EDITORIAL

Great expectations

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Passing remarks can trigger so much. Leaving the swimming pool recently, I witnessed a conversation between two regulars who were sharing some casual pleasantries. Both of ‘certain years’; politely, those which attract an age-related discount for sports club membership, the lady smilingly commented on how good and healthy it felt when the exercise was over. The man, who I think would be content if I was to describe him as a ‘cheerful old boy’, replied in the affirmative but added that he had made it through thus far with his own hair and his own teeth, so he thought he was doing OK.

For me, the significance of his observation implied that people of his age, I would guess in his seventies, might not routinely expect to have all their own teeth. Further, being of that vintage, he would doubtless remember a time when it was in fact relatively unusual to expect to retain one’s dentition into senior citizenship. His childhood would have coincided with the, at least, early years of the NHS, if not its inception, and he would have reached adulthood before the advent of fluoride toothpastes. So, his expectations were formed in quite another world to our 2022 vision of what we anticipate our oral health might reasonably be. Indeed, it brought to mind a line from a famous episode first broadcast in 1961 of the comedy series *Hancock’s Half Hour* entitled ‘The Blood Donor’ in which the eponymous hero (Tony Hancock – no relation) attends to give some of his prized AB negative. Musing on the state of medical advances with a fellow donor, he opines: ‘I mean look at the things they can do these days. New blood, plastic bones, false teeth, glasses, wigs ... there’s some people walking around with hardly anything they started out with.’

Pertinent and amusing at the time, the incident now records what was in the 1960s a somewhat startling new realisation of how health and wellbeing could be positively

affected by science, technology and healthcare delivery. It was an order with which people were coming to terms post-war when more than a third of adults over the age of 16 years were edentulous, as evidenced in the groundbreaking, first Adult Dental Health Survey conducted in 1968. That none of this seems particularly remarkable to many of us now is testament to the improvements in healthcare in the last half century or more. These are due to the NHS itself but also to rises in the standard of living and to greater personal awareness of what we currently term ‘lifestyle choices’ – which are probably in the long run of the greatest significance to the individual.

In the dental profession, we spend an increasing amount of time on matters

expectations today of patients which will shape their view of oral health in, say, 2062? I suspect they will wish to look good and feel good. To have nice smiles, if not necessarily white teeth. Perhaps to have straightened arches. Assuredly not to experience dental pain. So, in turn, what does that suggest about the services we should be offering or planning to meet these anticipated goals? Is it more of the 1960’s ‘drill and fill’? Is it more focused, individual preventive advice? Perhaps more pertinently, is it attention that patients will no longer regard as strictly healthcare and which by turn they will not expect to be paid for by the state? One of the constantly recurring themes in attempts to conjure revised contracts and differential

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which seem primarily not to do with clinical treatment; an activity that the majority arguably signed up for in the expectation of undertaking it for much of their working hours. The list seems very long and is added to regularly in the form of submissions to the journal as letters, opinions and papers encompassing subjects from obesity through person-centred care and protection issues to access, discrimination, inclusion and disadvantage. All these aspects are of contemporaneous importance, but how central were they to expectations all those years ago? I would suggest less so for a variety of reasons, awareness being one but certainly disease prevalence as another.

What if we project these same considerations forward by a further four or five decades? And what, therefore, are the

fee-paying is time. There is never enough time. Or, more correctly, there is never enough money to cover the time calculated to be needed to make a difference; to gain informed consent, to accomplish shared decision-making, to fully explore minimal interventional dentistry or bespoke preventive advice.

If we are in an era where we have our own teeth, and an expectation to keep them for life, are we also in an era where we acknowledge that a new set of expectations goes beyond that which was encapsulated in the initial NHS treatment of dental disease vision? If so, then great is not the only adjective to accompany this most grown-up of expectations; brave is also required. ■

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