HUMAN BEANS

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Having been in office for over six months the new chair of the General Dental Council, Bill Moyes, recently made his first public statements. Speaking to *The Times*, he said; 'If patient pressure produced in dentistry the "Lidl to Waitrose" model with all the small retailers in the middle, I'd be very, very pleased. Lidl's cheap and cheerful. That's fine because there's a market for that. And there's a strong market for Waitrose.'

As a metaphor-enthusiast myself, I hesitate to criticise someone else's choices; but really? Supermarkets? Cheap and cheerful? What is particularly worrying is that these comparisons build upon the analogy used by the Office of Fair Trading (OFT) comparing dentistry to tyre specialists and car dealerships. By extension then, should we also compare hip replacements with car spare parts and brain surgery with software repairs?

My disappointment at this maiden speech defies quantification. Mr Moyes's background with the OFT understandably gives him a heightened focus on consumers, prices and competition. And some of these elements are, of course, relevant and pertinent to dentistry. Maybe the balance of the article hasn't properly reflected Mr Moyes's emphasis? But, if these reports do represent his priorities they reveal a depressing lack of understanding of what is really important in respect of patient safety and quality of care.

Progressively we have seen moves from various quarters that seek to commoditise dentistry. By separating the components of patient care into a series of interventions and episodes there has been an attempt to displace the central significance of the factors involved. This relentless fragmentation seems to be based upon the same principles applied to industrial

'Should we also compare brain surgery with software repairs?'

processes in the late 19th century, generating great efficiencies in manufacturing by requiring humans to act as mindless automatons. But in case anyone has forgotten – dentistry is not industrial production and nor is it merely a commercial sale of goods and services. Dentistry is an important clinical activity that takes place between practitioner and patient. The attempt to disaggregate it into small parts loses sight of the indispensable 'glue' that offers patients safety and high quality care.

By its nature dentistry has the potential to cause concern for many recipients, even regular attenders admitting to occasional anxiety. The activity of dental interventions involves highly precise and dexterous acts in a very sensitive area of the human body. As a result patients who find a team that is kind, considerate and clinically consistent, repay that team with great loyalty and repeat business. Good dentistry is, therefore, actually about relationships, trust, and confidence. Dentists don't sell *things* or even *services*, they sell *a part of themselves* – they sell their capability, their consistency, their compassion. Seeking to oversimplify this by comparing patient care to the price of baked beans and sun-dried tomatoes completely misses the point.

For these simplifications to be articulated by those who are driven by either a profit motive or with a desire to suppress public expenditure is perhaps understandable. But their postulation by the chair of the body charged with protecting patients makes for frightening reading.

Recently, BDA PEC Chair, Mick Armstrong spoke of an assault on our profession and its various origins. But in my view this development is bigger still. The real threats to patients, professionals and safety come in the form of ignorance

and facile oversimplification. The continuing application of irrelevant comparisons and mistaken metaphors represents real and present danger.

The public demand for more transparent and independent control of all the professions stemmed from a loss of trust and the desire for greater confidence. The dismantling of professional self-regulation is now well under way. We must insist that its replacement must be with something fit for purpose. It can only satisfy that requirement if it is properly informed, proportionate and intelligently applied. Such fundamental misrepresentations at the very beginning of the process and at such a high level compromise the principles of independent regulation before it has even begun. The tax-payer or patient on the Clapham Omnibus may have had concerns about the perception of a self-interested closed shop. I suspect the same individual would not possibly imagine that the new version was one which actively shunned professional insight and instead favoured remote allegorically based principle-setting.

Whilst we should welcome the insights that come from other sectors we must not allow our own areas of uniqueness to be overlooked. Within dentistry we have readily taken on board lessons from parallel activities. It is now time that those from parallel universes also respect our knowledge. Loss of public confidence in the old system does not mean that everything about it was bad. Nor does it justify a trial and error based alternative that prefers retail principles over clinical insight.

Mr Moyes – please think again. Patient care, clinical quality and safety are really important. Waitrose and Lidl don't know much about those things.

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