Stress in the dental profession

Neel Kothari discusses the stress that comes with practising dentistry

D

espite the many re-

wards of being a den-

tist 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 re-

ally need with your patients

is rapport, “no one sues you if

you have rapport with them”.

At the time I politely nod-

ded and pretended to agree,

however as time went on I

found myself strangely drawn
to that statement and have

had to try to improve my rapport

with patients ever since. I don’t

know if this will reduce the

future risk of complaints or

litigation, but I can certainly

say it has made day to day

working a slightly happier en-

vironment.

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 Jour-
nal 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 litera-
ture we find systematically a

suicide rate among dentists

higher than those of other oc-

cupations. These studies lack

the correct scientific weight

and new studies are required

that introduce the demograph-
ic variables, the psiquiatric

morbidity previous to the de-

velopment 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 investiga-
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and Leeds over the keeping of

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prompted calls for an imme-
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Wakefield heard father-of-

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practice to regulatory body the

General Dental Council. The

inquest also heard how fol-

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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

two days after a meeting with

PCT officials.

In a statement read to the

court, wife Dr Iraj Prasad de-
scribed how the couple felt af-

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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

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It really bugs me when
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