

COALESCENCE

Stephen Hancocks OBE
Editor-in-Chief

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

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For one of the projects when I was at drama school we were formed into small groups, each of which had to devise a name for itself. Being arty people there was a myriad of suggestions and one that I favoured was coalescence. It seemed to me to neatly define the process of merging the creative energies of everyone with their different perspectives, skills and experience.

I mention this because I feel it is an action, and a philosophy behind that action, that we urgently require on the subject of childhood caries. I have written before about society's apparent lack of concern, bordering on disregard, of the issue of the rising number of general anaesthetics being given to young children for the purposes of tooth extraction.^{1,2} That was four years ago and the recent release of even worse figures plunges me into a despondency that we may never solve this problem. As I wrote then, dental caries is in theory a preventable disease but in practice it seems not to be so.

Various voices have started to speak out on the subject, coming from a range of different backgrounds in child health and development. Denplan recently supported a policy roundtable at the House of Lords with an invited group representing a wide range of opinion and activity in the field and which optimistically connected various people who may be able to take forward joint initiatives as a result.

A new survey published by dental group My Dentist has revealed how a lack of understanding around oral health among parents is costing the NHS £22 million a year. The BMA

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has called for a tax on sugar in order to help reduce obesity. The British Society for Paediatric Dentistry has been concertedly active in pushing the case for improved services and specialists. But what we need more than anything is joined up activity, concerted action. Coalescence.

I also wrote recently about the need for a voice in dentistry.³ So it is pleasing that Mick Armstrong, Chair of the BDA, said in a press release that, 'tooth decay is the leading cause of hospital admissions among our nation's children, and parents, teachers and policymakers need to take their share of responsibility. We have to get children into the habit of good oral health, and that will require partnership and commitment on all sides. It requires an end to mixed messages. We have to be clear that sugar hurts mouths as well as waistlines. We are dealing with preventable disease, and it's vital that parents understand the regular, free check-ups are the best defence. Policymakers have demonstrated a shocking indifference to the nation's oral health. Yet in Scotland we've seen real innovation. The Childsmile programme has reached out to nurseries and primary schools to turn oral health problems around. Already it has cut NHS treatment bills, and shown that dental disease and deprivation don't have to go hand in hand.'

Whether it is the BDA that leads on these initiatives or not, the important factor is that someone or some organisation does so in concert with others,

bringing together a range of contributory matters. So many elements need to come together because the admittedly complex story needs to be expounded in a coordinated way. Sugar is a cause of caries and of other conditions, such as diabetes and obesity, yet the government has just announced that it is deferring Public Health England's detailed assessment of the likely success of a range of measures to curb the nation's intake of sugar, which health experts say is too high. Although the government has accepted the recommendations of the Scientific Advisory Committee on Nutrition report on carbohydrates and health; it is not considering a sugar tax.

In dentistry we have been attempting to get our message over for countless years about the shocking levels of caries; now, arguably even more shockingly, obesity threatens to start reducing the average life expectancy of children born today and yet still there is apathy and inactivity. What will it take to get these messages across to politicians, policy makers and indeed our patients?

In the event, at drama school we settled not on the name of coalescence but on kaleidoscope, which worked well. Whatever name we chose to call our initiative we need to ensure that we merge our strengths and that, like a kaleidoscope, we change the chaos of random pieces into a coherent strategy that improves child oral and general health. We really do owe it urgently to our future generations.

1. Hancocks S. Suffer the little children. *Br Dent J* 2011; **210**: 341.
2. Hancocks S. Oh sugar! *Br Dent J* 2014; **217**: 105.
3. Hancocks S. Having a voice. *Br Dent J* 2015; **218**: 437.

DOI: 10.1038/sj.bdj.2015.587