

EDITORIAL



Social media: A picture perfect storm?

By David Westgarth, Editor, *BDJ In Practice*

At last month's British Orthodontic Conference in Glasgow, talk was rife amongst the delegates about the dismay caused by the increase in direct to consumer orthodontics. Patient safety and marketing tactics were buzzwords, a feeling that has clearly been brewing for some time. This culminated in the Oral Health Foundation and the British Orthodontic Society joining forces to create a campaign dedicated to raising patient awareness of the dangers of 'DIY ortho'.

While no-one questions the validity – and unfortunately the necessity – of the campaign, for me, there was an elephant in the room, one with a smartphone and a degree in dentistry.

I have multiple social media accounts across all platforms, and I'm going to address one of them; Instagram.

The current landscape of dentistry means it is an increasing dog-fight in the private field. Patients are being pushed from the NHS due to access problems, amongst other things. And when it comes to patients, they are now no longer purely referred to as patients; they are consumers. They consume information, and the marketing of many of the direct-to-consumer brands was dissected and identified as a potential threat to patient safety. The campaign was described as a 'reactive' approach, rather than an evidence-based need for heightened patient safety at the moment, and that leads me to the patient/consumer crossover.

Any cosmetic dentist on Instagram treats their patients as consumers. In fact, at the Nobel Biocare Global Symposium and the Invisalign Summit, it was openly encouraged to do so. It was good marketing, they said. Before and after images displayed on the platform show patients what can be achieved in a single swipe on an Insta story or a post. I have even attended conferences that talk about 'the positive influence Instagram can have on your patient base'. And every time I scribble down one thing in my notebook; responsible?

These dentists need to consider their role in the growth of direct-to-consumer dentistry. Perfect smiles are offered and there is no context to the compliance, the visits, the oral health status nor the process the patient/practitioner had to go through to achieve the end result. Yet no-one seems to suggest this may adversely affect patient safety. After all, the patient is no longer a patient, they're a consumer, a description that inverts the relationship. The consumer tells the practitioner what they want, and it goes from there. Were they patients, they would be told what they needed and go off and assess the information.

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But they're not patients. And so if they want direct-to-consumer orthodontics – or teeth whitening for that matter – that's what they will seek out. And no amount of patient awareness will prevent that. Behaviour change is a topic much discussed in these pages. It doesn't matter whether you know three bottles of prosecco followed by a McDonalds is bad for you or not, if you want to do it, you will do it. That's the power the consumer holds, and it is a power dentists have willingly given to patients in order to get them into their surgery.

As social media is an un-monitored platform, any dentist can post what they want. It was a point Martin Kelleher made in his presentation at the conference, and for those not in attendance, he promptly proceeded to deconstruct and destroy what he called 'dental comics' and 'largely unchallenged evidence'. And this is what social media has become – a platform where anything is posted claiming to be better, faster and bigger than the last great advancement. And, the rise of the influencer means this goes unchallenged. You might find a situation where one dentist makes a comment about how amazing product X is, without declaring they are being paid by company X for doing so. Then along comes Y, also paid by company X, who says they have also installed product X and it's a game-changer to delivering a perfect smile, again making no declarations of conflict of interest. Job done – one social media post can I have my cheque now please?

Besides the point that there is no such thing as a perfect smile, collectively dental practitioners who consider themselves pioneers in social media dentistry need to assess whether they are responsible or complicit in creating the very dangers they are now working so hard to protect patients from. The BOS, OHF and the BDA all have a role to play in supporting the CQC and GDC in assessing whether direct-to-consumer is the practise of dentistry or not. Until then, there is a collective responsibility to consider how you use social media, and more importantly the unintended consequence and influence it is having on patients, for they will always be patients, as that is the best way to ensure their safety. ♦

