

The struggle within

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



The idea that dentists are at a high risk of death from suicide is not new. I remember talk of this from when I entered dental school in the late 1990s, and it seems to be supported by historical evidence.¹ But a recent Australian paper shows how serious a problem this is.²

The research found that one in six dentists considered taking their own life within the previous year. Almost a third had contemplated suicide before this. Most shockingly, over 5% of participants, one in 20, had tried to take their own life at some point. This isn't solely an Australian problem. Pre-pandemic research in the UK suggested that around 10% of dentists had considered suicide recently.³ While no post-pandemic research is available, it's hard to imagine that the increased pressures of service recovery have reduced this number.

These numbers sound high, but it's worthwhile remembering that, due to the nature of the subject, it's challenging to obtain accurate data. But there's clearly a high rate of suicidal ideation in the dental profession. The cause of this is multifactorial, and in the UK at least, is related to fear of litigation, patient complaints and regulatory investigation, among other factors.

Recent years have seen the GDC receive a series of Freedom of Information requests regarding the suicide of registrants under investigation. Unfortunately, this isn't information they collect, but there's a strong case that this needs to change. Suppose that dentists are at increased risk of death by suicide, and the fitness to practise process is a significant contributory factor in this. In that case, the regulator needs to understand it has a duty of care to its registrants as well as the public and make appropriate changes to the investigatory process to ensure registrant safety. Conversely, the data may show that, although the fitness to practise process is undeniably stressful, it has no contribution to the death by suicide of registrants.

But we cannot blame the regulator for all the ills in the profession. Intrinsically, dentistry can be a lonely job, with everyday interactions often only on a professional level. Patients have become increasingly demanding over the years, and the fear of litigation is real. In addition, the trend to post cases on social media, partly for educational purposes and partially to sell your skills, can lead to a feeling of inadequacy compared to masters in their field.

Dentists appear to show much higher levels of suicidal ideation than the general public. Job-related stress, psychological distress and

burnout all figure into these numbers, but we are the only ones who can change this. Dentistry needs to become a more supportive profession, moving away from the blame culture that often permeates not only from the GDC but from our own colleagues. High registrant-on-registrant GDC reporting is counterproductive to the profession's health. Colleagues in distress need support, not chastising. If we want dentistry to thrive in the future, dentists and those overseeing dentistry must nurture those practising it.

If you have been affected by the content of this piece, you can reach out to the following support lines: The Dentists' Health Support Trust via 020 7224 4671 and The Samaritans via 116 123.

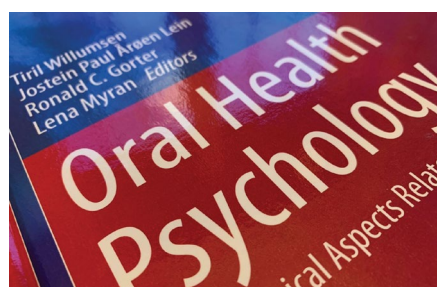
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2. Hopcraft M S, Stormon N, McGrath R, Parker G. Factors associated with suicidal ideation and suicide attempts by Australian dental practitioners. *Community Dent Oral Epidemiol* 2023; DOI: 10.1111/cdoe.12849.
3. Collin V, Toon M, O'Selmo E, Reynolds L, Whitehead P. A survey of stress, burnout and well-being in UK dentists. *Br Dent J* 2019; **226**: 40–49.

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BSPD welcomes publication of oral health psychology book

The British Society of Paediatric Dentistry (BSPD) has welcomed the insights and recommendations outlined in a new book called *Oral health psychology: Psychological aspects related to dentistry*. The book is an international collaboration between dentists and psychologists who draw on scientific research as well as their personal experiences in clinical practice. Published by Springer in November 2022, this academic and practical textbook has been written by a team from Norway and The Netherlands with contributions from paediatric dentists and psychologists from the University of Sheffield.



Dr Jenny Harris, President, BSPD and Consultant Community Paediatric Dentist at Sheffield Teaching Hospitals NHS Trust, who contributed to the book, said: 'Dental teams have a duty of care to provide a safe place for

children to feel that they can ask questions and speak up when they need help or feel scared. Our chapter focuses on recognising and responding to maltreatment or family violence so we can give our patients, both children and adults, adequate help and support. We provide tools to support students of dentistry as well as experienced dental professionals. BSPD believes that *Oral health psychology* is an excellent educational resource and will help readers to solve challenges in their own clinical settings.'

For more information on the book, visit <https://link.springer.com/book/10.1007/978-3-031-04248-5>.