

CED Statement

Dental tourism and cross-border healthcare

NOVEMBER 2021

I - INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries. The CED promotes high standards of oral healthcare and effective patient-safety centred professional practice across Europe.

This document is meant to set out CED's position regarding, on the one hand, the Directive 2011/24/EU on patients' rights in cross-border healthcare currently in place and its evaluation, which will assess how the Directive's objective to facilitate access to safe and quality cross-border healthcare in another Member State has been met, and dental tourism on the other hand. Dental tourism, which prior to the COVID-19 pandemic was a major growth area, is a significant concern as regards the provision of dental care and treatment and may impact patient safety.

II – CROSS-BORDER HEALTHCARE

Directive 2011/24/EU on patients' rights in cross-border healthcare¹ ("Cross-border Healthcare Directive"), among others, sets out the conditions under which a patient may travel to another EU country to receive medical care and then receive reimbursement from his home country. It covers healthcare costs, as well as the prescription and delivery of medications and medical devices.

The Cross-border Healthcare Directive provides that if patients are entitled to public health services in their home country, they may choose to access those services in another Member State of the European Union and be repaid the cost if they meet the requirements. The patients are eligible to be repaid the cost of the public healthcare treatment in their home country, or the cost of their treatment abroad, if that is less. Reimbursement does not include other costs such as travel.

The CED supports the provisions of the Cross-border Healthcare Directive for extended cooperation between Member States, as receiving dental treatment in another Member State is justifiable and beneficial in many circumstances, for instance in border areas, or in cases when patients temporarily or permanently live in another Member State.

However, financial reasons can lead patients to seek treatment abroad for treatment such as complex oral rehabilitations, surgery and cosmetic dentistry which are not covered by most health-care plans.

As in most EU countries patients pay for their own dental care (partly or fully), there has been an increase in patient flows to countries with lower-cost dental care over the last decade or so, which has been encouraged in some cases by packages that include treatments and tourism.

In such circumstances, the tendency to travel to receive extensive, but rapid treatment (dental tourism), may seriously threaten patients' safety. With dental tourism, there is usually very little pre- and post-treatment care, preventive and supportive care which are essential for quality oral healthcare.

In dentistry, although there has been much publicity given to dental patients travelling abroad, a relatively small number seek healthcare in another Member State. Their decision is not normally solely based on medical necessity, lack of availability of treatment in their home

¹ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare can be accessed here <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32011L0024>

country or the search for higher quality in another country. Rather the decision is made in relation to the extent of the patient's own financial contribution to the treatment, which may depend on the inclusion and availability of certain treatments within the patient's social security or insurance system. This makes patient mobility in the area of dental care somewhat different to mobility in other areas of healthcare.

III – AGGRESSIVE AND MISLEADING ADVERTISING AND DENTAL TOURISM

Many dental tourism clinics, including corporate dentistry clinics, entice patients by offering a compelling comprehensive package that includes dental care plus a vacation, flights, lodging, and airport transfers, all at affordable rates, making dental tourism an opportunity that patients might regard as an attractive opportunity.

Such offers might incentivise patients to seek unnecessary treatments and may even lead to overtreatment. Misleading commercial offers should be avoided by providing clear and detailed information on the costs of the treatment and extra-costs of the treatment "packages".

Aggressive advertising, often involving marketing experts, and misrepresentation in dental tourism raise some serious issues related to getting proper consent for treatment. Such actions increase the risk of the public being misled. They may damage the dental profession's reputation and can put a strain on the professional relationship between dentists and their patients.

On the issue of advertising of healthcare services, the CED believes that there is a need for clear rules, in whichever form they might appear at the national level, that follow ethical guidelines and are applied to all those stakeholders advertising dental treatments. Patient safety concerns and the maintenance of the relationship of trust between the dentist and the patient must be at the core of these rules².

IV – PATIENT SAFETY AND RESPONSIBILITY IN DENTAL TOURISM

Although this happens quite rarely, some treatments do not go as planned, leaving upset patients and apprehensive dentists in a difficult situation. Whereas these patients might save money on the initial treatment, if they subsequently experience complications such as infections, nerve damage, or failed restorations, they might face even higher expenses in the form of complex remedial treatments.

If a patient visits a dental practice in their home country with a failed treatment received abroad, it puts clinicians in a dilemma both ethically and legally, in terms of any remedial work that might be required. This is due to the same liability questions that dentists might face, if they were to accept restoring the patient's dental health and would later fail.

The CED is primarily concerned about the safety of patients, including an adequate treatment plan, and the continuity of care offered to them. In this regard, the CED fears that the commercial drivers that are the foundation of some of the business model in corporate dentistry may, in fact, be detrimental to the health and well-being of patients³. The CED believes that patients considering dental tourism treatments abroad must be informed that quality treatment depends on properly planned care with scope for post-treatment care.

V- CONTINUITY OF CARE AND DENTAL TOURISM

The CED emphasises the importance of continuity of care and of a strong dentist-patient relationship. Dental treatment often requires a series of visits to the dentist to properly plan and carry out the treatment, and to provide post-treatment care. Where patients spend only a

² Please refer to the CED Statement on Advertising of Healthcare Services, which can be accessed [here](#).

³ Please refer to the CED Resolution on Corporate Dentistry in Europe, which can be accessed [here](#).

short time in the care of the dentist – as is often the case where patients receive care abroad – the overall quality of the health treatment is difficult to ensure.

VI - CED POSITION

In the light of the above, the CED believes that the quality and safety of healthcare services in relation to dental tourism can best be ensured by:

- establishing clear rules, in whichever form they might appear at the national level, that follow current and updated ethical guidelines and are applied to all those establishments that fully comply with national legislation advertising dental services;
- providing patients with clear information in cases of commercially driven dental tourism;
- ensuring continuity of care and a strong dentist-patient relationship;
- ensuring the appropriate number of visits, including for pre- and post-treatment care, as well as adequate follow-up care of the patient;
- making sure that national authorities do not encourage patients to seek care abroad, where this is driven only by economic reasons;
- providing detailed and separate information regarding the costs of the treatment and the extra-costs included in the “combined offer” or “package”, e.g., accommodation, travel, etc.

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