## Cross-border dental care: 'dental tourism' and patient mobility

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## IN BRIEF

- Increasing numbers of patients are travelling to obtain affordable, timely dental care.
- Though some patients receive safe and professional cross-border care, others are at increased risk of substandard treatment.
- UK dentists should expect to see greater numbers of patients who have received dental care at international dental facilities.
- Patients are more likely to seek dental care from local dentists if they can obtain timely and affordable access to treatment.

Patient mobility is increasing. 'Dental tourism' is driven by numerous factors. These factors include the high cost of local care, delays in obtaining access to local dentists, competent care at many international clinics, inexpensive air travel, and the Internet's capacity to link 'customers' to 'sellers' of health-related services. Though dental tourism will benefit some patients, increased patient mobility comes with numerous risks. Lack of access to affordable and timely local care plays a significant role in prompting patients to cross borders and receive dental care outside their local communities.

Increasing numbers of patients are crossing national borders and obtaining dental care at low cost clinics.1,2 Journalists commonly characterise the phenomenon of cross-border care as 'dental tourism'.3,4 The rise in patient mobility is a result of multiple socio-economic factors. First, in some countries private dental care is unaffordable for many patients.5,6 The high price of local procedures drives individuals to find comparatively inexpensive dental procedures. Second, patients unable to obtain prompt access to local dental care look beyond their communities in search of timely dental treatment.7,8 Third, patients understand that lower prices for dental care need not result in low quality care. Some patients return home satisfied with the quality of care they receive elsewhere. 'Word of mouth' promotion prompts other patients to consider travelling for treatment. Fourth, economy air travel makes the cost of transportation considerably less expensive than the price of many dental procedures. Fifth, the

Internet plays a powerful role in connecting 'customers' to sellers of dental services. Dental clinics around the world use the Internet to advertise procedures to international patients. Dental tourism companies, mainstream travel agencies selling health-related travel packages, and medical tourism companies likewise use the Internet to advertise 'allinclusive deals'. These packages include dental procedures with pre-established prices, hotel rooms, air fare, ground transportation, 'VIP treatment', restaurant reservations, and side trips to popular tourist destinations.

Dental tourism is sometimes characterised as yet another example of globalisation. However, movement of dental tourists is more regional than global in scope. Individuals from the United Kingdom obtain dental procedures in such countries as Bulgaria, Croatia, Hungary, Romania, and Poland.9,10 Americans cross the borders of Arizona, California, and Texas and seek dental care in such Mexican border towns as Ciudad Juarez and Tijuana.11,12 Some Americans obtain inexpensive dental care in Argentina, Costa Rica, and Peru. Australian dental tourism companies promote Bangkok and Phuket in Thailand as inexpensive sites for dental treatment.13 Dental tourism commonly occurs along regional pathways rather than global networks. The proximate nature of dental tourism is understandable. Cost and inconvenience

of travel increase as patients fly thousands of miles for low budget dental care. Americans can travel to India or the Philippines for multiple dental procedures but it is only somewhat more expensive and far more convenient to obtain dental care in Mexico. Likewise, it is unsurprising that most patients from Britain obtain dental care in Hungary or Poland rather than the Dominican Republic or Peru. Given the proliferation of dental tourism companies and their recognition that it is possible to profit by selling low cost dental care to patients in regions where dental care is comparatively more expensive, the number of individuals travelling for dental care is likely to increase. Marketing initiatives will encourage more individuals to travel for dental care.

Cross-border dental care will likely benefit some patients. Some dental tourists will obtain timely, affordable, high quality dental care. Were they to receive treatment in their local communities they might find treatment unaffordable or experience serious delays in obtaining access to a dentist. However, movement of patients seeking inexpensive dental care is likely to have harmful consequences for some individuals.14,15 Quality of care is a serious concern. Some dental tourists will receive excellent care when they travel abroad for treatment. Other patients risk receiving substandard care.16 Around the world, the education of dentists, training

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Refereed Paper Accepted 2 April 2008 DOI: 10.1038/sj.bdj.2008.403 \*British Dental Journal 2008; 204: 553-554 of dental assistants, regulation of dental clinics, accreditation and licensing of dentists, and quality of dental services is highly variable. Patients travelling for dental care must be wary of clinics offering substandard procedures.

Some patients will find that travelling for treatment undermines continuity of care. Dental tourism involves episodic treatment. Multiple procedures are compressed into an abbreviated period of treatment. If complications develop some patients will find it difficult to return to international clinics for further treatment. Not all local dentists will be willing to treat problems associated with care provided by dentists in another country. Liability issues will discourage some dentists from rectifying substandard procedures.

Obtaining legal redress in instances of negligent care is a significant risk related to cross-border dental care. Most dental tourism companies require clients to sign waiver of liability forms. These documents are supposed to shield dental tourism companies from legal action. The forms state that if the client wishes to initiate legal action he or she must turn to the courts of the country wherein the dental clinic is located. Some dental tourists will find it costly, impractical, or impossible to obtain legal and financial redress after suffering harm while

receiving dental care in another country.

Websites of dental tourism companies often incorporate testimonials from satisfied customers. Some patients are content with low-priced, cross-border dental care. Acknowledging that international dental care is sometimes both affordable and professional, some travellers are likely to be at increased risk of harm when they travel abroad for dental treatment. Despite these risks, lack of access to local dentists and the high cost of dental care will result in increased numbers of individuals using the Internet to find dental tourism companies and international clinics advertising 'dental vacations'. Though dental care is not truly global in scope, neither is seeking dental treatment an altogether local phenomenon. What the regionalisation of dental care from comparatively high cost to low cost settings will mean for patients, dentists, and relations between patients and dentists is at present unclear. Increasing numbers of patients will likely 'outsource' themselves to inexpensive facilities even when they know little about quality of care, degree of risk, and prospects for legal redress if they receive substandard care. Lack of access and cost of local care will drive crossborder dental care. Countries that want to encourage individuals to obtain care from local dentists need to ensure that

patients have adequate public insurance, private dental benefits, or a combination of public health insurance and private dental benefits to obtain treatment from local dentists. Dental tourism can promote consumer choice. Acknowledging this point, too often lack of choice is what prompts patients to travel in search of affordable and timely dental care.

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