

## PERSONAL ACCOUNT

# Addiction and alcoholism in dentistry

Anon; name and address provided

Even though it should not be, it is a shock to anybody to realise that you are an addict.

The mind/ego of an addict is incredibly complicated and baffling. I knew I was an addict in 2007, but I was ruled by my mind and my ego to think otherwise. My ego was telling me: 'You are not an addict, you are stronger than others, you are not on the streets or on a park bench'.

Thinking of my past would only feed my ego too. Abused as a child in a country destroyed by war, growing up in foster care in a foreign country, living in a home for boys during my teenage years and so on. Some might say the above could be the reason for my behaviours, but in my mind I went through all of that and yet survived and managed to go to university and become a dentist. Once again my ego would say: 'You are different'.

The truth is nobody knows why some people become addicts. There is no explanation or reason behind it. All we know is that it creeps up on us very gradually until one day we don't recognise ourselves anymore. You look in the mirror and the reflection reminds you of somebody you 'used to know'. Inside, you are completely destroyed, you are shattered in mind, body and soul and desperately want to find your way back into life.

## Recovery and the GDC

My recovery began in early 2018. I finally managed to check myself into a rehabilitation facility and stayed there for four weeks. However, when I came out I was faced with my first GDC hearing just five days later.

Due to unpaid registration fees to my defence union, I had no legal representation at the hearing. I did not understand the ordeals of the hearing. More importantly, the order that was issued was very unclear

to me and when I asked the GDC to explain it to me, they would not and told me to get legal advice.

The prospect of GDC/GMC hearings are daunting and since I had no legal help, I had to deal with it all myself. I would get email on top of email from different departments of the GDC asking me the same questions and every time I turned to them for help, they would turn me down.

Addicts/alcoholics suffer badly with anxiety and paranoia. While drinking and using, we fear opening letters, answering phone calls or opening emails. It certainly was no help to me, my recovery or paranoia to answer the same questions to different departments of the GDC. It would have

'You look in the mirror and the reflection reminds you of somebody you "used to know"'

been very helpful if the GDC could appoint one person or department to deal with one case. I went to another two hearings on my own before someone from the GDC called me and guided me towards a trust created by dentists, who could help me without charging a fee. That trust is DHST, the Dentists' Health Support Trust.

DHST had a meeting with me at a practice to get to know me and my case. They then put me in touch with someone who took over my case. I can't ever put into words my gratitude in every sense of the word towards this individual. When I was desperate for someone to hear me and fight my corner, this person did just that.

I had my substantial hearing which lasted a week in spring 2019. The result was that I got reinstated with 13 conditions against my

registration. I complied with all conditions completely for a year.

We went for my last hearing in February 2020, which lasted only one morning and all conditions were lifted and I was once again fully registered with the GDC.

I do not agree with the way my case was managed by the GDC, but I understand why those proceedings had to take place. As I mentioned above, my case could easily have been managed by one appointed person only and the proceedings could be explained better in case others do not have legal help like myself. I understand that the GDC is there to protect the public, but their approach in cases like mine needs to be reviewed and changed for future cases to help dentists get back on their feet as much as protecting the public.

We as dentists are entrusted with the oral health of the public. It is a huge vote of trust for any dentist. Unfortunately, once that trust is broken for whatever reason, it has to be earned back and should not be given back lightly. This is why I completely understand why the GDC puts us through those

proceedings to find us trustworthy again. Whether it was hair testing every three months, making sure I attended the relevant meetings and documenting everything that I did during my year with conditions, it is all part of ways to mend that broken trust.

The addict/alcoholic dentist should not expect the GDC, their experts or anyone else to understand what they are going through. Only another addict/alcoholic will understand the levels of darkness and despair we go through. The expert psychiatrist in my case did not have a clue about what I was going through in my addiction or in recovery. He promised to help me back to my old practice but testified completely opposite to what he promised me he would do. This effectively resulted in me losing my practice, which I held for 13 years. ▶▶

« The best way to build trust with the GDC was not following the conditions, but honesty. One of the hardest things that I have ever done was admitting during my substantial hearing how much I drank, what substances I took and how much I used. But the feeling of liberation afterwards was indescribable. I felt though: if I admit to everything that I have done, what else could they ask of me? I will recommend to any colleagues going through the same situation to find that honesty and free themselves first and foremost of the bonds of lying, deception and anxiety. Of course the consequences of this will follow (as they did for me too) but I don't see any other way to gain the trust of the governing bodies.

