

## EDITORIAL

# Here's a revolutionary idea

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**P**olitics informed by science. Who remembers that? I can quite understand if you can't recall this justification for a whole raft of decisions, actions and even legislation caused by a pandemic due to the coronavirus as it was so long ago and hardly affects us now at all. I jest. But it is curious how quickly the imperative changes when the situation suits.

As announced in a previous issue and with added details of access in this issue, a newly updated version of the government document *Developing better oral health* version 4 (*DBOH 4*) has just been launched. To quote from the introduction: 'This guidance is issued jointly by the Department of Health and Social Care, the Welsh Government, the Department of Health Northern Ireland, Public Health England, NHS England and NHS Improvement and with the support of the British Association for the Study of Community Dentistry ... [and] was developed with the support of the 4 UK Chief Dental Officers.'

Further, it states in its rather clunky HTML-only form (why no PDF?): 'This resource was produced to help busy health professionals provide high quality preventive care, which is patient centred and aligns with wider health advice, thus promoting general and oral health.' With 13 chapters covering the whole gamut of oral care subjects, its history and development are a great credit to authors and all those involved in the consultation processes and inputs. Indeed, if one was going to peer-review the document, it would be extremely difficult as every potential referee would already have been involved at some point in its creation and refinement. It's that sound in terms of distilled science, evidence, experience, knowledge and practicality. In many ways, it might be compared in its heritage to the publication *The scientific basis of oral health education* in being developed over time and respected as a definitive source.<sup>1</sup> All well and good.

I was pleased to be at a recent meeting for the formation of the UK Chapter of the Alliance for a Cavity-Free Future (ACFF); more detail on this to follow in the journal in due course. It was a face-to-face meeting and provided a refreshing opportunity for those involved to meet in person, many for the first time since the start of the pandemic. As such, it genuinely provided proof of the now commonly expressed opinion that while virtual meetings using the internet have many advantages, creativity in group settings is infinitely greater in the real world. The meeting progressed with its agenda which included frequent mentions of the relevance to prevention of *DBOH 4* and how central this was to the messages on framing future action against caries and cavities.



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It was at this point that a member of the group, a very well-respected, long-time general dental practitioner, posed a question to those assembled. 'To what extent, he challenged 'will the future NHS Dental Contract be modelled on *DBOH 4*?' A mixture of silent eyebrow knitting and sniggers suffused the room. It was one of those moments akin to the 'Emperor's new clothes' when a conundrum so otherwise obviously apparent was at once revealed. The deception made flesh but the answer defied. Surely, the sensible response would be 'politics informed by science.' How is this situation any different from the glitzy choreography of the daily Downing Street briefings on COVID-19? Surely, three lecterns with the Prime Minister, the Chief Dental Officer and the government's chief scientific adviser is the very least to be expected? Hah.

I can't help feeling the sense of our combined incredulity that any such action could ever happen. It is, I'm afraid, typical of the duplicity with which we seek to cover the reasoning for our attitudes and actions towards what we know to be the facts but deflect from the consequent difficult decisions. It falls into the 'everyone knows but nobody likes to mention it' category. Everyone knows that after dental school, no one is going to be able to practise in the real world that which they have been taught as the ideal. Everyone knows that there is never going to be any more state money for dentistry and that dentistry is a business as distinct from a service. Everyone accepts how difficult it is to perceive that prevention is ever going to create the level of

financial return that treatment provides. But we all pretend that as we can go on pretending for as long as we possibly can, we will.

So, in the foreseeable future, will we carry on publishing the next version of *DBOH*, and the next, acknowledging how wedded we are to the absolute importance of evidence-based practice and prevention while simultaneously, euphemistically taking every action we can to bend the rules to suit our point of view? *DBOH 4* and the next NHS dental contract, science and political expediency – discuss.

## Reference

1. Stillman-Lowe C, Levine R. *The Scientific Basis of Oral Health Education*. 8th edition. *BDJ Clinician's Guide Series*. Cham: Springer Nature, 2019.

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