

## EDITORIAL

# Mind your language

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Good titles, like memorable headlines, provide a succinct summary of the contents that follow: a book, a scientific paper, an article, a play. So that, when I was thinking about the subject matter of this editorial these three words leapt to mind with a vague recollection of a television comedy series in the 1970s bearing the title. I think it had to do with being careful what one said and how one said it, perhaps reflecting the early days of what we might now term wokeness but then we just sniffed at as political correctness. In the sense of choosing the appropriate words for the given occasion, the cultural context was as pertinent 50 years ago as it is now, albeit in a very different world.

As dentists, we have a wide and enviable range of skills, as alluded to in my previous editorial.<sup>1</sup> I will probably not make many more friends however by suggesting that good communication skills are not always amongst them. The Achilles heel is that we think we have good communication skills but the reality is often at odds with our perception. One of the exercises I find very illuminating, when conducting workshops on the subject, is organising role play scenarios, asking dentists to be DCPs, and *vice versa*. The results can be very amusing. 'I never say that' protest the dentists; 'you always say that' riposte the dental nurses or hygienists. No blame, no points scored because ultimately it is about patients and what is best for their care.

As the cultural landscape has changed in the last half century, and more rapidly so more recently, the expectations of us have also galloped on. This has meant that our attention to what we do, say and write has concomitantly also needed to become all the more carefully curated and composed. We have for many years been comfortable with discussing diet with our patients. There has always seemed to be a defensible and logical route through caries, sugar, and food and drink. The common consensus is that sugar is bad for teeth and

the consequent expectation is that dental professionals are at liberty to interrogate eating habits and consumption patterns. That sense of territorial responsibility began expanding late last century into smoking and tobacco-use habits. Initially, we were reluctant to probe such behaviours. These were personal matters and various research studies reported clinicians being hesitant to trespass on the hitherto private pathways without further knowledge and training on how to proceed. Being now far more comfortable with talking about tobacco cessation, we have unquestionably been helped by society's views too. The shift to smoke-free public spaces and attitudes of empowerment to object to smokers in one's own home or vehicle

these our business? Can these legitimately be connected to oral health?

Yes they can, insofar as they all relate to the person as an individual and are therefore part of overall patient care. While we might historically have been putting out the caries fire and treating its ravages, we should now be moving towards a situation where preventive intervention is possible, desirable and, with an urgent insistency, sustainable. It is a world in which patient-centred practice, motivational interviewing, interrogation of habits and holistic care are uppermost. But two factors are crucial to success: improved communication and time (by which we of course mean money – another editorial in itself).



**'We think we have good communication skills but the reality is often at odds with our perception.'**

have reinforced that same connection between oral health and general welfare.

Not exactly chronologically, but soon to follow came child abuse awareness, now matured in the rather more subtly expressed child protection. Once again, the required need for familiarisation with processes and further training has been forthcoming and I believe it is fair to write that the majority of the profession now feel far more confident in dealing with such delicate situations than was ever the case previously. Progressively though the list has lengthened. Recreational drug use, alcohol consumption, vaping, vulnerable adult protection awareness and domestic violence now populate an inventory that even a small number of years ago would have caused severe scenes of eyebrow raising and sharp intaking of breaths. Really? Are

In terms of the first, we probably do need the further development we think we don't. A paper in this issue analysing the types of language used in online information available to patients with periodontitis helps to draw attention to this unacknowledged lacuna.<sup>2</sup> Practice websites, which one might expect to feature early on in such searches, are in fact sparsely represented in the top 20 results. We need to mind our language; perhaps we are not reaching the audiences we should be with the messages that are appropriate. ■

## References

1. Hancocks S. Just another day. *Br Dent J* 2023; **234**: 133–134.
2. Beaumont J, Cook N. Analysis of types of and language used in online information available to patients with periodontitis. *Br Dent J* 2023; **234**: 253–258.

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