The fluoride debate

Are health ministers really concerned with the public’s oral health when it comes to water fluoridation, or is it an easy way to lessen the burden on the NHS? Neel Kohari discusses

For many within our profession, water fluoridation needs little endorsement, but among the general public, some of the more thought of mass medication strikes fear and anger in their hearts. They perceive it as an erosion of their autonomy, rather than appreciating the widespread benefits it may provide.

We have all come across a patient whose medical beliefs fly in the face of science and, while it is easy to label these patients as crackpots, for some the fixation to their beliefs can be as strong as seen within religion. Many anti-fluoridation activists quote a range of reasons against fluoridation, which include throwing doubt on its proven efficacy and the potential health risks proven or perceived, nevertheless the Government still seems keen to push ahead with water fluoridation for those areas at high risk of dental caries.

The most recent case which attracted controversy was that of South Central SHA’s decision to push ahead with water fluoridation in and around Southampton, which, despite a 72 per cent opposition (10,000 respondents) and the County Council opposing the plan in a local consultation, still went through.

My fear here is not that water fluoridation has been pushed through against the will of the local population, but whether this has decayed local democracy in doing so?

Pros and cons

Trying to gather more evidence to way up the pros and cons, I looked at why the British Dental Association (BDA) had decided to endorse South Central SHA’s decision to introduce water fluoridation. In a statement on this decision, the BDA presented its case by stating: Fluoridation will play an important role in reducing the worryingly high levels of dental decay in Southamp ton where as many as 42 per cent of five-year-olds have experienced tooth decay.

Studies of people’s teeth in fluoridated and non-fluoridated areas demonstrate the beneficial effect fluoridation has on dental health over time. For instance, a survey of five-year-olds by the British Association for the Study of Community Dentistry (BASCD) in 2005-6 found that six of the top ten places in Britain for children’s dental health all receive fluoridated water. Five-year-olds in South Staffordshire have the best teeth, while South Birmingham ranks eighth best.

Five-year-old children from Southampton have over twice as many teeth affected by decay as those from South Birmingham and around three times more than those from South Staffordshire. During 2007, over 320 children in Southampton had a general anaesthetic to have a total of 2,900 teeth extracted.

BDA in favour

From this it is clear that the BDA is in favour of water fluoridation and, on a personal note, I too can see its preventative benefits, but at what point does this become an issue of consent? And are we ever justified in imposing a treatment solution on an unwilling patient?

If in a consultation such as in Southampton, 72 per cent of respondents are in opposition to water fluoridation and the local SHA still decides to go ahead with water fluoridation, what is the point of the consultation? Does the taxpayer really need to prop up a pantomime consultation with this sake of due diligence? And at what point does the Government stop having small local consultations and start enforcing this policy nationwide? After all it seems, rightly or wrongly, that it has already made its mind up.

On the issue of local consultations on water fluoridation, Conservative Shadow Health Minister Mike Penning says: “There are views on both sides of the argument in terms of fluoridation, and local communities should have a real say in decisions relating to the water supply – rather than have a decision imposed on them by the Government. We need to ensure that local consultation processes are meaningful, and the Conservatives have pledged a review of these practices in Government.”

Lack of foundation

When reading through some of the literature presented by anti-fluoridation campaigners, clearly some of the arguments have a lack of foundation and verge on scaremongering rather than drawing from a solid evidence base. But some of the arguments presented are harder to deconstruct, such as from those people who on principle object to mass medication or from those people who simply do not want it in their drinking water. One other factor that consider is the effects of dental fluorosis on our patients. For some this is a minor cosmetic trade off for having healthy teeth, whilst for others there is an expensive future of whitening and veneers of the horizon, all of course currently not freely available under the NHS!

The opponents of water fluoridation also point out that there are other ways to reduce levels of decay among high-risk children and that decay rates have been consistently decreasing in both fluoridated and non-fluoridated areas. Although I can see that there are other ways to reduce decay, in my opinion water fluoridation offers us a considerable advantage in helping high-risk children to avoid unnecessary dental intervention, however I accept that not everyone holds this view and that not everyone will stand to benefit from fluoridation.

As more SHAs look at the need for water fluoridation in the years to come, this will no doubt lead to numerous public consultations with many of the arguments put forward by both sides relating to whether fluoridation in high-risk areas do outweigh the arguments against it. It is also clear that this argument has certainly not been won in the court of public opinion and as such, while water fluoridation may help its desired demographic, a small segment of democracy has clearly been traded off in making it happen.

About the author

Neel Kohari qualified as a dentist from Roehampton Dental School in 2005, and currently works in Cambridge as a dental practitioner in the NHS. He has completed a year-long postgraduate certificate in implantology at UCL Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.