Stress in the dental profession
Neel Kothari discusses the stress that comes with practising dentistry

D espite the many rewards of being a dentist I have always felt that, overall, ours is a lonely profession. The stress of day to day decision making, potential litigation and the practice of defensive dentistry is enough to keep anyone busy, but add on the stress of complying with non clinical organisations such as the CQC and having to nod politely with the sheer mass of risk assessments, practice policies and legislation, this is simply enough to suck the soul out of any person.

Fellow editorial board member Stephen Hudson once told me that all you really need with your patients is rapport, “no one sues you if you have rapport with them.” Since entering dental school I was always told that dentists have the highest suicide rates amongst all professions. I’m not completely sure whether this is in fact true, however a number of authors have raised the issue of suicide and have highlighted its prevalence. A literature review published in the International Dental Journal by Sancho and Ruiz (2010) looking at whether the risk of suicide amongst dentists is a myth or a reality came to the conclusion: “In the literature we find systematically a suicide rate among dentists higher than those of other occupations. These studies lack the correct scientific weight and new studies are required that introduce the demographic variables, the psiquiatric morbidity previous to the development of the profession, the opportunity factor, the stressors not related to work and the relative emphasis to these are necessary to for the profession to decrease the risk of suicide.”

Last December dentist Dr Kamath committed suicide after feeling “harassed and bullied” by health chiefs over standards of record keeping at his practice in Leeds. Dr Kamath was under investigation by NHS, Areødale, Bradford and Leeds over the keeping of his records and his suicide prompted calls for an immediate inquest. The inquest at Wakefield heard father-of-three Dr Kamath feared for his career and that the trust had threatened to refer the practitioner to regulatory body the General Dental Council. The inquest also heard how following two minor complaints about the dental practice, the primary care trust decided to conduct an audit of 50 of the practice’s patients and how Dr Kamath committed suicide just five days after a meeting with PCT officials.

In a statement read to the court, wife Dr Raju Prasad described how the couple felt after their last meeting with the trust: “My husband and I were both very stressed by this and both felt very vulnerable and harassed and bullied with no support offered.”

The need for support is an absolutely essential part of our profession and I for one am sick and tired of government officials telling us how intelligent dentists are every time they want to enforce a new change. Our dental school training doesn’t teach us why or how to do a legionella risk assessment or why I find it easier to access my bank account online rather than the NHBSRA website to update and verify my pension contributions! It teaches us the foundations of clinical dentistry instead.

It really bugs me when dentists are asked to put their professional integrity above all other incentives but are not supported in doing so. For instance, in 2011 the House of Commons Health Select Committee suggested that whistleblowing should be a statutory duty for all NHS employees. The proposal was to make it a ‘professional obligation’ upon all healthcare workers to report colleagues they suspect of poor practice or misconduct – and if they failed to do so, they would themselves face disciplinary action. However at the same time the Committee said they were well aware that some doctors and nurses who have blown the whistle have ‘sometimes been subject to suspension, dismissal or other sanctions’. Over the course of our professional careers we will all encounter situations out