Research and the axe-factor

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EDITORIAL

I have written here previously about the state of dental research and pondered on the question of what it is exactly that researchers do all day.[1] Written partly in a bid to provide an opportunity for researchers to robustly defend themselves, the piece failed utterly in this objective, which was something of a disappointment since I actually have a healthy respect for what they achieve. In somewhat cloak and dagger style I was taken aside at the next major research meeting that I attended and was advised to keep a low profile. Although done in wary and melodramatic fashion, I think this was to help avoid anyone the embarrassment of having to talk to me rather than the physical threat of inappropriately placed periodontal probes or a violent collision between me and hastily lobbed petri dishes.

One of the serious notes behind the editorial was the need to focus research on questions, the answers to which might be useful in everyday practice but which had been sadly missing to date. I am delighted therefore to report that the Shirley Glasstone Hughes Trust Fund has been working away strongly in recent times and, in concentrating its energies and finances on research in primary dental care, is driving some important innovations in this field. Set up in 1991 after Shirley Glasstone Hughes, a dentist, researcher and BDA member, left her legacy to provide grants for dental research, the Trust has established a website which incorporates the Primary Care Dentistry Research Forum (www.dentistryresearch.org) onto which questions can be added for consideration and on which users can vote as to the relevance of the topics.

As a result, the Trust has engaged a researcher to provide a summary, through a literature review, on the most popular question each month and these summaries have been published in the *BDJ* starting in the previous few issues. Further than this, the Trust has now taken the step of making the question which has gained the greatest support the subject of a £200,000 grant to fund original research. This is a major step forward and is to be applauded. The question is: *Do people living in deprived areas define oral health differently from people who live in less deprived areas, and what influences their oral health related behaviour?*

WHY IS THE QUESTION IMPORTANT?

On first reading, the question might seem rather woolly and not terribly relevant. Surely it would be better to use the money to investigate the bond strength of composite resin to dentine, or some such obviously more practically relevant subject? Yet the answers could be of distinct practical relevance to all areas of practice since, as with many other basic questions in dentistry, we do not know what they are.

In the way that circumstances can curiously coalesce in life, the knowledge may now be of prime significance if indeed the new coalition government is serious in asking people's views on where cuts should be made in public services, or the axe-factor as I believe it has been dubbed. It is something that we as a profession have discussed informally for many years when comparing the value placed on oral health and other elements of health and treatment. Who would vote for fillings against kidney dialysis machines? Well, the truth is that we think we know, by which we mean we can have a good guess, but actually we don't know. Therefore, having a better understanding of how people do define oral health could be of huge advantage. Advantage not just to ivory-towered academics to enable them to dwell on the socio-economic parameters of service delivery in a post-modern construct but to help every clinician to better understand why patients, or even potential patients, chose tooth whitening over posterior restorations or a course of orthodontic treatment over a summer holiday.

If, however, the government is to establish a more open approach to decision making then it would be in the interests of oral health, and therefore general health, if we not only understood what the public thinks of as oral health but could also help to inform, educate and influence their thinking. The evidence to date, such as it is, suggests that the better educated and those in the higher socio-economic groups are best able to express their needs and demands and are at an advantage in seeking out services and accessing them. Yet we are also aware that the two main oral diseases, caries and periodontal disease, are generally worse in people who are deprived or disadvantaged socially. What is less clear is how each of the individuals within those groups defines oral health for themselves and for others and equally how this affects their decisions and choices.

So, the question has been posed and the application period for funding to find some answers closes on 31 July 2010. I wish those applying good luck in obtaining the grant and I wait in eager anticipation for the eventual results.

1. Hancocks S. Asking the right questions. *Br Dent J* 2006; **200:** 649.

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