Dr. Krystina Adams - Dental Tourism: A Case Study in Los Algodones, Mexico

Dr. O'Keefe: Today I'm delighted to welcome Dr. Krystyna Adams from British Columbia, who studied for a PhD at Simon Fraser University in the medical tourism research area. And she focused her thesis on dental tourism. And the place that she studied and wrote about is a town in Baja, California, Mexico called Los Algodones. And it's in just a little corner of Baja California, just right where that state meets with California and Arizona, the US states. And she went and she even lived there for three months to totally immerse herself and learn all about dental tourism in that town. Krystyna, through a dental lens, tell us a little bit about the town of los Algodones.

Dr. Adams: Sure. And thanks for having me, today. So, I, as you mentioned, lived in this town for three months and was able to learn a little bit about, what it's like to live in the town and definitely learn a lot about what goes on in the dental tourism industry there. And so, it was really fascinating to spend time in this town because the first thing you notice when you step foot into this small town of about 6,000 residents, is just how much the dental tourism industry is really driving and informing, sort of the entire life of everyone living in a town. So, most people work in the industry, and that involves working in the clinics or working in, sort of affiliated industries, such as the hotels or the restaurants. But the majority of people work in either dental clinics or in the labs producing many of the different equipment needed for the dental clinics.

Dr. Adams: And so, when you walk across the border into the town, you're sort of immediately surrounded by clinics in a way that I had never experienced before. So, I've heard people talk about it as sort of a dental Disneyland that you walk across and there's dental clinics everywhere to be seen. It can be quite overwhelming to think about, you know, how you would choose a dental clinic to go to if you were looking for dental care. And there's also many different people on the streets who live and work in Los Algodones who are trying to sort of sell their particular clinics. So, people who are typically called street promoters who are sort of suggesting one clinic over another.

Dr. O'Keefe: So, people get excited. In Canada, there's nearly a dentist on every street corner in the towns and the cities. Any idea how many dental offices there are in a town of 6,000 people?

Dr. Adams: It's hard to quote the number of offices. And I'd say that's because from what I learned, offices are opening and closing all the time. You can go around a corner and suddenly notice a sign for a clinic and you're not sure if it's its own clinic, if it's part of another one. And so, I actually, I didn't end up counting the clinics, but the number that I was mostly told was that there's about 500 dentists practicing in Los Algodones. So again, a town of about 6,000 residents and there are about 500 dentists practicing there.
Dr. O'Keefe: Right. So, if we focus now on your report and we're going to be able to share with people though, like a short report of you crossing the border for dental care and study, what were the key findings of your study?

Dr. Adams: Yeah, I mean I found a lot of just sort of interesting industry practices were going on in the town and I think some of those are really attributed to the fact that it is, as you mentioned, sort of this meeting place between, you know, multiple different nationalities. You also have a meeting place of different healthcare systems, so you have different expectations of what, you know, what dental care should look like, what it could look like, what different patients are looking for by traveling abroad. And so, I'd say the first key finding is just that the dental tourism industry is definitely growing and thriving along the northern Mexican border; and particularly in a town like Los Algodones. It's attracting numerous Canadians and Americans looking for, sort of lower cost care, also faster care. So, you know, many Canadians and Americans were able to get a lot of care done in just a few days.

Dr. Adams: And that Canadians, Americans typically come with sort of expectations for their care, in ways that might not necessarily, sort of align with best dental practices. And so that was a really interesting key finding is just that because many Canadians, Americans come expecting to get a lot of care in a short amount of time at low cost, there were some concerns raised even by industry members themselves and dentists themselves about some of the standards of care that were in Los Algodones alongside many sort of, you know, really strong beliefs that there is very good quality of care also available. There was sort of a description of there being sort of a mixed bag of care and that actually the expectations of the dental tourists themselves sometimes drive sort of worst standards of care.

Dr. O'Keefe: Right. And am I right to say that there's some sort of brokers that have to bring patients from the north to particular clinics or set things up for prospective patients?

Dr. Adams: Yeah. And I would say this is a part of that key finding around sort of the quality of care and the type of care being provided is that I found that the patient facilitation companies or these brokers that you talk about, typically their company is located in Canada or the US although some are even located in different parts of Europe, I found that those companies sometimes, sort of exacerbate these expectations of the tourists. So, because they're trying to really sell the care and they're working off commissions, so they're getting a cut of whatever the dental tourists are paying for their care, they're really trying to, you know, convince the clinics to provide the care that is going to be most appealing to tourists. So, in ways that are often, sort of pushing for faster care from the clinic saying, you know, this is how you're going to get patients, even if
it goes against what dentists know as best practice. So, I found that those were key players in sometimes, sort of affecting those standards of care.

Dr. O'Keefe: Right. Did you get to talk to patients before and after treatment?

