



The impact of outbound medical (dental) tourism on the generating region: New Zealand dental professionals' perspectives

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HIGHLIGHTS

- Survey of 337 dental health professionals.
- Concerns about poor quality of dental treatment patients receive overseas.
- Concerns about lack of continuity of care between destination and 'home'.
- Dental tourism impacts upon dental care provision in the generating region.

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ABSTRACT

Travel overseas for dental treatment is said to be the most prevalent form of medical tourism. Medical tourism has been largely researched from the perspective of the patient, with a focus on their experience and on the outcomes for the destination country. This paper, however, reports on the perceived impacts of dental tourism on the generating region, drawing upon an email survey of New Zealand dental health practitioners (n = 337). The quantitative survey data is supported by a thematic analysis of responses to open ended questions in the survey. Collectively, our findings indicate that dental tourism is perceived by dental professionals as having profound impacts upon the provision of dental health in the generating region. Concerns centre on the poor quality treatment received by patients abroad, the lack of informed consent for patients, and lack of continuity of care between the destination region and the generating region.

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1. Introduction

The intentional pursuit of dental treatment abroad ('dental tourism') constitutes just one of many health treatments being sought overseas and is part of an increasingly important industry, known more broadly as medical tourism. Medical tourism involves the intentional pursuit of medical treatment outside of one's own country in another health care jurisdiction and represents an individual solution to a problem that has been historically addressed by the health system 'at home' (Connell, 2011; Johnston, Crooks, Snyder, & Kingsbury, 2010; Lovelock & Lovelock, 2013, 2014; Pocock & Phua, 2011). Over the last two decades medical tourism

in general has emerged as a multi-billion dollar industry that mainly involves people from high income countries seeking treatment in low income countries (Crooks, Kingsbury, Snyder, & Johnston, 2010).

Dental tourists are motivated to travel away from home for treatment for a range of reasons, including: those primarily centered around the treatment: e.g. long waiting lists for publicly funded treatment; prohibitively expensive costs for private treatment; the increasing availability of competent care abroad; and the non-provision of some services – e.g. because of costs or a lack of skills/technology or a willingness of dental practitioners at home to perform some procedures; and tourism and related reasons, namely relatively inexpensive air travel, and the internet which links patients with dental providers abroad (Adams, Snyder, & Crooks, 2017; Milosevic, 2009). Such travel has been assisted by the growth of low cost/budget airlines providing access to cheaper dental tourism destinations (Milosevic, 2009).

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The optimistic view of this phenomenon is that patients are simply taking inexpensive 'dental vacations' in exotic locales. The sceptical view is that patients risk receiving inferior care in regions with lower regulatory standards and limited oversight of dental clinics (Turner, 2008). Dental tourism often involves the provision of multiple procedures over an abbreviated period (Long, 2008; McConnell, 2006) 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 back home wary of the legal ramifications of rectifying substandard care delivered by a dentist in another country. Thus continuity of care is also endangered by cross-border dental care (Turner, 2008).

Meanwhile, cross-border dental care is perceived to be growing, dental tourism companies are proliferating, and travelling for dental care is becoming commonplace in some regions (Calvasina, Muntaner, & Quiñonez, 2015). Dental tourism is reported to be the most common form of medical tourism, accounting for 60% of medical tourism revenue in some countries (Crooks et al., 2010), and while it attracts media coverage, the topic receives scant attention from researchers in dentistry, bioethics, health law, health economics or tourism. Internationally, some organisations 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 cross-border dental care (Furlong, 2006). In 2008, the Council of European Dentists released a position paper on patient mobility within the European Union (Council of European Dentists, 2007). Notwithstanding this concern, 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 (Turner, 2008). There has been very little research that documents the practice and the implications for dental health tourists and for dental health care systems (Turner, 2009). Notably, there is an absence of research that addresses the business and financial implications for dental health practices back in the tourism generating regions.

