway even the harshest sceptic.

Examples of this include a kidney infection cured by the extraction of a completely healthy upper central incisor – a treatment option that consultants at dental school failed to make us aware of, and one that we will be offering to all our patients who attend our surgery who note a kidney complaint in their medical history.

We hate to be the bearers of bad news but it transpires that it is not only root canal treatment that is attacked by 'Root Cause'. The use of titanium implants is described as similarly hazardous, with one expert comparing the logic to putting a spoon in an electrical socket. Furthermore, the documentary left us wondering why the NHS cannot find the funds for ozone gas to be used after every extraction.

We are yet to hear a response to this cutting-edge documentary from any endodontic societies but it would appear that the science supporting RCT is now redundant, with us as the victims of fake news perpetuated by endodontists in order to sustain their livelihood. We implore our fellow professionals to watch 'Root Cause' and re-evaluate how we currently practise.

K. Walker and S. Reeves, Manchester, UK, by email

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Sepsis

Grateful thanks

Sir, I have never previously read an article in the *BDJ* that has had such an emotional impact on me as I had with that on sepsis.¹

This deeply personal account of the events leading up to one of the authors' baby son's untimely death from sepsis, has had me in tears on multiple occasions, both whilst reading it and whilst reflecting upon it thereafter.