NIMBY

Roger Matthews

'Not In My Back Yard' is a fact of human life. We all want better 3G coverage for our smart-phones, but resist the phone mast being built in our street (or next to our children's school).

And in current debates, politicians are faced with the need to rationalise A & E (or specialist maternity, or paediatric cardiac units), but are willing to stand on the steps of their constituency hospital and defend its closure against all comers.

The concept of the public good versus self-interest is a dilemma which has faced mankind ever since despotism gave way to democracy. In wresting power from the dictator (however benevolent) we have come face to face with deciding impossible issues.

Dentistry confronts this problem every day. As others have said (many more eloquently than I), dentists, by and large, want to do the best work of which they are capable and to earn a decent fee for its provision. Patients, naturally, want the best they can get, at the most affordable price.

This classic 'market-place' confrontation is often, even usually, mediated in our profession by the concept of 'trust'. The patient who trusts that their dentist will act in their best interests may put aside economy in favour of a continuing relationship and an expectation of quality. And 'quality' from the patient's viewpoint is often quite incomprehensible: the patient does not often have the knowledge to judge what is 'better' and what is not.

When we introduce a third party into this delicate balancing act, in the shape of Government, then further complications will inevitably ensue. What does Government want? Well, assuming that it's underpinned by principles of acting in the public interest, and accepting that it derives its funding largely from the individual taxpayer, it wants the best, and the most, for the least achievable sum.

So now we have a three way split of requirements, and this is one that will never be satisfactorily resolved, certainly in the case of healthcare.

It was the wonderfully named C Everett Koop, one-time Surgeon-General of the US who said: "You can provide the best, or the most, but you cannot provide the best and the most *and* control the cost".

Self-interest can go to alarming lengths. I heard recently of a severe burns victim, in an air ambulance, who could not access local care as no ITU beds were available. He was re-directed to a regional centre of excellence (a half hour's flight and a further ambulance journey).

Upon the patient's arrival the consultant, peeved at having to accept a casualty from a distant shire, declined to offer treatment and the patient was transferred back to the helicopter for an additional hour's flight to an expert unit in yet another major city. I do not know if the patient survived.

There is an acceptance, I think (away from the Parliamentary front benches at any rate), that in the major NHS reforms now underway the public and private sectors have to find a way to integrate and collaborate more effectively. One could argue that in fact dentistry has been an exemplar of such provision over the past two decades with most practices operating in the 'mixed' sector.

I find it alarming to hear media correspondents talk of profit being incompatible with healthcare provision. The people who make hospital beds, tissues and drugs all profit from selling them to the NHS, and for that matter all its employees 'profit' from their labour, do they not?

The issue is one of balance, of priority and, ultimately, of the need to ensure that no-one is denied affordable, appropriate care. That is why we pay our taxes, to discharge our moral debt to society and to trust that such funding is directed to the areas of greatest need.

Denplan
At the heart of dental care

Some of you may recall the Oregon Health Plan, which for 20 years tried to undertake the formal prioritisation of healthcare interventions, with a dividing line of 'covered' and 'not covered' treatments according to the available funds. It had a rocky history (originally, dental crowns were OK, but developing appendicitis was not), and many revisions. No other US State took up the model. Ultimately, it seems in the US such decisions on rationing care are left to the individual or the clinician.

Here we have a different tradition, but the underlying truth is no more palatable: the desire for health funding is inexhaustible, the cost is limited. I wonder where dentistry will figure and whether politics will be short-term (serving the self-interest of the politician) or long term – serving the interests of the public, but accepting that C Everett Koop was right?

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Notes to Editors:

Roger Matthews MA BDS DGDP (UK) FDSRCS(Edin) - Chief Dental Officer
Roger joined Denplan in 1995 having spent 20 years working in general dental practice and as a dento-legal advisor for the Medical Defence Union. He oversees dental advice to the company and its links with professional bodies, and is responsible for Denplan's professional services.