Lastly, I owe a huge amount of gratitude to the NHS for standing by my side throughout my troubles. The amount of support and understanding towards me was absolutely incredible.

### Life today

My addiction took away everything that I had worked for in the past 20 years and I had to completely start over again. I have now been an associate at my current practice since May 2019 and am absolutely thriving.

Recovery is like being reborn. It allows you to look at your past in a constructive rather than a destructive way. It makes you seize every moment and enjoy life for what it truly is. It teaches you not to be anxious about the future.

What did I do to get better?

- I took 12 simple steps
- I learned to live a life without expectations
- I learned to love and be loved
- I learned kindness and forgiveness
- I learned to live in the moment and enjoy every moment.

When I was told that I could write this article, I was told to do it with 1,200 words. Later I managed to extend it to 2,000 words. I am not sure if I managed to keep it to 2,000, but I could easily write 20,000.

All I wanted was to share my story with my colleagues and leave you all with a four letter word: HOPE. ■

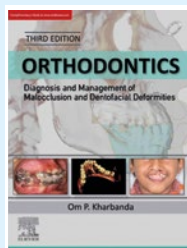
To contact the Dentists' Health Support Trust, call 020 7224 4671 or visit <https://www.dentistshealthsupporttrust.org/>.

## BDA AGMs

The South Wales Branch AGM will be held online on Thursday 21 January 2021 at 18:30. Please ensure you register your interest in attending at [www.bda.org/bse](http://www.bda.org/bse) in order to receive the link to access the AGM or email [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org)

The BDA Middlesex and Hertfordshire Branch AGM will be held online on Thursday 11 February 2021 at 19:00. Please ensure you register your interest in attending at [www.bda.org/bse](http://www.bda.org/bse) in order to receive the link to access the AGM or email [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org).

### BOOK REVIEW



#### ORTHODONTICS: DIAGNOSIS AND MANAGEMENT OF MALOCCLUSION AND DENTOFACIAL DEFORMITIES, 3RD ED

Om Prakash Kharbanda;  
2019; Elsevier; £84.62; pp. 1280;  
ISBN: 9788131248812

Orthodontics has transmogrified into a vast subject owing to the immeasurable amount of research work taking place in the last century. With the improvement of socio-economic parameters, more and more individuals are perturbed about their smile and dental cosmetics, thereby making it a responsibility of an orthodontist or dental practitioner to keep themselves abreast with the ceaseless amount of research, and evolving trends in treatment modalities.

This book is structured into 28 sections covering 80 chapters. The initial chapters are focused on the history of orthodontic science and fundamentals of orthodontic care. Thereafter, the pivot shifts to the growth of face and craniofacial concepts giving an insight into prenatal, postnatal, and the molecular influence on growth.

The chapters in the subsequent sections clearly spell out the need for an accurate diagnosis, and maintenance of diagnostic records, with extensive information on the photographic requisites and DSLR handling instructions. The book then crisply courses through the cephalometric section and various advancements in digital orthodontics, providing sufficient cephalometric information required for diagnosis, steering clear of jargon.

In the next section, the book gives detailed information on removable orthodontic appliances, including their fabrication. An elaborate discussion is presented on invisible removable

appliances in the next chapter, with special focus on the Invisalign system. However, lingual appliances with biomechanics could have been briefly mentioned for a better comprehension of appliances. Each malocclusion has its own dedicated section, covering the topic elaborately from aetiology to diagnosis and treatment planning.

The chapter on orthodontists' roles in upper airway disorders has been more elaborated with recent advancements in the field, and an attempt has been made to sensitise the orthodontist to play a more active role in management of this serious medical condition. The section on surgical aspects of orthodontic treatment has two chapters giving intricate information on surgical treatment modalities like distraction osteogenesis. All chapters include useful case-based clinical treatment steps and an array of colourful diagrams and clinical photographs to further enhance learning. The hardcover is supplemented with a MedEnact complimentary e-book version making it convenient to read anywhere with numerous videos demystifying the mechanics of tooth movement.

Overall, the latest edition of this book is holistically written providing an in depth knowledge on all the aspects of orthodontics, making it a valuable study companion for dental students, postgraduate students and practitioners.

Sagar Dahiya