Doctor, Doctor...
Neel Kothari questions whether the title ‘Dr’ is as misleading as the GDC suggests

Once again the process of ‘consultation’ has resulted in decisions being made in favour of the arch-"tects of the consultation process, despite the overwhelming opposition from those that have been consulted. The internet dictionary definition of a consultation states ‘1. the act and process of consulting’ and ‘2. a conference for discussion or the seeking of advice, esp from doctors or lawyers’. So clearly it seems that two sides are meant to have a say in the decision making process.

Given that this process involves two sides putting in time and effort, why is it that, in a time of economic strife, burgeoning regulation, increasing cuts within the public sector and a whole host of unresolved issues with the NHS dental contract, the GDC decide to ‘consult’ with the profession on whether dentists should use the title ‘Dr’?

Pressing issue
Can we really say that the most pressing issue facing patients within current day dentistry is not, for example, whether complex work may be provided for them under the NHS, but rather a peculiar uncertainty as to whether their ‘dentist’ or ‘dental surgeon’ operating out of a dental surgery is actually medically trained? Of course I am not advocating misleading patients, but at what point do we say ‘enough is enough, let’s all use our common sense’? A packet of peanuts now contains the warning ‘may contain nuts’; do we really need to take dentistry to this stage?

According to a survey conducted by the BDA, four-fifths of dentists think it is appropriate to continue to use the courtesy title of ‘Dr’ and, in short, it seems that the profession is happy to leave the status quo untouched. You may conclude that this really is a non starter for the GDC and that things will remain as they are; well, not necessarily so. The GDC has recently published a draft guidance document on ‘Principles of Ethical Advertising’ which states ‘Dentists should not use the courtesy title ‘doctor’ (or the abbreviation ‘Dr’) unless they have a PhD or are medically qualified and registered doctor. Its use as a courtesy title is potentially misleading to patients and it is important that patients do not assume that you have training or competencies which you do not possess.’

How far do we go?
But exactly how far are we meant to take this? Should those dentists using this title really pay out for rebranding the advertisement, letter headed papers, etc, etc, etc? Throughout the UK, private and public sector companies are taking active measures to reduce costs and, once again the process in which this decision is made, financial burden will seem to fall upon dentists and from a simply common sense point of view I cannot see how necessary or cost effective it is. Does the public really feel that we are second rate profession pretending to be doctors? If so, does the public have a similar feeling towards, let’s say, dermatologists? For, if we are to follow the same trail of thought, the public might expect them to be able to provide open heart surgery after all they are both doctors. That is clearly not the case.

Pretext
There are many people out there pretending to be doctors who probably should be stopped. One example of many is the staff at the Clinique counter in my local department store, who all wear hospital white jackets, yet I don’t think any member of the public expect them to be able to treat serious skin disorders. What about the claims from numerous alternative health ‘experts’ who claim to treat anything from acne to cancer with the least evidence based backing?

In my opinion, whilst many people out there are pretending to be doctors, dentists are not among them. So let’s stop this constant degradation of our profession and exponential rise in costly regulations and instead allocate all available funds to letting dentists do what they are trained to do: treat patients.

Is this a dentist or a doctor?
You decide.

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