Looking towards the future

In the fourth and final part of this interview, Neel Kothari talks to Susie Sanderson about the amalgam issue and her thoughts on the future of dentistry.

NK: A recent WHO report recommended the phase down of the use of amalgam in dentistry. What impact will this have on the profession?

SS: I know quite a lot about this, because I chair the working group of Council of European Dentists. This issue has been going on for a very, very long time, but started for the Council of European Dentists with the European mercury strategy, back in 2006.

The mercury strategy doesn’t just cover dentistry, it covers the whole use of mercury in Europe and the aims were to reduce environmental impact, reduce use where it could be substituted with something else, replaced with alternative materials, right across the board. So for example the chlor-alkali industry and batteries, gold mining, etc.

We did a huge amount of work to review the literature and evidence on the health issues of dental amalgam. At that point the health risks were not seen to be significant and, as things currently stand, as a result the Commission has virtually parked health anxieties about dental amalgam. But it did find, through the work of its Scientific Committee, there was very little evidence about the environmental impact and how it would be mitigated if there was a difficulty. So that was around 2006 and they said they would review the mercury strategy about now, and that’s exactly what they are doing.

Bio Intelligence Services is carrying out a big piece of work on behalf of the Commission at the moment looking at the life cycle of dental amalgam. All the way through the interim five years we’ve discussed with the Commission that really the only way you can look at dental amalgam is through the life cycle of how you track where it is, who’s using it, what they’re doing with it, how they’re disposing of it.

At the same time we’ve monitored European dentists’ approach to dealing with the environmental load, and we’ve watched the improved monitored. Dentists are largely seen in Europe as being hugely responsible about their use of dental amalgam. They also understand the Council of European Dentists’ stance that dental amalgam should remain as part of a dentist’s ‘armoury’ in combatting oral disease and that the choice of materials to be used should be a clinical decision in discussion with the patient and consented by the patient after a proper evaluation of the risks and advantages. So the ideal is that it remains as an available material for as long as it’s needed, because there is no equivalent substitute.

Dental amalgam has qualities which none of the other materials that we currently have at our disposal satisfy in the same way. None of them

NK: That’s the difficulty, isn’t it?

SS: Absolutely. So we’re talking about the destabilising of health services. What we’re fighting for is a new contract which will give dentists the time to do what’s right.

NK: That’s the difficulty, isn’t it?

SS: So, ‘phase down’. The terminolagy is really important. A ‘phase out’ we could probably entertain if it was 50 or 50 years, because by that time we might have a proper substitute material. A ‘phase down’ over the next 20-25 years is probably acceptable. The Department of Health will say that the use of dental amalgam is dropping significantly and that in 20 years we probably won’t be using that much of it anyway. But during that ‘phase down’ time, the investment governments have to invest properly in implementing genuine prevention.

NK: Now that you’re in your final six months as chair of the BDA, what do you consider are your proudest achievements and what do you see as priorities for dentistry in the future?
SS: I came into the job at the time of the new contract. I started in the February before the new contract was imposed on the 1st of April, so almost simultaneously. I think that my biggest achievement has been to make sure that at every stage we challenged the fact that it wasn’t fit for purpose and that successfully that challenge was understood, listened to and that we’ve achieved, in political terms, a turn-around of intention, to reform really quite swiftly.

So I think I’m extraordinarily proud of that. I gave evidence to the Health Select Committee and I’m proud of having done that successfully and been treated with respect and had an influence there, as well as the huge amount of teamwork that went behind it.

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And I also consider that, as far as we possibly can, getting the profession to work together has also been something that I’m proud of.

I’m very keen that in the future we’re never divided and ruled and I suppose that if I have any messages for my successor, it’s to keep on trying to make sure that the profession works as one and it doesn’t expose itself through fighting and internal bickering. It’s hugely counter-productive and we need to make sure we present a unified front.

I hope that in the way we continue to affect health, that we continue to improve it and that we’re seen as significant players in the improvement of health of the nation as well. So, whilst I don’t think dentistry will ever be properly integrated into the NHS per se, because we’re a primary care sector of what is primarily a secondary care business, I think that we should be treated as a profession with respect and credibility is hugely important and I hope that what I’ve done over the last six years is to facilitate that and to move that on.

At all times I think what I’ve tried to do is to promote the integrity of the profession and I hope that I’ve been an ambassador for that.

NK: I think you have.

SS: Thank you very much.

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The disposal of amalgam is one of the issues that has come up in recent discussions.