Importantly, there is a need to expand the scope of medical (including dental) tourism research beyond the patients and their destination-level medical providers. Instead we need to adopt a tourism systems approach (Leiper, 1979) to medical tourism, one that includes the full range of stakeholders that are impacted by this phenomenon across all elements of the tourism system. As noted by Hall and Lew (2009, p. 10):

The trip concept, and its representation via a tourism systems model, is important as it suggests that tourism may not just have impacts on a destination but also on the transit route, the wider environment and the tourist's home generating region. An insight which clearly has substantial implications for measuring and understanding the scale of the impacts of tourism.

Such a systems approach provides the underlying rationale for this study. To date, research on medical tourism has not taken a systems approach and in a piecemeal manner has tended to focus on the patients, or on the providers' experiences in/of the destination region. To date there is limited work that broadens the scope in such a way to address the wider impacts of medical tourism on the generating region. There has been little coverage of the views of those who provide regular treatment of the medical/dental tourist in the tourist generating region, and how home health systems may be impacted by medical tourism. Crooks and her colleagues in Canada provide one of the few examples of having done so- with their qualitative work with the family doctors of medical tourists (Crooks et al., 2015). For dental tourism, there has been no account of the impact of this phenomenon on dental health providers in the

country of 'tourist' origin. This paper expands the scope of Crooks' and colleagues' work by considering the impacts of dental tourism on the dental tourist generating region- a hitherto neglected component of the medical/dental tourism system.

The aim of this research is to explore the implications of dental tourism for individual practitioners and their business practices, and for systems of dental health care. The study explores this through investigating the experiences and perceptions of New Zealand dental practitioners. Specific objectives of the study include:

- (1) To document dental practitioners' understandings of how prevalent medical tourism for dental treatment is amongst New Zealanders and what the implications are for their profession and the dental health of New Zealanders.
- (2) To explore the perceptions and attitudes of dental health practitioners towards dental tourism, and how this impacts upon their practice, the pre or post dental tourism advice they may provide to patients and their relationships with patients in general.

Lovelock and Lovelock's (in preparation) study of New Zealanders seeking medical or dental treatment abroad revealed that New Zealanders are travelling to Asian and other destinations for dental treatment. Typically, these New Zealanders seek this treatment abroad because the treatment is cheaper and they can also holiday in these destinations. While for some the dental treatment is successful and is combined with a satisfying tourist experience, we also know that for some the treatment fails and they are compelled to seek remedial work once back in New Zealand. We do not know, however, how prevalent failed treatment is, what the implications are for dental practitioners offering services to New Zealanders who return here with unanticipated health outcomes requiring intervention, nor do we have any indication of what the long-term implications might be for dental health care and health outcomes for New Zealanders. This study will generate data that will help us to address these issues, and provides a useful counterpoint to studies of dental tourism focused on dental tourism destinations.

2. Literature review

2.1. Scope and scale of dental tourism

Turner (2008) describes the key mobilities of dental tourism as being from the UK and Western Europe to Eastern Europe, from the US to Mexico or other destinations in Central and South America, and from Australia to Thailand. Each year about 40,000–50,000 dental patients from the UK seek dental care abroad, a significant portion of them travelling to Hungary, where Kovacs and Szocska (2013) report a twenty year history of dental tourism. In Hungary, Österle, Balazs & Delgado's (2009) survey revealed that between half and two-thirds of dental practices provide services to foreigners. There are also emerging dental tourism destinations in south and south-east Asia. In India 10% of the medical tourism income is estimated to now come from dental tourism (Kamath et al., 2015).

While the broad geographic flows of dental patients may be somewhat similar to that of medical tourism in general, there are essential differences between medical and dental tourism. These rest mainly on dental tourism being largely less emergency oriented, with dental conditions not generally being life threatening, and also that many people consume the same or similar dental treatments on a regular basis over their lifetime (Österle et al., 2009). These characteristics give dental patients the time to learn

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