

Risks and rewards



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The difference between expectation and reality is often where disappointment finds itself. If I were to conjure up an image of what this intangible void might look like, I'd lean towards a Victor Meldrew-esq being. I appreciate for readers of a certain age, this fictional name means absolutely nothing, so do a quick search of the name and you'll see what I mean – it should be *the* face of disappointment and resentment.

For those who do remember *One Foot In The Grave*, I'm not sure dear Victor ever had his hopes raised for them to be dashed, or was promised the world and received nothing. Life was just one big disappointment. This discrepancy between what's promised and what's delivered causes no end of problems – and is often cited as a reason behind patient complaints. The transactional nature of high street dentistry – in the eyes of the patient – gives them 'buying power', with us highly-skilled clinicians merely at their every whim. It's wrong, but it feels like that's the way it is.

This is a relationship turbo-charged in the arena of this themed issue of *BDJ In Practice*: dental tourism. While we can discuss the push and pull factors, their nuances and the merits, it really only comes down to

one – cost. The push of high-cost dentistry in the UK, and the pull of low-cost dentistry overseas. As the kids would say, 'that's it, that's the tweet'.

The problem with this is what is overlooked: quality. Not enough patients are properly considering the risks of low-cost treatment for their potential rewards. Why is it here at home cost is synonymous with quality, but when it comes to seeking treatment overseas, patients forget this relationship? Selective memory, perhaps, but troublesome nonetheless. The search for the lowest cost at the expense of the requisite quality leaves patients vulnerable in multiple senses of the word: vulnerable to being ripped-off, vulnerable to being misled, vulnerable to life-altering treatment they cannot walk back, even vulnerable to physical pain and harm. It certainly leaves them open to financial pain, especially if they cannot be treated on the NHS upon their return.

This multi-country, multi-faceted topic has more faces than there are squares on a Rubix Cube. In this issue, we attempt to scratch the surface and knit some common themes together – the lay of the land, what the media thinks, what the profession thinks, what messages we should be giving to our patients. We ask what's behind the why – why are patients shunning services on their doorstep for treatment hundreds of miles away. We also take a look at whether dentistry needs to accept dental tourism is a reality and choice for many patients, will only increase in the coming years, and what the ramifications of this means for the profession. Does it

bury its head in the sand and pretend it isn't happening? No, clearly not – in this issue the Chief Dental Officer for England walks us through the reasons guidance was issued for treating patients upon their return, for example – but the current approach to dental tourism of educating patients about the risks perhaps doesn't reflect the magnitude of the sector. In this issue's cover feature, there are some truly eye-watering figures about the economic impact and forecasts of medical and dental tourism to the Turkish economy, so education alone perhaps won't cut it. Patients are going overseas, so are they really taking on board the warnings? They're pretty graphic, too. There have been some real horror stories, and the law of averages suggests these will only increase in the future. The filing down of natural teeth to accommodate fixed orthodontic care plans or clear aligners isn't the only thing that is miles away from reality.

And so, to each of the authors, whose contributions to the conversation are thought-provoking, insightful and considered – thank you. Like the landscape of dentistry we find at home, the landscape is shifting, and we must remain ahead of the conversation. Only then are we in the best position to go beyond education for our patients. Until then, health and dental tourism will continue to boom in popularity, the risk:reward profiling will remain dangerously tipped to risk, and dentists here will be left to pick up the pieces. ♦

<https://doi.org/10.1038/s41404-025-3096-4>