"I'm sorry you feel the need to complain!"

BOOM!

Every practice deals with complaints. Some are simple, some are predictable, and some arrive on a Wednesday afternoon when everyone is already at capacity, and the clinical diary looks like a game of Tetris played by someone who has given up. But the common thread in all of them is this: how you respond decides whether the issue settles... or explodes.

And nothing lights the fuse faster than the well meaning but disastrous line: "I'm sorry you feel the need to complain."

Most people don't realise how loaded that sentence is. It sounds polite, but it lands like a slap. It's equivalent to saying, "Your feelings are a problem I'd prefer not to deal with." The intention is usually good, but the effect is almost always the opposite.

Here are a few scenarios that capture just how quickly things can escalate when we trigger instead of communicating.

Scenario 1: The Domino Complaint

A patient email because their appointment was cancelled twice. The receptionist, who has had the sort of day that would test a monk, replies with the classic:

"I'm sorry you feel the need to complain, but we have policies."

Within hours, the patient has replied twice, added new grievances that weren't even in their original email, and copied in everyone from the commissioning team to their aunt who once had a root canal in 1998. The original issue (a simple diary mix up) is now buried under an avalanche of indignation.

Scenario 2: The Internal Meltdown

A dental nurse quietly raises a concern about rota changes. She isn't angry; she just wants clarity.

Her manager responds with: "I'm sorry you feel the need to complain. Everyone else copes."

She wasn't complaining. She was talking. But now she is complaining, because she feels dismissed and compared. By the end of the week, she's updating her CV, and morale has taken a hit no one predicted.

Scenario 3: The Social Media Spiral

A parent writes to say their child was upset during their appointment. The reply they receive: "I'm sorry you feel the need to complain. We did our best."

Two days later, the practice discovers a long Facebook post titled something dramatic like "Think Twice Before Taking Your Child Here." People are tagging friends, tagging neighbours, tagging other parents from the school WhatsApp group. None of this started because of the clinical care. It started because they felt brushed off.

Why these responses trigger people

Because they're defensive. They're written from a place of pressure, not empathy. They focus on the practice's feelings instead of the patient's or colleague's experience.

And once someone feels invalidated, logic stops being the driving force. Emotion takes over, and escalation becomes almost guaranteed.

The bigger cost

A single reactive sentence can transform a manageable situation into something time consuming, emotionally draining, and occasionally reputation damaging. And once trust is dented – whether it's a patient's trust or a team member's – it takes a long time to rebuild.

Responding rather than reacting isn't about being soft. It's about being effective. Acknowledging someone's experience, even briefly, keeps the door open to resolution. Triggering language slams it shut. ■

About the author

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Has the trade show had its day?

Reflecting on the UK dental calendar since I joined BADN in 1992, it is impossible not to notice the seismic shift in how we congregate as a profession. In those early days of Showcase at the NEC, the 'Big Trade Show' was the undisputed focal point of the year – a three-day marathon of networking, product launches, and the legendary hospitality that defined the era.

Back then, these events served as the primary bridge between dental companies and the wider clinical team. We all remember the buzz of the packed aisles, the excitement of new launches, and the sense of community found at the various association hubs. However, as the dental landscape has matured, so too has the way dental teams consume information and procure equipment.

The transition from a single, biennial event to a more crowded calendar, with various major shows

now competing for space, has naturally changed the dynamic. With more opportunities to exhibit than ever before, both manufacturers and attendees are becoming more discerning about where they spend their time and budget.

We have moved away from the one-size-fits-all model toward a more fragmented landscape. While some may miss the sheer scale of the historical Showcase events, this shift highlights a few key areas where the modern trade show must adapt to remain relevant:

- **The Power of the Team:** With dental nurses making up the largest registrant group, there is a clear appetite for dedicated spaces, forums, and theatres that cater specifically to their professional development.
- **Clinical Relevance:** While "keynote" speakers from outside the industry can offer different perspectives, the heart of a dental show remains the clinical team. High attendance usually follows content that speaks directly to the daily challenges of the surgery.
- **Quality Over Quantity:** Rather than simply filling hall space, the next generation of events may need to focus on curated experiences that justify the travel and time away from the practice.

As I prepare for my retirement over the next 12 months, I can't help but feel that the traditional trade show model is at a similar crossroads. The 'golden age' of the massive, all-encompassing exhibition may be behind us, but that creates an opening for something new.

Perhaps the future isn't about trying to recapture the feel of the 90s, but about creating more targeted, high-value interactions that reflect the sophisticated, digital-first profession we have become. And maybe more attention should be afforded to the entire dental team, including the dental nurses, who wield more power than many in the dental industry may realise. ■

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