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 Dental tourism: the good, the bad and the opportunities

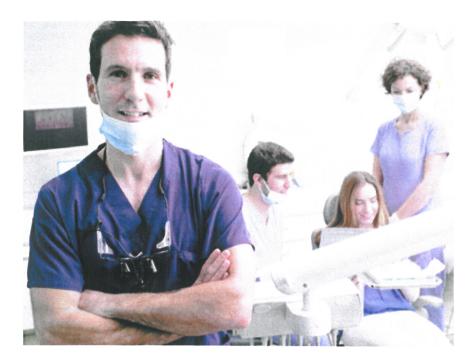
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Dental tourism: the good, the bad and the opportunities

12 December 2014





Dental tourism can be a truly divisive topic among dental professionals. There are some who feel that they are losing out as patients seek substandard treatments at a massively reduced cost. While there are others who can look beyond the costs and see that perhaps it's not as black and white as people may think, says Michael Sultan.

The Good

First of all, it's worth mentioning that dental tourism isn't free for the patient. In the good European clinics, what may cost £20k in England could well cost £10-15k. This remains a substantial sum of money, especially when factoring in the flights and accommodation.

I have dealt with one implant clinic in particular that is fantastic. They perform the triage, see what patients need and ensure that all of the perio and the endo are completed in Britain first, so that when the patient goes over to them they are ready to go. They offer a great service, looking after the whole journey, making the process entirely stress free.

So how do they do it cheaper? Firstly, their overheads are significantly less. In fact, the dental tourists are paying double what a local patient would pay. Secondly, and more importantly, they work much more efficiently, everything is prepped and ready in advance, so the patient is seen and treated in the shortest possible time.

The Bad

However, for some areas of dental tourism we see a different story altogether, one which isn't founded on service and efficiency. This can include unsubstantiated claims of impossibly high success rates, a lack of enforced regulation and a focus on short-term solutions.

Patients with severe periodontal disease can go abroad for a year's worth of treatment crammed into the space of a week, with no time allotted for healing or recovery in between procedures. It may save money in the short term, but when they sit in my chair afterwards, I can tell it's going to be just as costly to remedy.

What is more, there is no scope for offering these patients any kind of reassurance. We know that after

treatment there may be questions or a filling that is too high or too sharp, and this is easily remedied with a quick return visit, but with dental tourism they cannot so easily or conveniently return.

The Opportunities

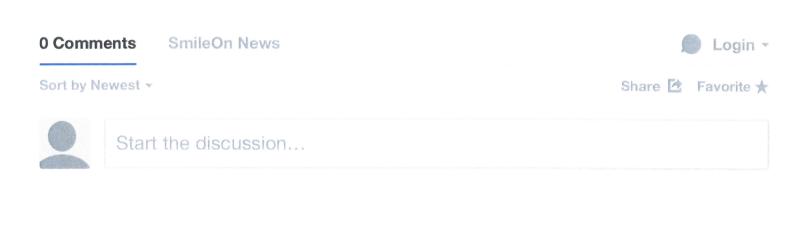
Herein lies an opportunity for UK practices to forge partnerships with some of the more reputable clinics. One the one hand, it means that they do the expensive work and you have to cover the costs of repairs, but this can also help strengthen relationships with existing and potential patients as we provide much needed reassurance.

Another opportunity arises when considering costs. I get sent a number of OPGs of UK patients from foreign clinics for analysis. One thing I notice is the number of broken teeth and amount of substantial decay. For these patients, it's not that they've had poor treatment up to that point; rather they've had no treatment at all, have become desperate and cannot afford private treatment in the UK.

Clearly therefore, there are patients able to pay more than NHS costs, but less than standard private, and these are the patients who become dental tourists abroad. If UK practices were to work more efficiently and still do good work, then perhaps they could tap into this market?

For further information please call EndoCare on 020 7224 0999 or visit www.endocare.co.uk

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