

Guest Editorial: Parenting within Europe

Whilst accepting the nature versus nurture debate, it cannot be too far from the truth that as parents, we all would like to raise our own children to become balanced well-adjusted adults. How we do that is the basis of 'parenting', a concept that has long been controversial. Benjamin Spock's advice was followed diligently by generations of young parents, all grateful for guidelines on such an important and sometimes frightening aspect of their lives. Then Spock's advice was challenged, and other parenting styles were suggested as being the preferred way of raising children. Did this mean that the previous generations of parents were wrong, or rather that Society had moved on, evolved?

A recent documentary series on British television looked at this subject. Three nannies, each having a different style of child-raising, went into the homes of three newly-born children, and taught the parents how to raise their children in one particular style. One approach was very liberal, with the parents constantly with the child and responding to it's every need. A second approach was very 'old-school' with strict feeding-times, sleep times, and with not a great deal of physical contact. The third approach was a more balanced one. The television series on parenting produced an enormous amount of viewer feedback, mostly anger, at the admittedly polarised approaches. But it serves to highlight the difficulties such subjects generate.

Cultural differences always have and always will, largely determine parenting practices. The Scandinavian countries, for example, are quite at ease in using suppositories to administer medication to their own children; in the UK this would be controversial, to say the least. Indeed, parents would be concerned that Government Social Services would step in to place their child into care if they gave medicaments in this way. Some cultures still raise children to be very respectful of the older generations, while it seems all too common in other cultures for teenagers and even pre-teens to have no respect at all for their elders.

If the EAPD was the European Academy of Parenting Dilemmas, and as such was called upon to deliver European Guidelines for Parenting, how would we go about it? Would we propose a very liberal-minded child-centred document that only advocated allowing the child to grow up in an unstructured fashion because to do otherwise would challenge their human rights? Would we

ban all forms of physical punishment because this would teach children that all conflicts are to be resolved in this way? Would we advocate some form of physical punishment but not all, and if so where would we draw the line? Alternatively should we teach that seemingly outmoded concept of discipline? How should we account for the cultural and legal differences in those cultures, and those Europe-wide countries? The task would be immense, but as a learned body that purported to have the authority to proclaim on such matters, the European Academy of Parenting Dilemmas would need to produce such a document.

Perhaps one answer would be to present to that Academy and therefore to a much wider audience, a reasoned discussion of differing parenting methods, and the research currently available even though a lot of that research would not be acceptable as evidence-based. That Academy could then point out the pros and cons of the methods discussed, and, most importantly, stress that individual sets of parents should look critically at the various parenting styles, and base their approach on the basis of their own personality, and the culture and prevailing laws of the country in which they lived. Not to have discussed all of the parenting styles available because the authors of those guidelines did not personally agree with one or more of the styles would be to produce an incomplete guideline, and therefore of limited value to the parents throughout Europe who were looking for advice.

There is of course a parallel of sorts between parenting and child dental behaviour management, as many publications have shown us. On the one hand ideal parenting produces children growing into adulthood as balanced individuals able to cope with the vicissitudes of life, one of which is dentistry. On the other hand, with appropriate 'parenting' skills, paediatric dentists can help anxious children cope with the difficulties they are facing in the dental chair and that may well show the child that he/she can cope in other aspects of life. Children receive parenting not only from their own parents but also from significant others in their lives such as teachers and dentists. But which set of parenting skills is the paediatric dentist going to employ, and by implication which behaviour management skills should be taught to paediatric dentists to form the basis of their approach to child dental patients?

This then is the dilemma facing our EAPD, the European Academy of Paediatric Dentistry. As a body we need to produce guidelines, or at least guidance, both for our own membership and for a wider audience, including lay-readership. Such guidelines or guidance need to include how we manage the behaviour of our child dental patients, as a basis for the approach to be taken by the profession and also to inform the public of our intent and procedural methods. How is that to be achieved across the whole of Europe, because in essence, behaviour management in the conscious, non-medicated child dental patient is 'parenting'? We are simply helping that anxious child to deal with another of life's challenges, and how we do that reflects our own parenting style. It does not of course mean that we have to be ideal parents to our own children, but to have an appreciation of what good parenting means to each of us.

The EAPD is currently at an impasse on this matter. There are two schools of thought, one that all currently available techniques of non-pharmacological methods of child dental behavioural management should be included in a proposed document, with suitable caveats. The other school

feels that no mention at all should be made of the more assertive methods such as restraint or hand-over mouth (HOME), even though those methods are used regularly in some parts of Europe.

Accepting the fact that almost all of the available literature on child dental behaviour management is not SIGN compliant, it would seem to be a step too far at present for our Academy to produce a Guideline, where cited-papers need to be evidence-based. For this very eventuality we have had the option of producing Guidance for Best Clinical Practice, where the evidence produced for recommendations is not SIGN compliant. European paediatric dentists in clinical practice, where general anaesthesia or sedation facilities may not be readily available, do require some official guidance on behaviour management issues. This issue of the EAPD contains a review of available non-pharmacological behaviour management techniques, that perhaps could form the basis of such a Guidance document in the future, and the Editors would welcome a response from the members at large to this paper.

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