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The monthly charm quotient

It has long been considered that dentists need to be good communicators with an ability to be empathic towards their patients, and it has also long been considered that dentistry is a stressful occupation. A recent publication, from the British Dental Association, with almost 3,000 respondents, has reinforced this view, with 55% of respondents indicating that they were currently experiencing high job stress, with general dentists reporting the highest levels. The greatest source of stress was the threat of complaints/litigation, closely followed by dissatisfied patients, the risk of making a mistake and red tape/bureaucracy. Compared with previous studies on the same topic, fears about litigation, dissatisfied patients and regulatory issues now feature more highly, while ‘running behind schedule’ was no longer the primary source of concern. Another theme arising from the study was the feeling of persecution.

Why? Readers will be aware of the increased opportunities for patients to complain about their dentist. Social media is now a powerful source of comment (good and bad) and a look at the NHS Choices website reveals how patients (or supposed patients) can write anything that they wish about a particular dental practice or dentist. And they don’t even have to be honourable enough to put their name to a particular comment. While the majority of comments that I read in a quick scan of Birmingham dental practices on the NHS Choices website were positive, I was amazed at the forthrightness of some of the adverse comments: for example:

■ A very unorganized unhygienic practice;
■ I think the whole team needs training on how to deal with patients, especially one dentist;
■ Dentist was in a bad mood and decided to take it out on me;
■ Dentist didn’t know how to work the machines in her surgery;
■ Called the practice 16 times, no-one picked up;
■ Waited 45 minutes to be seen, no apology;
■ Attended for two consecutive appointments and was told that my dentist was not in,
■ I would recommend extreme caution when dealing with this practice: on entering this building, it feels like you’ve walked into a prison;
■ They clearly treat patients like animals, staff look demotivated and rationed as if it’s WW2. Having read these, I am not surprised by the results of the research. Some of these statements may be considered entirely justifiable (running late – no apology, phones not being answered), but others can be considered malicious and, who knows, could be made by someone with a grudge against a particular practice for reasons unrelated to teeth or, dare I write it, by a potential competitor.

There is no rule which states that we have to like all of our patients. It helps if we do, because the practice will grow and then become more like a big happy family! My own experience in practice was that many of the patients who didn’t like me (for any reason – the way I talked, the way I gave injections or whatever!) went elsewhere, but a small number remained like a thorn in my side, always determined to have something to complain about, no matter how trivial. That was a reason why I never looked at the following day’s appointment list! The paper concluded that the way ahead was to reduce regulation and improve dentists’ working conditions.

Perhaps one way ahead is to ring fence the dentist from nasty comments made anonymously by patients, to ensure that all comments made on any type of media are given by someone with a name, so that the clinician or a member of the dental team can identify with that particular patient’s gripe. At present, anyone can masquerade as a patient and their words appear unvetted (by anyone, including the dentist or the practice) on the website. By making it mandatory to put a name and address to their statement, the dentist and patient would then be on a level playing field.

Every clinician, and indeed every member of the dental team, has his/her own ‘monthly (or weekly)’ charm quotient, my definition being the amount of charm that we can dish out willingly to a difficult or unreasonable patient in any given period of time: the.
available charm can be used up on the first day of the month, in which case the rest of the month is a stressful smile through gritted teeth. But, eventually, having to do this time after time is what leads to the feeling of stress and persecution to which the excellent work by Collin and colleagues have alluded.

When preparing this Comment, I had planned to use some of the many (older) references on stress in dentistry. By coincidence, two authoritative articles on the subject appeared early in 2019! These, commissioned by the British Dental Association and the Shirley Glasstone Hughes Trust, supplant most previous work on the subject, by demonstrating, on a large sample of UK dentists, ‘alarmingly high levels of stress’, adding that research into this is urgently needed. Some dentists will have a higher ‘monthly charm quotient’ than others: in the continuing quest to deal with complaining patients (some of whom will have a genuine complaint, while others will not), may I suggest that we try to expand our charm quotient as much as possible in order to cope with the unreasonable patient who might be tempted to write on social media. The old adage that ‘the patient is always right’ is not always right.

Finally, this issue sees part three of the superb three-part series on occlusion by Shamir Mehta and Subir Banerji. These papers have contained a massive amount of information on the subject, and could easily have been renamed ‘Occlusion made easy’ or ‘Occlusion explained’: These are essential reading for anyone placing a restoration of any sort. Many thanks gentlemen.

References

Thank you to our Reviewers

Every paper in Dental Update is considered by two reviewers. I would like to thank all those on the list below for giving their time and expertise in checking the validity of the papers published in Dental Update in 2018 and making suggestions on how papers might be improved.

FJ Trevor Burke