

BASCD Presidential Address

BASCD SPRING SCIENTIFIC MEETING

‘Oral Health Inequalities, What matters, what works?’

26-27 April 2007, Edinburgh, Scotland

Ladies and Gentleman, it gives me great pleasure to both address you today, and welcome you to Edinburgh. It is a great honour to be elected as president and to follow in the footsteps of the famous names in the history of UK dental public health that appear on this weighty badge of office.

First, I would like to thank Sue Gregory for leading our association through another busy and demanding year. You may recall that it was in Cambridge, in March 2006, Sue stated that it was chance that her conference coincided with the biggest change in NHS dentistry since 1948. nGDS went live in England & Wales, and this happened just after we left the restful confines of Robinson College. Sue’s contribution to community dentistry, dental public health and her leadership of BASCD has been outstanding. Because of her leadership the Association is robust and healthy. From everyone, thank you Sue.

I also have to thank the members of BASCD council who work hard on behalf of their members. Our council members do make a huge contribution to the association and both the benefit of their experience and the fruits of their hard work have made my time on BASCD Council so much easier.

One of the many strengths of BASCD is our broad membership. All of you members, officers and council are drawn from a wide spectrum across dentistry. So that our meetings always have tremendous atmosphere which I think results from the many different perspectives that delegates bring to the meetings. I would encourage each one of you to introduce at least one suitable work colleague to BASCD to make sure we grow and continue to be the specialist society for community dentistry. I would also ask the younger members to consider standing for BASCD council. My experience is that you will not be disappointed.

I enjoyed an excellent training in Dental Public Health; in fact I had a great time, I would recommend it to everyone. It was a privilege to study public health and widen my horizons. I’d like to take this opportunity to thank the two individuals who supervised my training and who shaped my whole career.

The first, many of you will know, as the previous writer of the current affairs and comments section in *Community Dental Health*, the gossip columnist himself, Geoff Taylor. I can honestly say, “Geoff taught me everything I know.” Thank you Geoff.

My second trainer was Keith Woods. BASCD has a superb dental epidemiological database, the school based

BASCD surveys, which without doubt are the best in the world. Keith Woods helped in establishing, developing and embedding the BASCD surveys in the North West of England and working beside him you could not help but learn from his enthusiasm and the care he took and his attention to detail. Keith also had a great sense of fun and he regularly thrashed me when playing squash.

Keith sadly died on 17th September 2005 not long after he retired. For someone who pursued so many keen interests, his death, to me, was unfair and unjust. Therefore, it is some consolation for me to introduce The Keith Woods memorial prize to BASCD. This is an annual prize for a written piece of original research work or good practice in dental health needs assessment or dental epidemiology. I hope that as an Association we can publicise it widely so it becomes an accepted part of dental training and education.

The theme for my presidency is reducing inequalities in oral health. I believe that reducing health inequalities is the most important problem we have yet to address and I am glad to say that the governments, in both Holyrood and Westminster agree with me. Some of you will be too young to remember but throughout the eighties in this country we were unable to call them inequalities in health, referring to them euphemistically as health variations! Certainly when I started in Dental Public Health, running a conference around this theme would have been unthinkable. Today it is at the centre of government policy, even if there is little recent evidence that government policies are reducing inequalities.

The eighties and nineties were a period of rediscovery of health inequalities and of clarification of their intractable, corrosive and ruthless relationship to poverty.

In social class one the standardised death rate from oral cancer is about half of the national average, for males in social class four it is double the national rate or four times the rate of social class one. It is only a gap if you look at the extremes. If we look at the population as a whole there is a clear socioeconomic gradient. Please also note that these are death rates, so it includes both the incidence of the disease and the treatment received for the condition. We know from the work of Dr Julian Tudor Hart that there is an “inverse care law” in both medical and dental care, so the four-fold difference will result from first, a higher incidence and second, poorer survival in people at the foot of the social scale.

So, why do we still have poverty, and if we got rid of poverty would we reduce inequalities and flatten the

health gradient. Well the evidence seems to suggest yes. The government accepts this and using the ideas and work of Anthony Giddens, the architect of the third way of the current Westminster government, they are using the market through employment to try and get people out of poverty. Now note that although The Market, Capitalism, call it what you will, is the problem I am not suggesting we get rid of it. I find echoes in Churchill's comment, "Democracy is the worst form of government, except for all those other forms that have been tried from time to time." I don't know of an alternative to capitalism and like democracy or life itself, things might seem bad until you consider the alternative!

