EDITORIAL

Dental public and political health

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A good friend recently confided a secret. A secret, she said, contrary to popular belief and accustomed knowledge, is not something that has a limited audience, it is in fact something that you tell *everyone* – but only one person at a time.

Using this as an analogy, most dentists think that they serve dental public health, which we do of course, but only one patient at a time. The GDC describes dental public health in relation to its specialist listings as being concerned with ‘the oral health of a population rather than individuals and has been defined as the science and art of preventing oral diseases, promoting oral health and improving the quality of life through the organised efforts of society’.

When newly qualified and full of the zeal of a convert to solving the problems of the oral health of the world I recall being utterly halted in my tracks by one lecture in particular. The speaker suggested that the most beneficial way of improving oral health was not by drilling, filling and oral hygiene instruction but by political advocacy. It seems almost revolutionary in its audacity and apart from leaving me somewhat sore at the thought that my previous decade or so of studying, exams, blood, sweat and tears to get to be a dentist had been utterly misguided, it also made me feel inadequate to the role. Why had no one at dental school mentioned this as even a possibility? The only hint at any sort of political stance was, if anything, to not have one so as to remain professional, neutral and above ‘all that’. So the notion that dentists not only could but arguably *should* be politically active on behalf of oral health came as a considerable piece of disruptive consternation.

With time I have come to realise the wisdom of the approach and to appreciate that both roles are quite necessary; the personal, individual care that we provide one-to-one (with dental team assistance) to patients and the need to engage on the wider

stage of society. Frankly though, it is not at all easy to do both. Each requires quite different skill sets, resources and circumstances quite apart from specific outlooks and personalities. The overwhelming majority of dentists take up dentistry because they liked what they saw of how the profession worked, which historically is the personal-care model of the individual practitioner. Conversely, they did not understand that the occupation would be primarily involved in paperwork, committee meetings, agendas, lobbying and seeking political influence – or they would have chosen a different life course entirely. In the same way that the Dentists Act defines dentistry, with a delicious sense of flexibility, as ‘what a dentist does,’ dentists would for the

has recently been launched with a view to bringing oral health up the agenda of the politicians currently vying for our and our patients’ votes in the UK General Election. Given that that will be completed on 12 December 2019, one might be forgiven for thinking that this is a short-term document. It is, however, a valuable longer-term marker and indeed distillation of many of the issues which have been concerning us as a profession for some years and which will doubtless continue so to do. Some represent the public health aspects of our craft such as a plea to continue with the decennial Adult Dental and Child Dental Health Surveys. These provide such valuable indications of the state and development of oral health in

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most part define what they do as what they perceived they would be doing when they took the ‘King’s Shilling’ and signed up for dental school.

The dichotomy of these activities, although both focussed ultimately and beneficially on improving oral health, is apparent in all that we do as a profession. Seeking to make a livelihood out of healthcare inevitably brings with it ethical questions which themselves are embedded in the social framework rather than necessarily the world of science and logic. It is here that collective organisations such as the BDA come into play, acting politically on behalf of its members and in turn our patients and wider society. The BDA’s election manifesto, entitled *The Missing Piece* (www.bda.org/missingpiece),

the UK. Some are directed specifically at the welfare of dentists in terms of drawing continued attention to the widely discredited current NHS Dental Contract in England. But as I have written previously we do have to ensure that we look after ourselves and our own health and wellbeing if we are to effectively look after that of our patients; and that is just as pertinent to dental public health colleagues too.

By the time that you read this the General Election will have come and gone but whatever government is formed as we plunge into 2020, the legacy of the BDA’s Manifesto will remain. Do download it, read it and where possible advocate it – or, if you prefer, keep it a secret. ■

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