Dr. Adams: Absolutely. I lived in, there are two hotels in the town, so I lived in one of the two hotels, which meant that I spent a lot of my time interacting with dental tourists and learning about their journey, you know, learning all about their stories of trying to get affordable care either in Canada or the United States and some of their challenges, trying to access that care and then, you know, learning about their decisions to come to Los Algodones, their fears about accessing care in a totally different healthcare system, how they chose what type of care to get. And that meant I was also able to experience the journey of sort of shopping for dental care in Los Algodones, which is something that was also sort of a key finding is that this type of care looks quite different from what we're used to back home. For many dental tourists, they spent a lot of time getting x-rays at different clinics and trying to judge for themselves what's good quality care. And that many actually felt, you know, they assumed that more choice would be better, but they actually felt quite overwhelmed by the choices.

Dr. O'Keefe: Right. And the people that as they were leaving, were they smiling or crying?

Dr. Adams: A mix, sometimes crying because I remember very vividly meeting one individual in particular who said that this was going to change his whole life. He was going to be able to find work now. He'd never been able to afford the type of care that he could get for this sort of full-mouth restoration. And that he knew that now having, you know, an improved oral health was going to really be life changing. So those were tears of joy. And I also can remember another, an individual who had come back. It was her third time coming back for follow up care because she wasn't able to get it back home. The records weren't sufficient. So, her dentist back home didn't feel as though they felt comfortable providing the follow-up care she needed. And she was extremely frustrated. She felt as though she had ended up actually spending almost the same amount she would have spent back home to try and fix repeated mistakes. And so, I definitely saw a mixed bag of, sort of reactions as people were leaving.

Dr. O'Keefe: Right. Now health policy is what you're particularly interested in. What do you think are the policy implications of your study?

Dr. Adams: I found that there are two main policy implications. The first is that I really feel as though better information needs to be provided about the medical tourism industry. So, I've reviewed a lot of media reports and looked for information that's available to dental tourists. And what I found is that that information is often quite biased towards sort of very positive stories of the industry with a big focus on how fast the care is and how affordable the care is in ways that don't
necessarily also reflect some of the safety concerns; and those concerns, gain even if the standards of care are quite good in a clinic that a patient visits, there are concerns related to that follow-up care. So many patients were leaving sooner than even their dentists in Mexico recommended because they wanted to get back home. And so there seems to be a lack of information available to prospective dental tourists, just about what it means to participate in mental medical tourism, some of the heightened risks that are involved just in the very nature of traveling for your care.

Dr. Adams: And again, some of the barriers that you might face to getting the follow-up care that you need. So, I definitely recommend that we look into policy or into avenues of providing better information to Canadians and Americans who might want to participate. And then the second sort of policy implication that I found through my research is that there needs to be better regulation of those patient facilitation companies. So actually, really pointed to those brokers or companies as places that were providing, again sort of this more biased information and felt held more responsibility to improve the sort of ethical and safety standards of the industry.

Dr. O'Keefe: Righty Ho. Okay, you studied one town, you know, being part of the medical tourism research unit or is what you found there, generalizable to call it dental tourism in general?

Dr. Adams: So, I consider the research I did to be a case study. I do think that Los Algodones is a really interesting unique town. I chose to go there because of the sheer concentration of dentists in such a small town. And so, you see sort of all these dentists coming into one particular place to provide this care; and I thought that that was very interesting to look at this phenomenon as sort of a town totally devoted to dental tourism and what that might mean for those practices. So, while I think Los Algodones is quite unique, I do think there are some sort of generalizable lessons to be learned about the medical tourism industry itself. I would say it's more generalizable to sort of that northern Mexican border region; and a lot of this is because I learned sort of how much the industry is being promoted by the local state and federal government in Mexico. And so, I think you would see some similarities across sort of that northern border and even throughout Mexico in the ways in which the industry is being supported. But I would say there's definitely lessons to be learned about the safety and ethics that we need to consider when participating in medical tourism. And definitely in terms of the information that should be provided to medical tourists, whether they're traveling for dental care, other types of care and no matter where they're traveling.

Dr. O'Keefe: So as a dentist in Canada, let's say, I'd like to wish away dental tourism, I wish it didn't exist. Is My wish likely to come true?
Dr. Adams: It’s a very interesting question. I don’t see that anytime soon. I think that there’s, from what I learned of patients’ experiences and the reasons that they were participating, many patients feel there’s very good reason to be seeking out alternative care options outside of Canada at this point. However, I would say that, again, with better information to patients, I think that we might see more informed decision making and some people might really think twice about going abroad when they sort of realize that there are these heightened risks that can be involved in participating in medical tourism. So, I think we might see sort of more people thinking twice before going abroad as if we can provide this better information. And I also would be really helpful that we can sort of be working more closely with destination and departure countries. So, Canada, the United States and Mexico possibly, you know, key policymakers in the healthcare system could be thinking about some sort of arrangements that actually sort of help formalize some of this movement in ways that could also sort of reduce sort of the ways that people are moving abroad. But also see where there’s benefits to helping people access care through mobility. So, I’d be looking for more formalized sort of bilateral or multilateral arrangements between different healthcare systems.

Dr. O'Keefe: Dr. Christina Adams, thank you so much for talking to us about your very interesting research and we’re able to share the summary report with Oasis viewers and readers. I look forward to keeping in touch with you and keeping a close eye on this file in months and years ahead.

Dr. Adams: Thank you so much for having me.