Now one individual who first described the market system was a Scotsman called Adam Smith in his treatise, *Inquiry into the Nature and Causes of the wealth of nations*.

Adam Smith was not an economist, he thought of himself as a moral philosopher. His legacy, Capitalism, the market, free enterprise, is what currently drives modern society, globalisation and our ever expanding carbon footprints. However, if we go back to his writing we find that there are three myths which have been generated around Adam Smith.

The first myth is that there is an invisible hand guiding the market. Free marketeers often talk wondrously about it like a supernatural presence, whereas it seems Smith, like any good Scotsman, was actually being ironic. Superficially it may appear that everyone in the market is moving as if guided by an invisible hand. But his real point was not that a market-based order is perfect, but that it was more beneficial and rational than systems derived by politicians – and I think everyone can agree with that!!! Economic theory suggests that if we had an infinite number of suppliers, an infinite number of consumers – that's you and me - and everyone had perfect knowledge about the market, then it might well be self regulating. A perfect market. However, the reality is that suppliers crave monopolies, just look at supermarkets, and they keep us in ignorance.

Adam Smith was not born in Edinburgh, but over the river Forth in Kirkcaldy in the Kingdom of Fife. Fife just happens to be where the current Chancellor of the Exchequer, Gordon Brown, has his constituency, so instead of an invisible hand guiding the market we have a great clunking fist guiding the market.

The second myth is that in a market there is little role for government. In fact the opposite is true and Smith actually saw an essential role for strong government.

He clearly states that government is necessary for defence, to protect society, to provide a system of justice and importantly protection of individual rights. He contends that government is also needed for essential public works, such as roads, bridges, canals and harbours. I would include the national health service as an example of a great public work. And if we needed an example of the good that a strong Government can do, I suggest that the ban on smoking in public places is a perfect example.

The third myth is that Smith's work somehow mandates big business and the merchant class to do what it pleases to turn a profit. That the benefits of free enterprise justifies the means and the price is whatever the market will bear!

While Smith writes highly of free markets he treats businessmen in a very different way. He believed that the main beneficiaries of the free market would be the consumers. He was very concerned by the narrow attitude of businessmen and actually thought that the free market was a method to check the greed and power of merchants. He saw a form of corruption flowing from commercial society for as capitalism increases specialisation, the so-called division of labour, those involved in this means of production become narrower in their interests and less concerned with what happens beyond the factory gates. He clearly states in the *wealth of nations* that this deserves the serious attention of government. For instance, I think Adam Smith would have been in favour of a law which defined corporate manslaughter. How does Smith suggest we prevent this, "deformity of the human character" as he called it, resulting from the division of labour? To combat these cultural costs of capitalism he suggests; Education.

The Scottish reformation is largely attributed to the Calvinist John Knox, and his house on the Royal Mile, here in Edinburgh is a popular tourist attraction. One benefit of the Reformation was the establishment of local schools providing education for all Scottish children – this was the origin of the idea of well-educated ordinary Scottish people. There is good evidence of very high levels of literacy and numeracy among the Scottish population in the sixteen hundreds. How did Rabbie Burns, the son of a tenant farmer come to write such eloquent and beautiful poetry? It is a sad fact that in Scotland today we seem to have slipped back somewhat from these high achievement levels of the three Rs, reading writing and arithmetic. However, at that time the result was a cohort of Scottish accountants and quartermasters who helped to run the British Empire.

Adam Smith clearly saw the shortcomings of a society organised around gratification of self-interest and the calculation of profit and loss, and his solution, or one of them, was learning and education for as much of the population as possible – interestingly a similar solution to that suggested by Karl Marx! Nowadays, we have systematic reviews of research evidence and we know that health education on its own does not produce behaviour change. Health promotion, through building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and yes, even reorienting health services – as we are doing today - may allow individuals to maintain this wider perspective on society. So basically we need to apply the elements of the Ottawa charter more effectively to capitalism, to control it, and only then will we realise the benefits of the market for the consumer – that's you and me – the benefits that Adam Smith postulated.

In coming to Edinburgh for this conference you might think that such an affluent city is hardly an appropriate place to consider health inequalities. I disagree! The latest BASCD survey of 5-year-olds in the current issue of our journal *Community Dental Health* shows that on a UK basis Scotland has a comparatively poor record on dental health. Both Scotland & Wales are currently black spots with regard to mean dmft of 5-year-olds.

Edinburgh also had a reputation as the HIV capital of the UK, caused by intra venous drug addicts sharing

needles. Can I mention the film *Trainspotting*. Has anyone seen it?

