## Debate & OPINION

# "Dental Tourism": Issues Surrounding Cross-Border Travel for Dental Care

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For citation purposes, the electronic version is the definitive version of this article: www.cda-adc.ca/jcda/vol-75/issue-2/117.html

hen I visit my dentist I travel 4 kilometres from my residence to her office. My experience is commonplace; many Canadians commute from their homes or workplaces to see a nearby dentist. Although our coffee might come from Colombia and our clothes from China, for most of us dental care is as local as the neighbourhood grocery store, library or community centre. However, for some people, obtaining affordable dental care involves travel to another country. Journalists call these travellers "dental tourists."

Americans visit dentists in such Mexican border towns as Ciudad Juárez, Los Algodones, Nogales and Tijuana.<sup>1-3</sup> Australians fly to Thailand for inexpensive dental care. People from England, Ireland and Wales journey to clinics in Bulgaria, Croatia, Hungary and Poland. In general, patients travel from higher-cost settings to regions where care is comparatively less expensive, and the price differential must be significant. Most "dental tourists" travel for treatment when the total cost of dental care, meals, accommodations, transportation and other expenses is less than the price of local care.

The Internet facilitates cross-border dental care. Dental tourism companies advertise "allinclusive" travel packages that include dental procedures, hotel room reservations, side trips to tourist attractions and airline tickets. Dental clinics also use the web to attract international clients. People who consider travelling for dental care use the Internet to email sales representatives, submit digital images and negotiate prices.

Given the size of the U.S. population and the proximity of the country to low-cost dental clinics in Mexico, far more Americans than Canadians presumably travel in search of affordable dental care. Nonetheless, Canadian snowbirds are among the customers seeking inexpensive care in Mexican clinics located adjacent to the borders of Arizona, California, New Mexico and Texas.<sup>4</sup> An Ottawa-based company, The InciDental Tourist, sells dental tourism packages to China.<sup>5</sup> The company states that care costing \$8,400 in Canada is available in Nanjing for \$1,840.<sup>6</sup> Several Canadian medical tourism companies also market dental tourism "deals."<sup>7-9</sup>

It is not surprising that dental tourism companies use patient testimonials to tout cost savings, customer satisfaction and quality of care. In turn, some dentists argue that inexpensive cross-border dental care is sometimes substandard. <sup>10,11</sup> They report encountering patients who have experienced serious complications as a result of obtaining low-priced dental care. Dental tourism companies respond to these criticisms by asserting that local dentists are merely protecting their own economic interests when they impugn the quality of care patients receive when they travel abroad for procedures.

The lack of research on both cross-border travel for dental care and international variations in quality of dental care makes it difficult to determine the level of care patients encounter when they travel abroad for treatment. Although there are many newspaper stories and some case reports, there is little systematic evidence that can be used to assess the clinical, economic and social consequences of cross-border dental care.

Some organizations are trying to better understand the significance of dental tourism. In 2006, the American Dental Association passed a resolution to investigate dental tourism and develop a policy response to crossborder dental care.<sup>12</sup> Last year, the Council of European Dentists released a position paper on patient mobility within the European Union.<sup>13</sup>

Dental tourism attracts media coverage, but the topic receives scant attention from researchers in dentistry, bioethics, health law and health economics. The subject deserves serious critical analysis.

Some patients do not have a choice between receiving dental care at a local facility and arranging treatment abroad.<sup>14,15</sup> Unable to afford local dental care, they must choose between going untreated or crossing borders in search of care.<sup>16,17</sup> Lack of health insurance and dental benefits are key factors pushing low-income Americans to obtain care at Mexican border clinics.<sup>1,3,18</sup> In the United Kingdom, the cost of local private care and lack of access to dentists through the National Health Service prompts patients to pursue treatment at facilities in Eastern Europe.<sup>19,20</sup> The number of patients travelling to Hungary, Poland and elsewhere is likely to increase if patients in the United Kingdom continue experiencing difficulties obtaining dental care through the National Health Service.

Cross-border dental care presumably allows some patients to receive affordable and competent care. Nonetheless, "dental tourism" raises many concerns.<sup>21</sup> The most salient issue is the quality of care patients receive. Patients crossing borders in search of low-cost procedures might be at greater risk of receiving substandard treatment. Licensing and accreditation of dentists, regulation of dental clinics, quality of dental education, training of assistants, selection of equipment and supplies and other factors can all affect quality of care. Patients with limited economic resources focus on price comparisons. They might have less insight into the quality of treatment they will receive. In addition, it is possible that some patients are at risk of receiving procedures they do not need.

Continuity of care is also endangered by cross-border dental care. "Dental tourism" involves provision of multiple procedures in an abbreviated period,<sup>22,23</sup> after which patients return to their home communities. This compressed form of dental care could expose patients to complications. It can also leave local dentists wary of the legal ramifications of rectifying substandard care delivered by a dentist in another country. Some patients receiving negligent cross-border dental care will find that they have few legal remedies. Most dental tourism companies require customers to sign waiver of liability forms. These documents are intended to shield dental tourism companies from legal action.

The emergence and growth of dental tourism raises serious questions concerning whether more dental services ought to be covered under public health insurance plans, employer-provided dental plans or a combination of public and private health insurance programs. Where dental care is an "out-of-pocket" expense, low-income patients have a much reduced chance of obtaining access to timely, affordable care.

Dental tourism companies promote cross-border care using the rhetoric of consumer choice. This language suits circumstances where patients can choose between receiving care from local dentists and travelling abroad for treatment. Given the importance of oral health, inability to obtain access to dental care can have serious consequences for patients. Where patients cannot afford access to local dentists, constraints rather than choices shape decisions to travel.

Dentists, dental associations and dental researchers must explore and address the social, ethical, economic and legal dimensions of dental tourism. Canadians are among the patients travelling in search of affordable dental care. We know little about the quality of care they receive, where they travel, how many Canadians travel for dental care, what happens when they receive substandard care outside Canada and the due diligence dental tourism companies exercise before sending patients to clinics in other countries.

The optimistic view of this phenomenon is that patients are taking inexpensive "dental vacations" in exotic locales. The skeptical view is that patients risk receiving inferior care in regions with lower regulatory standards and limited oversight of dental clinics. Whatever the true significance of the rise of cross-border dental care, dental tourism companies are proliferating, travelling for dental care is becoming commonplace in some regions and researchers and professional associations are paying limited attention as dental care shifts from being a local service and enters a competitive global marketplace of cross-border economic transactions.  $\blacklozenge$ 

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This article has been peer reviewed.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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