

Does age matter?

A patient's perspective

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It may not be right, and it may not be fair, but are the patients of tomorrow more likely to seek out a younger dentist?

Before we get into it, it's worth noting the following facts, according to Age UK:¹

- There are nearly 12 million (11,989,322) people aged 65 and above in the UK of which:
 - 5.4 million people are aged 75+
 - 1.6 million are aged 85+
 - Over 500,000 people are 90+ (579,776)
 - 14,430 are centenarians
- The number of centenarians living in the UK has increased 85% in the past 15 years
- By 2030 it is anticipated there will be over 21,000 centenarians
- In 50 years there are projected to be an additional 8.6 million people aged 65 years and over – a population roughly equivalent to the size of London
- By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+
- The 85+ age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066 (5.1 million; 7% of the UK population).

In short, as a nation we're getting older, and there aren't any signs of it slowing down sooner. That trend is reflected ever so slightly

in dentistry. According to research, in 2006, 35% of male and 18% of female dentists were over 45 years' age, while in 2016, those figures were 38.6% 23% respectively.² While much of that increase can be attributed to the sizeable expansion of dental care professionals alongside their expanded scope of practice, the age of the dental workforce is getting older. Yes, the COVID-19 pandemic may have had an impact, forcing some into early retirement, but what does this mean from the dentists' chair?

Changing demands

Fuelled by technology and instant demand, today's customer wants – no, *expects* – goods and services to be delivered right away without delay. Want a coffee but out of milk and too lazy to head to the shop? No problem, I'll just order from *Pret* through an app. Want to find a dentist there and then to book you in for a consultation? You've now got the option to scroll through hundreds of listings, even checking out the team, before booking.

And then there's *Instagram*, a growing phenomenon in the customer-dentist-patient axis. You can now slide into their DMs, have a quick chat – more often than not about a cosmetic procedure they've seen on their profile – and boom, consultation booked. Happy days. It's not as prevalent on *Facebook* and *Twitter* – though probably still exists – and this is a problem. In effect it excludes dentists of a certain age who don't/won't/can't use social media.

As a patient in the 35-44 survey group, I sit in with those who have the most social



media accounts. *Facebook*, *Twitter*, *Instagram*, *LinkedIn* – and a mixture of personal and professional accounts. If, as a patient, I want to find a dentist, I'm heading to *Instagram* first, then following up with *Facebook* to find contact details, and finally to *Twitter* (only to find #dentistswithherons).

It wasn't always the case you could do that – in effect choose your own dentist. You could choose a dental practice, but the way the workforce has changed has given us patients far more choice. Does it mean that – where given the choice – patients will choose someone at the beginning of their



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the former be viewed as ahead of the curve, who knows what they are doing and can produce your results quickly, the latter is likely to be viewed as old, outdated and somehow less able to do their job.

An unfair assessment?

Whether that's a fair assessment or not, consumer tendency suggests that is a likely course of action. Yet, even prior to COVID-19 dominating every facet of our lives, there were murmurs that – partly to do with the overall improvement in the nation's oral health – dental students felt somewhat underprepared for the real world of dentistry that awaited them. Could all of the fancy technology that attracts patients in the first place be making life more complex for younger dentists? Gone are the days when a dentist could do 50 crowns in their sleep. Young dentists that have only done one crown and one

that dentist down the road with the machine that goes ping might impress you with the speed of their work and the wonderful array of technology, there's no substitute for experience and someone who knows what they're doing, and I've done this procedure more times in my sleep they have in dental school. Just a thought. It isn't going to happen, so I'm more likely to retain the dentist I've hand-picked.

Again, whether that's fair or otherwise, it's a reality. One theory I postulate for patients overlooking experience is recognition. 'Lifetime Achievement Award' doesn't sound as good as 'Dentist of the Year' for a 21-year-old patient looking to invest thousands in *Invisalign*, for example. In the profession as we stand today, awards are given out as frequently and haphazardly as the COVID-19 vaccine is. For the recipients, they're tools to attract patients, to differentiate themselves from the competition. For patients, they're a comparison tool – they must be better than an older counterpart because they have a 'Best Dentist 2017: North-East sub section' banner on their website or profile. And, because many awards are nominated by peers, you have to question whether homophily – the tendency for people to seek out or be attracted to those who are similar to themselves – plays a role. If I feel one of my peers is awesome, *of course* I'm going to nominate them. If I feel my boss with 30 years' experience who's seen it all is awesome, am I *as likely* to nominate them? Possibly not, and so unintentionally works against that older individual when it comes to patients choosing a dentist.

And so, as I sit on my sofa looking for a dentist to give me a smile makeover, the sub-conscious is likely to overlook the experienced, seen-it-all practitioner for one that provides an 'award-winning' be all and end all service, a move that sits in the dark corners of choice vs unconscious bias. It may not be fair, and it may not be right, but if consumer-driven demand continues to drive the profession, you have to fear for the older section of the workforce. ♦

References

1. Age UK. Later Life in the United Kingdom 2019. Available online at: www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf (Accessed February 2021).
2. Holmes R D, Burford B and Vance G. Development and retention of the dental workforce: findings from a regional workforce survey and symposium in England. *BMC Health Serv Res* 2020; **20**: 255.

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career because they assume their competency is greater than an older colleague? There's an argument that could be put forward our unconscious bias kicks in, and ageism too.

What has also changed rapidly is technology the profession uses. Take the product adoption curve, for example. A practitioner that has a 3D intra-oral scanner, a 3D printer and a machine that goes 'ping' will be viewed entirely differently to those who are more experienced, slightly more risk averse and continually discuss with peers how things were very different (often better) when they were younger. Not only as a patient will

molar endo are not as uncommon as you may believe. There are some universities that are not teaching their students how to take manual impressions as it is now being done digitally to embrace the wider digital movement. Some view this as wise – dentistry should prepare students for what they'll be working with – and some see it as chronically under-preparing them for the realities of the practise of dentistry.

Besides word of mouth, an established and trusting patient base, how are practitioners supposed to get this message across to patients like me? *'Hey Mr Westgarth. While*