

# The cost of doing business



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There's a brilliant website I look at every now and again when I'm in need of some light humour. Tyler Vigen's 'Spurious Correlations' is a diamond. My current favourite is correlation number 1,604: butter consumption correlates with ticket prices at North American movie theatres. To embellish, there's an explanation of the correlation from GenAI, which for the stated example reads: 'As people started slathering on more buttery toppings at the movie theatre, there was a sudden surge in demand for extra napkins. This napkin shortage led to an increase in production costs for napkin manufacturers. To offset these rising expenses, the movie theatres had to raise ticket prices in order to cover the cost of the now luxurious, butter-absorbing, premium napkins. Remember, it's not just about the buttery popcorn anymore - it's about the whole buttery experience!'

Deliciously funny and ironic, but it highlights the folly of correlation not meaning causation.

At this point, I would like to draw your attention to a small news item in this issue. Data from anti-poverty campaigners Church On The Street revealed that searches for 'tooth pain' have exploded 500% in the UK since June 2010, but the kicker here was the additional words to finish the

sentence, which read 'the year the Coalition government took power'. Ouch.

That was not an accident, but it immediately made me think of the spurious correlations. And it made me think of it because it most likely would not qualify as a spurious correlation; there are reams of datasets pointing to dentistry's decline in the intervening years. The British Dental Association is apolitical. It cares not for the colour of the rosette in Downing Street, but what it does care about is the state of dentistry in the UK. We are in the evidence-based business, and there is overwhelming evidence that suggests it is not a spurious assertion.

The cost of doing business in those years is laid bare by Innes-Taylor *et al* and Hearnshaw *et al*.<sup>1,2</sup> One article delves into the gap in provision of unscheduled dental care, experienced by those with expressed urgent dental care need, and the other points to the role flexible commissioning could make at local level with ongoing discussions about contract reform rumble on. In the previous issue of *BDJ*, Chapman *et al* opined on the hidden psychological cost of lack of access to dental care.<sup>3</sup>

It is not spurious to suggest these elements of dentistry – contract reform included – should be a thing of the past. The profession faced the reality of the cost of doing business with a government which (the BDA highlighted) issued false, inaccurate and misleading statements over the state of NHS dentistry. In a speech at the British Dental Conference and Dentistry Show in Birmingham in May, the then shadow minister for Primary Care and Public Health,

Preet Kaur Gill MP, boldly declared that there was no need for the profession to worry as 'the cavalry was on its way'. Will things be different 15 years from now? That is the hope.

For now, the picture is very different, and a lot darker. In this issue's cover feature, members of Whittington NHS Trust Oral health promotion team discuss the frankly abysmal state of the nation and how it has left some children spitting toothpaste into a tissue as they don't have access to a bathroom. Just let that sink in, for a second. What have we become? Again, the cost of doing business laid bare. Little wonder then, in their latest article in the series on the health of the dental professional Jones and Brooks discuss depression.<sup>4</sup>

Dentistry is at a crossroads. These examples of Grand Canyon-esq gaps in the profession cannot be papered over any longer. The public deserves better. The profession is crying out for the backing – financially and legislatively – of the government. It remains to be seen whether the cost of doing business in the last 15 years was too costly to enable these things to happen. ♦

## References

1. Innes-Taylor D, Mead A and Yasen Z. Addressing the dental care gap. *BDJ In Pract* 2024; **37**: 329-331.
2. Hearnshaw S, Cenic A, Atkinson J *et al*. ICB Flexible Commissioning: Can ICBs collaborate to meet common local oral health needs? *BDJ In Pract* 2024; **37**: 332-334.
3. Chapman H, Kirby-Turner N and Moghaddam N. The hidden psychological cost of lack of access to dental care. *Br Dent J* 2024; **237**: 253-254.
4. Jones R and Brooks J. The health of the dental professional part 4: Depression. *BDJ In Pract* 2024; **37**: 338-339.

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