

Dental tourism for implant treatment: Dream vacation or nightmare?

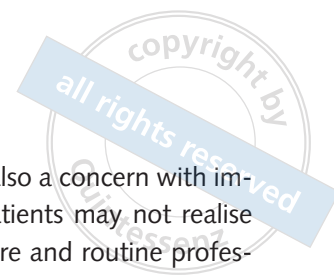
Increasing numbers of patients in need of extensive dentistry are travelling abroad for dental care. This growing trend of 'dental tourism' is motivated by the high cost of local care, delays in access to treatment, economy of air travel and the Internet as a conduit between prospective patients and dental clinics¹. The treatment is often planned in conjunction with a vacation to make the most of the experience and travel expense. Patients may also prefer a condensed schedule to fix their dental problems in a dedicated time period. Countries known for offering dental tourism services include Mexico, Hungary, India, Poland, Romania, Bulgaria, Croatia, Argentina, Costa Rica, Peru, Thailand, Malaysia, Singapore, the Philippines and South Korea. The choice of destination usually occurs along regional pathways. The leading country for dental tourism is Mexico, due to the proximity with the United States. Hungary and India are tied for second place but Hungary serves more European patients, while India treats more Asian patients².

Owing to higher costs and lack of insurance coverage, dental implant treatment is a common procedure sought by dental tourism patients looking to save money. Dental implant services are often half the cost or less in destination countries². Surveys have found many patients are satisfied with general dental care obtained abroad, but dental implant treatment can come with a greater risk of complications and failures. Although some offices request records prior to the consultation, many others make the diagnosis and treatment plan at the first visit. The treatment needs to be consolidated and streamlined to accommodate a limited time period and performed in fewer visits. This often requires expedited therapies such as freehand implant surgery, graftless options, immediate implant placement, immediate loading, shortened healing times and accelerated prosthetics. There may be less incentive to save teeth or perform bone augmentation procedures that

require longer healing times and return visits. A dental practitioner abroad may be compelled to rush a procedure in order to fit a limited time frame. To reduce costs the treatment is often delivered in the most basic and inexpensive form. Many patients do not understand the equal importance of the dental laboratory in producing a quality result. This scenario is reminiscent of the saying, "Fast, cheap, and good ... you can only pick two. If it's fast and cheap it won't be good. If it's cheap and good, it won't be fast. If it's fast and good, it won't be cheap". Patients may come to realise that their bargain dentistry may not be such a bargain after all, especially if it needs to be redone.

A lower cost does not necessarily imply that treatment is not good quality. The cost of living, labour and overhead is significantly less in many developing countries. Expenditures for dental education and liability insurance may also be less burdensome.

However, some patients with limited funds may focus more on price comparisons than on quality of treatment. There is a lack of studies that support similarity in clinical outcomes between providers in different countries. No global standards exist for training in implant dentistry and many countries may not have as rigorous educational requirements. In addition, the local standards for dental materials, equipment, infection control and facilities may not be as regulated. It can be quite difficult for a layperson to judge and validate a clinician's credentials, quality of care or the safety of a facility. Although they can research dental clinics on the Internet it can be challenging to navigate through all the information and marketing. To assist patients to make informed choices they may consult a variety of resources such as the Traveler's Guide to Safe Dental Care by the Organization for Safety Asepsis and Prevention³, the International Association for Medical Assistance to Travellers⁴ and the American Dental Association⁵. There are



also companies such as Patients Beyond Borders and Dental Departures that connect patients to international dental providers. However, prospective patients must be cautious and understand that sources may be biased if they have a financial interest in the arrangement.

Dental tourism also raises ethical and legal issues involving the dentist–patient relationship. The principle of respect for autonomy takes into consideration a patient's choice based on informed consent. However, lapses in translation or communication can result in misunderstandings and/or mistreatment. Although some dental tourists will receive safe, professional and quality care, others are at risk of substandard treatment. Patients may not fully understand the degree of risk, and prospects for legal recourse if malpractice or fee disputes occur. Most dental tourism companies require patients to sign a waiver of liability to protect them from getting sued. If the patient suffers harm and wants to consider legal action they may have to file within the court system of the foreign country. This may be cost prohibitive, and obtaining effective legal solutions or monetary compensation can be difficult. Some dental practitioners may be unable to pay damages if they are not covered by liability insurance, which is not always required. Dental clinics may not have an established policy to address complaints from dissatisfied patients.

It is well established that dental implant treatment can have surgical and prosthetic complications. If complications occur the patient must be prepared either to stay longer than planned, to return for follow up care or to seek local treatment at home. As cost savings are a major motivation of dental tourism it may be unaffordable to prolong a trip or return to fix problems. Many local dental practitioners may be unwilling to treat complications. However, if a patient of record seeks emergency care back home the local clinician may be ethically obligated to deal with the acute problem⁶. Patients should be informed of their oral condition without disparaging comment about prior services. Even if a dental practitioner agrees to manage the emergency, the additional costs can be significant especially if retreatment is required.

A lack of follow-up care is also a concern with implant treatment abroad. Patients may not realise the importance of home care and routine professional maintenance on the long-term prognosis of implant therapy.

Dental practitioners should be aware of the growing trend of dental tourism and the impact on their practices and patients seeking implant therapy. They should expect that some of their patients may seek care abroad or they may see tourism patients requiring emergency or maintenance treatment. This type of dental care needs further analysis to evaluate the clinical outcomes and economic impact on patients and dental practitioners worldwide. Although dental tourism can be a strategy for patients to afford higher cost implant treatment, there are associated risks. Due diligence on the part of the dental consumer is paramount to a satisfactory outcome. Patients should proceed with caution as a limited budget may be all the more reason not to risk their savings and dental health – *caveat emptor*.



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