SELF DETERMINATION

Stephen Hancocks OBE
Editor-in-Chief

The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

Please direct your correspondence to the News Editor, Kate Quinlan at the BDJ, The Macmillan Building, 4 Crinan Street, London, N1 9XW or by email to k.quinlan@nature.com

Press releases or articles may be edited, and should include a colour photograph if possible.

There has been a lot of press activity in recent weeks on the subject of sugar in our diets and the health consequences linked to caries, obesity, diabetes, cardiovascular disease and a host of other conditions. Interestingly, a television documentary on the subject commented that the only 'evidence' that connected sugar with any of these diseases was for tooth decay; and then ignored this for the duration of the programme. Be that as it may, the common sense connection that we all make as health professionals and as educated human beings is that the greater the amount of sugar (and fat) that we consume the higher the likelihood of developing these adverse health effects.

What is significant is that in a world in which political or social action is constrained by the economic imperialism of industries and multinational companies, the emphasis is frequently placed on the individual citizen being responsible for their own actions and thereby reduce their own risk of developing these non-communicable diseases.

But these macro and micro considerations that we recognise and which we are coming to expect in our patients are also surely applicable to us in our capacities as health professionals? On a macro level our backing of systems that provide, or allow us to provide, a satisfactory level of oral healthcare to our patients often has to come through political routes; specifically via the BDA through its discussions with the health agencies related to the countries within the UK for NHS provision.

'It may be that in future blaming the system will not cut much ice'

On the micro, or individual level, each practitioner makes his or her commitment to a particular system of remuneration be it NHS, third-party payer or purely private in much the same way as we now expect patients to deliberate on activities for a healthy lifestyle. Recent debate in the national press and on television, as well as in the dental press, has centred on whether or not the current NHS dental contract in England and Wales is fit for purpose and whether or not practitioners are able to provide the level and comprehensiveness of service promised by the government. But on both these levels it would be easy to understand how patients might feel that there was a degree of disingenuousness about such an argument. In the first place it is widely agreed that the current system which uses 'units of dental activity' (UDAs) has not fulfilled its aims. This is precisely why the Department of Health

has been piloting different options in practices in a variety of geographical and socioeconomically diverse locations, and why the BDA has been closely scrutinising these and discussing them with the Department. This is in complete contrast to the period prior to the implementation of the UDA system which was enforced without consultation.

As with so much in life the nub of the matter comes down to funding. The government has made perfectly clear that there will be no new money for the new system as compared to the present, so that whatever is offered as a contract as a result

of the pilots will not involve the Treasury in any additional expenditure. If then, on the same micro level as now, practitioners choose individually to accept that contract there is surely a professional, ethical and moral commitment to it and to provide the contracted services. In a year that will see a huge amount of media attention reminding us of the centenary of the outbreak of the First World War, there is perhaps a parallel to be made with 'taking the King's shilling'. It is difficult to imagine how a soldier when faced with the horrors of the trenches would have fought any less ardently just because he then thought that the wages did not match the expected commitment. Similar it is difficult to think that patients might view it as somewhat strange that a dentist would accept to undertake a course of treatment but then decide that because he or she was not being paid enough for it they would either give a poorer service or neglect to give it at all.

These issues of self determination are ones which I suspect are going to dominate our thinking as a society as we move further into this century. While we may, or may not, be pulling away from the financial hardships of recent years the philosophy of greater personal responsibility and also of a more cohesive sense of community responsibility in the use of resources and assets will I think linger. If we are moving towards spending more time educating our patients in the ways in which they can determine their own health we in turn will be expected to have spent a greater time on the due diligence of the ways in which we run our professional lives and the ethics that we employ in doing so. It may be that in future blaming the system will not cut much ice.

DOI: 10.1038/sj.bdj.2014.52