An ongoing battle?

e're all hoping that racism in the dental profession is a thing of the past but, unfortunately, every once in a while, it raises its ugly little head. That some may suggest patients are inherently racist today in 2015, is almost beyond belief - and rather than providing the intended reality check, such a suggestion does nothing other than

dredge up bad and bitter memories.

Certainly, 30-40 years ago, this attitude may have been prevalent. When I first started in dentistry in the West End of London, I encountered practitioners who would not hire black dental nurses. Their defence was that, while they themselves were not racist, their patients would simply not like it and they were merely defending the delicate sensibilities of their patients. Even later, when I started to hire agency nurses I would be asked if I 'minded' being sent a slightly darker nurse. I was flabbergasted – and thinking back on it, I still am.

Similarly, in Guy's hospital in London, there was, until relatively recently, a Jewish quota. I find this deeply unsettling. Amongst the old Guy's boys there was a real misogynistic, xenophobic attitude that ran to the root. Thankfully, the majority of that generation is no longer with us, taking their frankly draconian outlook with them, and they would undoubtedly turn in their graves today should they ever learn about the current intake by dental schools across



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the country.

I myself have been affected by other people's narrow-mindedness. I am from a Jewish family; my father's first language is Arabic and my wife is Persian-Iranian. I have encountered patients who, after being referred to my practice and seeing my name on the door, have asked: "And where is he from?"

In this situation, I have never felt it appropriate to attempt to reassure these individuals that they will be perfectly safe in my care, despite the name Sultan. Simply, we have suggested they look for treatment elsewhere. We have not tolerated this attitude.

Indeed, I think this is a stance that more people should take. We can discuss why racism occurs - we can talk about changes in socio-economic groupings, changes in society, the recession, we can look at data and conduct studies - but, ultimately, racism will occur only if we allow it to. I remember an instance when I was a student in Bristol, working in the casualty department. An older gentleman from Bristol refused to be treated by our house officer, who was from Jamaica, on the grounds that her skin was not the same colour as his. Consequently, neither my colleagues nor I wanted to treat this man, but the house officer just shrugged the whole incident off because she was so accustomed to it. Letting this happen almost condones the situation and I still feel guilty and disappointed in myself that I didn't take a stronger stance not just for her sake, but for everyone

else who has been faced with similar prejudice.

My father used to say that because we were different we had a duty to act as ambassadors. We had to be better and more decent because everyone else will be judging us as people of a different race or nationality. It is in our power to change the way people see

I think this is applicable to dentists too. We often receive a terrible press; there's no point denying it and so each one of us must be an ambassador for our profession. We are the ones that can influence change. Whether it is snide comments or inappropriate behaviour, all of us need to stand up and say: "No. That is not acceptable."

Luckily, I so rarely encounter these sentiments anymore that when I do I am always taken aback. I am far more used to hearing comments about acceptance and tolerance, so when I come across negative remarks, even if they were meant in a humorous way, I find it very sad.

I do not think there is racism in our profession today. I think time has, thankfully, moved on. We are lucky in the UK; while we may have an unflattering reputation, I honestly think we are far more tolerant than we are given credit for. Our dental schools are producing excellent new professionals of all ethnicities and genders and our patients can look past this - not only because they receive first-rate care, but because they are also open-minded, with both feet safely planted in the present, not in the past.