

DEFENSIVE DENTISTRY

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.

I bumped into an old friend recently and was disturbed and disappointed. Allow me to explain why.

It was not a disappointment to see the friend, quite the opposite. It was a pleasant evening and she was sitting outside a cafe with another colleague. We chatted about the usual things; families, the weather, the economy and inevitably the current controversy over the proposed rise in the annual retention fee. She said that the BDA were being widely recognised as putting up a very robust case against the General Dental Council's (GDC) proposal and other elements of regulation, and how this was badly needed. So far so good. The disturbing part then followed.

She related how she had recently seen a young colleague of hers, a dentist a few years qualified, who had attended various implant courses and, as an excellent clinician, had subsequently and successfully placed tens if not hundreds of implants. She asked him how it was going. 'I'm not doing any more implants' was the surprising reply. Terrified by the prospect of a GDC disciplinary procedure or a legal case he had been considering giving up implants for some time. Then, having seen the most recent GDC advert in the national press encouraging patients to complain about their dental treatment he had decided that it just wasn't worth the aggravation.

What a terrible indictment of the system under which we work and of the pressures that our society places on professions, for I am sure that this has repercussions far wider than in dentistry alone. How awful to be terrified of working in your chosen career in case you are complained

'How awful to be terrified of working in your chosen career...'

against, investigated or sued. The floating pleasantness of the light September evening air gave way to a chill breeze that disturbed me more than I wanted to disclose. One might reasonably argue that this is one case, evidence based in that it is true but perhaps extreme and not of itself proof of widespread disaffection. But what disturbs me is that the thinking behind this young practitioner's decision is probably not exclusively his. What may seem to some like a rather extreme withdrawal of services may represent the tip of an iceberg.

This may not be as manifest as clinicians declaring that they will no longer provide a particular form of treatment, quite apart from anything else this may seriously undermine their livelihood. It may, however, be symptomatic of a nagging seed of doubt in practitioners' minds about taking any borderline, unnecessary or extended risks. Perhaps such caution

is to be welcomed but I think there is a self-defeating deception at work here. Defensive dentistry, as it is sometimes termed on the back of its distinctive cousin defensive medicine, does more than prudently assess risk, it positively discriminates in favour of taking minimal or no risks. It shrinks from suggesting, let alone attempting, any action or treatment whether or not it is in the patient's interest 'just in case'.

It may be argued that withholding treatment options is against not only the spirit but the actuality of gaining meaningful consent. Yet the covert nature of defensive decision making subverts this not out of deceit but out of a subconscious

neutrality of behaviour that gradually saps creativity and with it progress.

It is a pattern that we see the world over in terms of the variety of care delivered by different health systems. If the emphasis is on treatment then treatment is what is provided; if the accent is on prevention then that takes the uppermost. It is human nature and once a defensive position is established it is very difficult to unravel without a huge reversal of the distrust and lack of respect that has engendered it.

It is unlikely that the GDC alone is to blame; the general trend in society is towards a blame culture and a more rapid reach for litigation, with plenty of lawyers ready to line their own pockets *en route*. However, the level of fear and distrust cannot have been helped by the Council's corporate attitude over a number of years culminating in their most recent open hostility to the dental profession. There was a time when part of every young dentist's education included a visit to the GDC to see how it worked. The Council has now stopped this. There was a time when careers information was published by the GDC (I still have the booklet I was given as a fifth-former) – no more.

In protecting patients (although I suppose now given the recent slant on consumerism they should surely have the strapline 'protecting clients') no one would have respect for a statutory body that was seen to be in connivance with the profession it was regulating. But a degree of constructive engagement does surely make some grown-up common sense. I remain disturbed, as well as saddened, for the young disillusioned colleague. I hope we can collectively mount an attack against this insidiousness of defensive self destruction.

DOI: 10.1038/sj.bdj.2014.863

