Sugar, sugar...honey, money

By Aws Alani, UK

The sugar tax is finally upon us, but are corner shops or supermarkets for that matter likely to worry about this potentially threatening change to their flagship product line? The tax targets all drinks and equates to a tax of 24 pence per litre on those with the most sugar content. This could potentially equate to an increase in the price to the consumer, but bearing in mind that soft drinks are more accessible and cost less in the UK than water in many Third World countries, it is doubtful that things will change markedly.

There is the argument that taxing tobacco has had an effect on the uptake of smoking and the consequence addiction, but the evidence for this is relatively sparse and weak. Although a worthy initiative, taxing drinks may result in a greater squeeze on those who can afford it the least and I doubt whether little Jimmy will stop his tearful tantrums for penny sweets as a result of a celebrity chef’s campaign as our sugar savour. As a child of the eighties, these celebrity-led campaigns remind me of rock bands who decided that African poverty should be on the agenda, but this does not seem to be as important to them now. It would appear that it is easier to tax sugar than to provide funding for dentistry. Unfortunately, there is unlikely to be a symbiotic decrease in caries as a result.

One could argue that sugar pollutants much in the same way that inefficient power stations do. The societal repercussions need to be managed by all, with no or little comeback for the fizzy producers. As carbonated drinks are so popular, these juggernaut companies are powerful and, as a result, denting their progress with a tax is unlikely to truly positively affect the general health of the population. In 2014, the UK soft drinks industry was worth £15.7 billion, with over 14.8 billion litres in overall consumption, which represents a steady and exponential growth that is likely to continue. One interesting observation is the slow demise of the 350 ml can—it being replaced by the 500 ml plastic bottle. The larger bottle may represent better value for money, but is less likely to represent better health value, especially since a re-sealable bottle is more likely to be sipped over hours than a can once opened.

Overconsumption of sugar causes an inordinate amount of health problems. Indeed, Type II diabetes and obesity are leading causes of death and disability in the US, the birthplace of the canned, cake bliss after inordinate tastings, it seems to be important to everyone. As a result, food is an emotive issue that affects oral and general health in ways that may not be readily apparent to our patients. I have an old friend in Florida, who I visited last year. He is a specialist in periodontology and runs a successful, swish, modern referral practice. As a matter of routine, he tells patients they need to stop consuming sugar-laden drinks, that the risks to their waist to the energy drink crew who prefer machismo gothic graphic designs, the younger generation is likely to experience more dissolution of tooth tissue. At the other end of the spectrum, obese patients are more likely to develop diabetes, which in turn makes them more susceptible to periodontal disease. Society’s gluttonous overconsumption is manufacturing pathology unheard of 50 years ago.

Society is forever changing and polypharmacy is on the way, only to be disrupted of this potentially threatening change to their diet. He also advocates periodontal medicine while identifying stress as a risk factor for periodontitis.

Research by Prof Iain Chaplin in Birmingham investigating the effect of diet on periodontal disease confirms that one is what one eats and the gingivae follow suit. Purely some sort of compensation or purely a litigious course likely to involve an expensive implant-based restoration. What may escape the lawyers and the patient is that previous periodontal disease is a significant risk factor for implant failure, and so the cycle is likely to continue. Patients are responsible for their own health and the lack of recognition of this cannot be the fault of the clinician.

Successful dental care requires collective effort between the patient and the dentist. Health care is a partnership in which both sides have different responsibilities and active roles, but if the clinician provides a service for ailments that the patient could have prevented, the question of self-governance arises. Patients have a right to health care, but they also have responsibilities derived from the principle of autonomy. The patient’s physical and mental integrity should always be upheld and respected. In contrast, autonomy identifies the human capacity to self-govern and choose the most appropriate pathway to protect that integrity. As such, capable patients exert some control over lifestyle choices that influence their well-being. Unfortunately, regardless of the imminent extra tax on the already dirt-cheap confectionery, the innate responsibility held by the patient to self-govern will always trump our advice, treatment, knowledge or collective experience.