

# A risky business

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EDITORIAL

There is a streak in any editor, I believe, that includes a little devil's advocacy and I confess myself to possess a modicum of this from time to time, though only ever for a purpose. Thus it was that in an Editor's summary of a research paper in a recent issue, I questioned the situation surrounding the implicitly expressed horror of discovering dental unit water lines (DUWL) in practices that had considerably higher levels of bacterial counts than was recommended.<sup>1</sup>

I dared to question whether there was evidence of an actual disease risk stemming from such high levels of microorganisms and therefore by implication whether our addiction for the fix of 'evidence' might be obscuring our judgment as to the relative risk of implementing guidance based on theoretical grounds. It is a question I also raised in a similar context a year ago in relation to single use endodontic files and to HTM 01-05.<sup>2</sup>

I do repeat again, for absolute clarity, that I am not advocating that we should employ anything less than the mandatory or recommended standards for infection control for the health, safety and welfare of our patients and teams. Nor would I suggest other than that colleagues who fall below such standards should be appropriately dealt with. But what I do question is the level of risk that we are prepared to accept as a society and, concomitantly, the level at which we as professionals should advise that the risk be countered.

## RISING TO THE CHALLENGE

However, rising to the challenge of providing the evidence I enquired after, Caroline Pankhurst, a very well respected authority on cross-infection control, has kindly written a comprehensive letter, which we publish in full this issue on pages 485-486.<sup>3</sup> I urge readers to turn to this letter at this point and witness for themselves the report of the tiniest number of infections actually detected and linked to DUWL and the only slightly greater number of possible incidents from around the world; despite millions of dental courses of treatment undertaken hourly.

Once again, I do not mean to belittle the seriousness of any such infections to the individuals concerned but I do think that this line of thought tracks back not to individual harm or otherwise but to the current obsession for the imperative of regulation.

As we will see as we revisit this subject in future editorials, the growing hunger for regulation, control and activity

predicated in the defensive fear of 'what will happen to us if (insert worst scenario) occurs?' has overtaken the realism of living with the consequences of 'what happens if ... we do not'. The danger is that we fail to even ask the question and thereby give ourselves the opportunity of balancing the risks. If the worst scenario does come to pass what are the possible consequences? Well, we get blamed, the press make a splash of it, we get sued... but the fear of this is spawning a society in which risk is not in fact smothered or ameliorated but in which the apparent sanitising of it denies us the opportunity to build a resistance to it. In the same way in which Caroline Pankhurst in her letter describes how low level exposure to microorganisms creates an immunity, so too I believe do we have to accept that low grade risk is good for our immunity as a society.

What *will* happen is that we will be required, quite rightly, to explain. We will have to say that we made a choice based on our professional assessment of the situation. Instead of spending millions of pounds on chemicals to clean water lines, to eradicate the possibility of diseases that we cannot prove that they are responsible for causing anyway, we chose for the greater good to spend it on preventing dental disease that we can prove exists, that does cause pain, discomfort and distress for many people and is a patently better use of resources. Theoretical *Legionella* prevention or actual pain relief? You choose and you tell me which our patients would choose.

But we have to be grown up enough as a profession to do this. We also have to explain to the press and our patients that they too have to have the maturity to understand that choices need to be made and that sometimes some aspects of those choices have consequences that we might prefer they did not. At a time of financial stringency the requirements to expend money, time, resources and stress on diminishing returns to which common sense alone, never mind demonstrable lack of our near-hallowed 'evidence' provides pointers, is a mark of a society that has confused safety with being safe and jeopardises beneficial activity by its stultifying obsession with an overbearing interference.

1. Hancocks S. Editor's summary. *Br Dent J* 2010; **209**: 354.
2. Hancocks S. The artful science of politics. *Br Dent J* 2009; **207**: 303.
3. Pankhurst C L. The risk does exist. *Br Dent J* 2010; **209**: 485-486.

DOI: 10.1038/sj.bdj.2010.1040