

UP IN THE AIR

Roger Matthews

At the time of writing, over 150,000 stranded Brits, and countless other travellers, are trying to extricate themselves from the “volcanic ash cloud” event that has dominated the headlines. And, given the wrong weather conditions, and a persistent eruption pattern, we could be in danger of repeating the whole exercise again in the future.

This gave me several lines of thought. One was a metaphor for healthcare (now there’s a surprise). There were three broad patterns of behaviour exemplified in TV news broadcasts. First was the: “Why isn’t the Government getting me/my kids and family home NOW?” approach. Then there was the: “I paid £8,000 for a taxi from Istanbul to Calais” claim. Finally the customers of big tour firms who were eventually (if sometimes belatedly) brought back by coach, cruise liner or whatever.

This seems to me broadly to mirror patient behaviour. For one group there is a reliance on Society (i.e. others, or all of us) to sort out their problems. Others (a considerably smaller group) are fortunate enough to be able to pay their way despite any adversity. And finally, those who are independent but can still rely on the private sector to ensure their safety.

OK, that’s a rather crude analogy, but I think the broad characteristics are there. On another level, what does this event tell us about my favourite topic – Risk Management?

The authorities were faced with an issue that was known to be potentially catastrophic: in 1982 and 1989 there were instances of fully laden wide-bodied jets suffering engine failure from volcanic dust, although both in fairly remote and under-populated areas.

Faced with a potentially similar threat, but now in a high-density region, what was the safe threshold for flying? No-one really knew. There was initially little effective communication, leading to wild speculation, but at the same time the costs of getting it wrong meant that short-term responses amounting to reflex action occurred for a while.

Belatedly, governments and experts alike lumbered into action, faced with mounting commercial costs and pressures, and a pragmatic, but evidence-based (so we're told) solution was found.

Let's now look at prion disease. Catastrophic outcomes in the past certainly, but relatively low-density (168 cases). And little baseline knowledge of what is, and what is not an acceptable level of risk, or what constitutes risky behaviour. Then suddenly the possibility of a high density exposure (say 40 million dental visits a year) comes to light. Reflex action, confused communication, major disruption. Will there be a pragmatic outcome? We'll have to wait and see.

These patterns of behaviour are not limited to such huge and consequential events either. There have been and will continue to be, many passionate and highly polarised debates on both the volcanic dust and prion scenarios. There is an innate desire to challenge this risk-averse world in which no-one wants to take a chance and certainly no-one wants to take responsibility for an adverse outcome no matter how carefully and considerately decisions are taken. On the other hand, those charged with policy making are acutely conscious of the personal and societal consequences of "getting it wrong" in the full glare of media publicity.

Currently there are dentists, dental team and patients still strewn across the world and trying to get home. Disruption and frustration will undoubtedly continue for some time to come. Please let's not introduce a mandatory national policy on Contingency Planning for Absent Dental Staff. But it would be a good idea to have one, anyway!

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587 words

Notes to Editors:

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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.