The opening scenes in *Trainspotting* follow a chase where two of the main characters are caught shoplifting. The narrative of these opening scenes caught the imagination of the public for a time and questioned the value of acquiring material goods; dental insurance is mentioned and so is stuffing junk food into your mouth. All very relevant to dental health and a modern take on the futility of existence. *Trainspotting* showed that even in leafy Edinburgh we have poverty.

So how do I link this to current problems? A recent publication about 21 developed countries, entitled Unicef Report Card number 7, "Child poverty in perspective: An overview of child well-being in rich countries." Just inside the cover is a summary page and the bottom line is that for children the UK is the worst country in the developed World. We are even worse than the USA; although some cynics might argue we are almost part of the USA. The highest position the UK achieves is in the Health & Safety section. At 12th we are not even half way! This is a dismal performance. We can criticise the methodology of this excellent piece of work, just as our government did, but that won't get the UK any higher up the league table. The countries at the top of the league are Holland, Sweden, Denmark and Finland? So we should be looking towards Scandinavia if we want an effective model to improve our society, improve our health and reduce health inequalities. The model of a country with narrower income inequalities and a more inclusive society.

So, being realistic, Adam Smith was correct, we are stuck with the market but we also need to ensure that there is a strong government to protect us and do good public works. What should we try to get the government to do to show it is strong, protecting our rights, interests and more importantly, protecting our health?

Here are some suggestions for illustration to start. They are not comprehensive but we need to start somewhere.

Eradicate child poverty? Well they have almost achieved it in most Scandinavian countries as the UNICEF report shows - this would narrow income inequalities and narrow health inequalities.

We need to ban advertising to children - they have done this in most Scandinavian countries - is it right that a private company has unfettered influence over what our children eat? A private company whose main duty is to maximise profits for shareholders. I believe we need to ban advertising to children and give influence back to parents and carers.

Then you have some of the usual issues; water fluoridation, exempt fluoride toothpaste from value added tax and tax added sugar.

Here in Scotland we have the Scottish Dental Action Plan Childsmile initiative. It is a population based preventive dental programme that has been funded by a strong government. The key player in delivering the dental action plan is the Community Dental Service, working with education and others. By getting fluoride onto teeth this will make a real difference to dental health in Scotland. I want to pay tribute to our retiring Chief Dental Officer Ray Watkins who fought for the action plan.

The Scottish dental action plan has also seen major new funding for general dental practitioners in Scotland. I know that some of the reported extra money is just inflation but again there are some radical changes to the allowances that NHS dentists now receive. The Scottish Dental Action Plan signalled that any major reforms to the general dental services must maintain stability within the system and that changes will be evolutionary while building on a culture of quality. Ray Watkins paraphrased it by saying it was evolutionary not revolutionary.

Ladies & Gentlemen, if I can return to Edinburgh and this conference. I was hillwalking last weekend on the beautiful Ardnamurchan peninsula in the West of Scotland. It was a typical Scottish weekend, if it wasn't raining, it was just about too. We successfully climbed the 4 peaks we planned and it was good exercise and training as I am off climbing to Greenland soon. However, the weekend, specifically the weather was not the best we have enjoyed. I thought the weekend was just like my job, a necessary but unrewarding plod, with no map or directions, not exactly sure where I am and I tend to stumble about a lot. But throughout the weekend I was travelling in hope. When the weather is good, the sun warms your back and the views and stunning beauty of the mountains make you realise how inadequate words are, then all the effort and hassle is worthwhile. Planning and organising this conference has been like preparing for a good day on the hill and I thank you for sharing it with me.

Before I conclude I also have to thank my personal assistant, Fiona Boyle without whom this conference would not have been possible.

In conclusion, I sincerely hope that you all enjoy the conference. I am very grateful to all of the speakers who I think will provide you all with a stimulating and very enjoyable conference here in Edinburgh.

Ladies and Gentlemen, thank you for electing me as your President and thank you for listening to my Presidential Address.

Colwyn Jones

Three days after hosting the Spring BASCD conference in Edinburgh, our President flew to Greenland for an arduous month as the medical officer and leader of a climbing expedition.

In the first days he skied across a previously unvisited glacier which as the first person to ever visit, he named the BASCD Glacier. From the new BASCD glacier he and a partner climbed a previously unclimbed mountain which as the first ascensionists they named "Mollytinde" after his mother.

On the 8th of May he climbed another virgin peak which was named Margaretabjerger (2430m) after someone else's mother. Climbing with a Scottish Mountaineering colleague they achieved the summit by climbing a long narrow ice choked gully which he eponymously named the Presidential Couloir.