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 Kothari discusses

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

We have all come across a pa-
tient 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 re-
ligion. Many anti-fluoridation activ-
ists quote a range of reasons against fluoridation, which include throw-
ing doubt on its proven efficacy and the potential health risks proven or perceived, nevertheless the Govern-
ment still seems keen to push ahead with water fluoridation for those are-
as at high risk of dental caries.

The most recent case which at-
ttracted 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 re-
spondents) and the County Council opposing the plan in a local consul-
tation, still went through.

My fear here is not that wa-
ter fluoridation has been pushed through against the will of the local population, but whether this has de-
cayed local democracy in doing so?

Pros and cons

Trying to gather more evidence to way up the pros and the cons, I looked at what the British Dental Association (BDA) had decided to endorse South Central SHA’s deci-
sion 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 dem-
strate the beneficial effect fluorifi-
dation has on dental health over time. For instance, a survey of five-
year olds by the British Association for the Study of Community Den-
tistry (BASCD) in 2005-6 found that eight 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 South- ampton have over twice as many teeth affected by decay as those from South Birmingham and around three times more than those from Staffordshire. During 2007, over 520 children in Southampton had a gen-
eral 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 re-
spondents 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 concerned with this sake of due diligence? And at what point does the Government stop hav-
ning small local consultations and start enforcing this policy nation-
wide? After all it seems, rightly or wrongly, that it has already made its mind up.

On the issue of local consulta-
tions on water fluoridation, Conserv-
ative Shadow Health Minister Mike Penning says: “There are strong 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 Govern-
ment. We need to ensure that local consultation processes are mean-
ingful, and the Conservatives have pledged a review of these practices in Government.”

Lack of foundation

When reading through some of the literature presented by fluoridation campaigners, clearly some of the arguments have a lack of foundation and verge on scarem-
gering rather than drawing from a solid evidence base. But some of the arguments presented are harder to deconstruct, such as from those peo-
ple who on principle object to mass medication or from those people who simply do not want it in their drinking water. One other factor to 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 oth-
ers there is an expensive future of whitening and veneers of the hori-
zon, all of course currently not freely available under the NHS!

The opponents of water fluoridi-
ation 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 chil-
dren to avoid unnecessary dental in-
tervention, 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 municipalities being asked to way up the pros and the cons, I on my part I encourage SHAs to deal with. Whether water fluoridi-
ation is beneficial to the public or not, I question whether health minis-
ters are really concerned with this issue or if this is seen as an easy way to lessen the burden on NHS den-
tistry? If ministers were really con-
cerned with the effects of decay on those from socially deprived areas then why not tax sugar, along with alcohol and tobacco?

While it would be convenient for the Government to disregard oppo-
sition to water fluoridation as mere scaremogling, this issue clearly raises a very strong opposition. In my mind, the arguments for water fluoridation in high-risk areas do outweigh the arguments against it. I also feel that this is an argument that has not been won in the court of public opinion and as such, while water fluoridation may help its desired de-
mographic, a small segment of dem-
cracy has clearly been traded off in making it happen.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate with Care Dental Institute, a private dental practice within 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 intro-
duction 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 difficul-
ties in providing dental healthcare within this widely criticized system.