Tweakment

Shaun Sellars continues this essential series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.

'Teeth have become the new boob job' shouts *The Guardian* headline, and here was my first introduction into the concept of 'oral tweakments', that is, relatively minor cosmetic procedures that aim to enhance appearance rather than drastically alter it.¹ From a dental perspective, think whitening, aligner therapy, and various facial aesthetic treatments.

I'm clearly late to the party, as this rebranding of dental health, or maybe now more correctly 'oral care', has been around since at least 2016, but it shows how dentistry has advanced from simply being a sector of healthcare to having one foot firmly in the beauty camp.² This blurring of the boundaries between health and beauty is driven mainly by influencers both within and outside of dentistry, be they social media personalities or key opinion leaders in their professional field. They all have in common the promotion of the pure white, straight, identikit smile as a sign of both beauty and health.

This cosmetic focus has several downsides, least of all equating oral health to a specific appearance. Even minor cosmetic interventions come with risks alongside their benefits, and even though we often consider treatments such as composite bonding to be reversible, how true is this in reality? Still, these tweakments are undeniably becoming increasingly popular from both a patient and practitioner viewpoint. Patients are more informed than ever about their cosmetic options, and dentists may feel that to keep their heads above water in this ever-competitive world, they need to offer a range of options to attract these patients for these high grossing modalities. Once again, we see (social) media promoting the concept of dental health more successfully than many dental professionals.

Carrying out treatment because we're following trends or under apparent pressure from peers leads us down a slippery slope. We can only work so hard, and if we're looking to do more cosmetic treatment, something has to give. Will that be our more 'routine' work, and if so, are patients going to suffer. Could the beautification of dentistry lead to those in most need of regular care being at risk of missing out?

There is a flip side to the media attention on cosmetic dentistry. Many are using the tips and tricks of the media influencers to promote good oral health in a more general way. Remember, it's not just 'cosmetic' dentistry that's cosmetic. All dentistry is. That composite, onlay or even amalgam is just as deserving of being showcased as the smile makeover that your next patient may be waiting for. So are the pink healthy gums that your patient has reclaimed from the inflamed mess they initially presented with. And how are they going to know unless they get to see it? In our pockets, each of us has the means to produce professional images and videos that only a few years ago were beyond all but the high end professional. We can and should be promoting all aspects of dentistry, not just those that make teeth straighter and whiter.

References

1. Cochrane L. 'Teeth have become the new boob job': the rise of oral tweakment. *The Guardian* 26 April 2021. Available at: <https://www.theguardian.com/fashion/2021/apr/26/teeth-have-become-the-new-boob-job-the-rise-of-oral-tweakments> (accessed May 2021).
2. Jones A. The teeth-tweakments that will make you look instantly younger. *The Telegraph* 3 December 2016. Available at: <https://www.telegraph.co.uk/beauty/face/teeth-tweakments-will-make-look-instantly-younger/> (accessed May 2021).

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FROM THE ARCHIVE

SPECIAL BUSINESS: Election of HRH The Duke of Edinburgh as Honorary Member

This excerpt from the British Dental Association (BDA) AGM was published in the *BDJ* on 7 August 1956, and explains some of the thinking behind electing HRH The Duke of Edinburgh as Honorary Member of the BDA.

The President, Mr R. J. Hooker, moved that His Royal Highness the Duke of Edinburgh, KG, KT, be elected an Honorary Member of the Association. He was very pleased that his first duty as President of the Association was to propose such an important and outstanding motion. The interests of His Royal Highness were many and varied, and the dental profession had in common with him an interest in the welfare of the people and the care of children. After the honour which the Association had in the patronage of Her Majesty The Queen, the acceptance of Honorary Membership by His Royal Highness was the greatest honour which the Association could

receive, and His Royal Highness had intimated his willingness to accept it.

The Chairman of the Council, in seconding the motion, said that 26 years ago the reigning Sovereign had conferred his patronage on the Association, and that patronage had been continued by his son and his granddaughter. In this year 1956, when the profession celebrated its autonomy, he could think of no way in which the profession could be more honoured than by having the Consort of Her Majesty The Queen as one of the Honorary Members of the British Dental Association.

The motion was carried with acclamation.