

EDITORIAL

Distant relations

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Absence, said with a romantic tone, supposedly makes the heart grow fonder. Distance, by contrast, just makes everything more difficult. And if we translate distance into a proxy for trickier communication then the issue creates a greater imperative still. If time is the longest distance between two places, poor communication is the shortest route to dissatisfaction and frustration, misunderstanding and complaint.

The world has gone head-over-heels in love with teledentistry. The undoubted benefits of the technology of digital communication, have been given a radical boost by the pandemic restrictions worldwide. There is no question that it has granted a lifeline in many situations, providing human contact that would not otherwise have been possible. A list of other advantages flow onwards: convenience, the green benefit of reducing the need for travel, time-saving and to some extent costs (although not necessarily value). But I am concerned that our enthusiasm to embrace our new friend, coupled with our keenness not to look like Luddites in the face of new technology, is in danger of overtaking our ability to balance it out with some disadvantages and also to denigrate the unquestioned human advantage of face-to-face interactions.

I often use the analogy of cooking equipment. I would be lost without my microwave but would hate to have to give up my conventional oven in favour of the magic box. I no more want to cook a full roast dinner in the former than drum my fingers as I wait an hour and half to cook a jacket potato in the latter. Am I greedy wanting both or am I using each to its best advantage? I remember very clearly burning my mouth on a sausage cooked for me in the first microwave I had ever seen. How could it have got so hot so quickly? While no one is suggesting that all dentistry converts to teledentistry, as the world slowly returns to a normality more akin to the earlier part of the twenty-first century I feel that we have

to operate a similar hot-sausage caution and recall the enticement of the smell of the fry-up.

This enamour for the distant alternative is spawning concerns further afield than the monotony of mere check-ups as, at last, the GDC has published a statement on direct-to-consumer orthodontics. Highlighting the issues that dental professionals, particularly those working in the remote provision of orthodontics, need to consider, the statement is based on three main requirements. The first is that clinical judgements about the suitability of a proposed course of orthodontic treatment must be based on a full assessment of the patient's oral health. The Council points out that at present there is no effective substitute for a physical, clinical examination as the

contact with that person if they need to.

Opinions differ as to whether the GDC's pronouncement on this matter is sufficiently robust to actually protect patients and, additionally, but not the Council's remit, to protect the financial wellbeing of orthodontists. Except perhaps those with a teledentistry component to their business interests. One should also be aware of the 2020 performance report from the Dental Complaints Service, which provides free and impartial private dental care complaints resolution. This notes that the most common issues raised related to perceived failure of treatment (85%), within which the type of treatment that attracted most complaints related to removable orthodontic appliances, reflecting a rise in the number of



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foundation for that assessment. Further, should a dentist rely upon information from another source to inform their own clinical judgement, the responsibility for that judgement rests wholly with the prescribing dentist.

Underlining the precise potential disadvantages of distance, the statement goes on to advise that the direct interaction between patient and practitioner (whether in person or remotely) is essential for giving patients the opportunity to ask questions, provide valid and informed consent, and be satisfied that the course of treatment proposed is likely to meet their needs and expectations. The third and final requirement being that *patients* [my emphasis] must know the full name of the dental professional responsible for their treatment and be able to make direct

patients seeking remote orthodontics.

The matter of communication in dentistry has long been one which has elicited sighs of irritation from clinicians, all of whom are convinced that they communicate perfectly well with their patients, thank you very much. Matched in equal measure by exasperation from indemnity providers who repetitiously have to point out that the overwhelming majority of patient complaints and claims are due to poor communication. And before we start flipping the miracle of digital and shifting the blame to the anonymity of the screen, we must all be crucially aware of the additional barrier to communication that increased PPE has created. The relationship we have with distance is not electronic alone. ■

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