

Editorial



Concerns around Brexit from the perspective of dentistry

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On June 23, the citizens of the United Kingdom (UK) voted to leave the European Union (EU) through the referendum known popularly as Brexit. Mick Armstrong, the chair of the Principal Executive Committee of the British Dental Association (BDA), announced, “We did not take a position in this referendum.” However, it has become clear that Brexit does have specific implications for dentistry.

According to a recent article in the British Dental Journal just before the referendum, “whether or not the UK leaves or remains, the decision will affect the dental profession in a number of ways; should we face leaving the EU, there will be many important aspects to consider” (doi: 10.1038/sj.bdj.2016.371). Since the UK voted to leave the EU, there would be a two-year period of negotiation under Article 50 of the Lisbon Treaty to determine the details of the leave agreement. During the two years, which will begin when the UK government formally informs the EU of the intent to leave, the UK is still obligated to follow the EU treaties, but is not to be part of any decision-making processes. According to many experts in EU law, however, the two-year period seems quite unlikely to be long enough to reach new trade and immigration agreements, and the success in doing so will be heavily dependent on how cooperatively the other European nations work with the UK. If they cannot reach a new deal by the deadline, the membership in the EU will simply be lost without complete agreements. All of this produces a cloud of uncertainty around healthcare, business, and the economy more broadly.

Even though it is difficult to foresee the specific consequences of Brexit, the UK’s decision to leave the EU will certainly lead to significant changes in many areas of science, including dentistry. Many scientists and clinicians harbor serious concerns about the future of science in the UK and the knock-on effects on science in other parts of the world. For example, UK research may face cuts in funding due to a shrinking economy or lack of access to EU funds. UK universities may find it more difficult to bring top EU scientists and students to its campuses. Meanwhile, dental clinicians of the UK will now be subjected to changes in a majority of current regulations on workforce organization, employment law, data protection, and maintenance of medical devices.

Given this situation in which much of the future of dentistry for the UK and beyond has been thrown into uncertainty, we can appreciate Mr. Armstrong’s recent statement that “BDA’s prerogative is to ensure this profession is heard by any governments making decisions that impact on care, wherever they are based, and whatever happens at the ballot.” Undoubtedly, there is a universal hope in the dental community that the UK and EU governments will ensure that the aftermath of Brexit will not compromise their constituent clinicians’ ability to continue to deliver quality care or their researchers’ ability to access the resources needed for innovation in dental research.