Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Teaching more than drilling and filling

Neville P, Zaharia J, Pilch K, Jayawardena D, Waylen A. The behavioural and social sciences as hidden curriculum in UK dental education: a qualitative study. *Eur J Dent Educ* 2019; **23**: 4611–4700.

Independent oral engineers or holistic oral physicians?

Undergraduate curricula comprise three parts – a formal curriculum (what is planned), an informal curriculum (what is actually taught) and a hidden curriculum (what is being experienced by students). Behavioural and social sciences (BeSS) comprise such domains as professionalism, management and leadership, aiding understanding of models of health and illness, holistic patient care, communication, reflection and teamwork, and introduce a biopsychosocial approach to dentistry. As such, BeSS is often found within the hidden curriculum of the attitudes and role modelling of faculty, as well as the culture of the educational institution itself.

This study, from one UK dental school, explored what appeared to be the negative perception of BeSS amongst dental students. Using structured questions within focus groups comprising students by year group, a number of themes emerged, some of relevance only to the individual school – for instance, that the curriculum was ‘disorganised, overpopulated and lacked cohesion’ and that examination marking was ‘subjective and arbitrary’.

However, other themes emerged which, if common in other institutions, may indicate biases against BeSS amongst students and reinforce the view that dentists are simply ‘drill and fill’ technicians, rather than holistic clinicians. Although negatively influenced by what older students were saying about BeSS, year 1 and 2 students were initially receptive to the course ‘teaching us to be, like, decent people’. There was a preference for being taught by dentists – ‘it’s really hard to relate to a psychologist, because they don’t know’ – and that as dentistry is a clinical occupation, these competencies were best taught and modelled by those with direct experience of the profession. As students passed into the later, more clinically based years, the relevance of the course was also questioned, as they ‘would only have 10 minutes with each patient in practice, there would be insufficient time to apply what had been taught’.

The authors conclude that in a society with changing dental needs, with less demand for drill and fill and increasing concern for health promotion, a lack of awareness of the influence of personal, social, political, economic and environmental factors on health will leave dentists without an adequate knowledge base to provide holistic oral care. The important role of clinical teachers to be aware of, and to acknowledge the relevance of and complementary nature of BeSS, is stressed. The hidden nature of much of what is understood of BeSS within dental school curricula and the potential biases it produces, should be addressed by all dental schools.

<https://doi.org/10.1038/s41415-019-0998-8>

Seeking the perfect smile

Holden A C L. Consumed by prestige: the mouth, consumerism and the dental profession. *Med Health Care Philos* 2019; DOI: 10.1007/s11019-019-09924-4.

The consequences of increasing commercialisation for the dental profession.

Traditionally, the business model of dental practice has been the care of patients, driven by professional standards and etiquette. The introduction of advertising, however, has created a more commercialised model of business, and thus created consumers of dental treatment rather than patients. People who suffer from poor oral health, often related to lower socio-economic circumstances, may be stigmatised and may have problems accessing care in this commercialised world. If dentists misunderstand the causes of poor oral health and barriers to care, then inequity may be perpetuated.

Holden examines the ethics of the converse of this problem. The mouth – in particular, the possession of perfect straight, white teeth – has become a symbol of status and prestige to be sought after, and consequently an almost ubiquitous commercial product to be sold to consumers. Whilst a nice smile can be related to oral health and self-esteem, the danger exists that the creation of that link for commercial purposes can be exploitative. The clinical relationship between patient and dentist becomes less altruistic and the dentist becomes the commercially driven arbiter of what is, and what is not, orally healthy.

We live in a time, however, where the body is seen as a work in progress, something to be improved upon, but never complete. It is ‘a starting point for the process of developing self-identity’. Consumer society, Holden states, ‘demands a managed narcissism, whereby the body is mined to extract happiness, wealth and beauty, whilst simultaneously acting as an efficient, competitive and economic investment’. Status enhancing treatments such as orthodontic braces and tooth whitening are far more saleable than services designed to improve oral health. If dental treatment is increasingly perceived as a luxury commodity, then the consequences are two-fold. Inequalities in oral health outcomes between socio-economic groups are likely to increase and likelihood that state aid for dentistry will be reduced.

The invasion of the professional space by non-dental tooth whiteners and direct to consumer orthodontic products may also be seen as a symptom of this commercialisation. The public no longer perceive that these commercial services are the sole territory of the dental profession. The provision of dental treatment for the purpose of raising status and prestige rather than improving health or treating disease brings into question the nature of the social contract between the dental profession and society. Professional values are needed to protect the public from the conflation of good oral health with the status symbol of the perfect smile.

<https://doi.org/10.1038/s41415-019-1064-2>