

Dental Tourism, a Need or an Extravagance?

Great empires have produced, in their time, European political maps. In the same way, the EU, an extremely different conglomerate, will generate a new geopolitical configuration of the continent.

As a doctor and a professor living and working in Banat, a border area of my country, in direct contact with various nationalities and populations, I had and still have the opportunity to notice the spreading of a certain phenomenon: the “**dental tourism**”, part and parcel of the **medical tourism**, one of the overtures of the **GLOBALIZATION**.

Twelve years ago, one of my doctoral students living in a developed European country was telling me about a dental laboratory that he had in China, where he could manufacture a **PFM** crown (with European materials and observing European standards) at the cost of 10 €

Another former student, living and working in a neighboring country, opened a dental office near the Austrian border and invited me there to rest during the weekend and between two meals I had to insert some dental implants. Between the two countries, along the border, there is a girdle of dental offices that practice full time, at dumping prices as against the rest of Europe.

In our town, some 10 years ago, a dental laboratory was opened, that manufactures a **PFM** crown for 20 € close to the Chinese cost. I wouldn't tell you what that looks like! But I hear they are on the market. At least one problem arises: **non-homologated** or **expired materials**.

Many **EU** patients come and ask for implant placement in our county. Immediately, they have been advised that our implants do not observe international standards concerning titanium passivity, an exotic material that today is also being used for submarines.

EU colleagues do not like the examples

above mentioned and punish the tourists, wherever and whenever they can, because they have no access to the colleagues in question. I remember a situation when, while he was visiting his family in Romania, I performed an apical resection on a maxillary canine to a Romanian gipsy, now a German resident. I gave him a leaflet where I wrote down the diagnostic, treatment and the recommendation that, after a week, the suture should be removed. He went all around Bavaria with his leaflet, in search for someone to remove the suture and everyone declined and said: “**go to the person that performed the apical resection and ask him to remove the suture**”. Three threads fell of their own while the fourth got stuck and was removed in Holland.

What has to be done?

First of all, the **EU** colleagues should know that it is not us who call for their patients; they come by themselves, drawn by the low costs.

Second of all, when a patient asks for help, doctors that took Hippocrates's oath have a duty to help, not to chase away.

Third, no matter how long and widely globalization will occur, there will still be some small “**non-involved**” countries at the border of the “empire” where temptation for all forms of tourism (including dental tourism) will exist, because of low costs. The same as in other fields and branches, FDI should implement a common classification of medical maneuvers (CCMM) and also a set of rules on “dental tourism”, as tourism is part of our lives, and, as the song says: “life is life”.

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