

Whatever happened to trust?

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EDITORIAL

I have often in the past, as have many other colleagues, made humorous play of the clichéd patient remark when entering the surgery, meeting us outside the practice or expressing an opinion in general of 'I hate dentists'. Humorous because the next sentiment expressed is usually along the lines of 'but I'm very lucky because I've got a good one; one I know I can trust.' Which means, in essence, one that I trust because he or she provides treatment, advice and care that are in my best interests.

I am increasingly aware, however, that a plethora of intermediaries is being interposed into this relationship between professionals, and specifically dental professionals, and patients, or the public. Quangos have already re-emerged, as the battle grounds are prepared for the coming General Election, as a prime area of state expenditure that can be effectively trimmed with little or no apparent impact on real outcomes. The political ball game to and fro with such bodies represents as much of a British sport and tradition as Wimbledon tennis itself or perhaps the dichotomy of mind in devising the game in the first place as a direct challenge to our very questionably appropriate summer weather. Be that as it may, it is interesting to note the number of quangos, boards, committees and the like mentioned, for example in the Chief Dental Officer for England's publication *CDO Update* earlier in the year. In its first few pages it mentions the Clinical Effectiveness and Outcomes Group, the new Care Quality Commission, the old Healthcare Commission, the NHS Information Centre, the Dental Programme Board on dental workforce planning and the National Dental Decontamination Survey linked to the HTM01-05 self assessment audit tool. The list continues with the Black and Minority Ethnic and Oral Health Working Group, the Dental Access Programme not to mention the usual smattering of Primary Care Trusts, Strategic Health Authorities and such like.

Much of this speaks to us of a need to legislate driven by a policy of checking as many areas of human activity, in this case dental practice, as it is possible to do. These measures also require the necessary procedural checks and balances, the 'teeth' for the implementation of sanctions should they be required and appropriate routes of appeal. It also, I'm afraid speaks of a lack of trust.

ALLOWING IN THE WILD WOODERS

Of course Shipman has much to answer for in this process, to answer on the personal level to the relatives and friends

of those prematurely in their graves but also to us all in his total disregard for the trust between professional and patient, for which also read society. His contempt has opened the sluice gates and provided, particularly for those with political agendas, the opportunity to allow in those whom Kenneth Graham in *The Wind in the Willows* would term the 'wild wooders'.

The General Dental Council (GDC) has its part to play in this as well. As pointed out recently in our Letters pages,¹ the negativity of the GDC's tag-line is palpable: 'Protecting patients, regulating the dental team'. Why do patients need protecting unless there is a lack of trust? Why does the dental team need regulating if not for the same assumption? It is not many years since part of the GDC's aim was 'supporting dentists'. Now quite disappeared. Indeed, we will soon be hearing the composition of the 'new' Council. Hearing is the correct term because we the GDC registrants no longer have any say, vote, power, influence or jurisdiction over who is *appointed* to the Council, which is done behind closed doors, a situation which I continue to maintain defines us as no longer being a 'self-regulating' profession.²

This destructive circle completes the corrosive loop and instead of healthy trust we are left with the creeping and unpleasant taint of distrust. Certainly we must strive to prevent caries, labour to defeat periodontitis but we must also work quietly, consistently and conscientiously to rekindle the trust that is so tangibly important to the benefit and care we can provide for our patients. We really do have to begin to reverse the decline and to start to recrystallise trust as the jewel of professionalism. Those who would have it otherwise have had their say too loudly and for too long to the detriment and not the protection of the public; the balance needs to be reconsidered.

1. Marshall K. Negative banner. *Br Dent J* 2009; **207**: 53.

2. Hancocks S. A profession no longer. *Br Dent J* 2007; **202**: 235.

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