

## Attention Kmart Shoppers

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I don't shop at Kmart. It is not that I am prejudiced against the company. It is just that there is not a Kmart convenient to my home. I might shop there if I was purchasing a Black & Decker toaster oven, Mr. Coffee coffeemaker, Fisher-Price toys, or a Sony television since these products are the same whether purchased in a boutique shop, general supermarket, Costco, or Kmart. That is easy to understand.

What becomes troublesome is when we are unsure of the quality of the product as in clothing, raw foods, or other nonbrand items. It is difficult to believe that a suit of clothes purchased at stores like these are of the same quality as those purchased at upscale merchants as Neiman Marcus or Nordstrom.

Dental tourism is increasing in this country as patients leave the United States and go to foreign nations for dental treatment. Mexico, for example, is a popular tourism site especially for the southern border states. Other countries around the world have similar programs and packages. Tourism bureaus (Google "dental tourism" and stand back) have junkets that will allow a vacation in a desirable location and still leave time for dental work. The total cost of the two parts of the package together is frequently less than the dental work alone in the United States.

A recent newscast in my community on a local television station featured a dentist in Mexico who touted her lower fees for American dental tourists if they came to her practice. Her training was in a U.S. dental school and she claimed her practice was at the same level of care as



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her American colleagues. This included the latest techniques and materials, as well as sterilization standards. From the brief glimpse of her office in the news story, it was difficult to dispute.

It is presumptuous to assume that all foreign-trained dentists are inferior to those trained in the United States or that care received in developing nations is, by definition, substandard by our criteria. However, accreditation of U.S. and Canadian dental schools, as flawed as the process may be, sets the bar at minimal levels of curriculum and clinical practice within the educational format. Continual evaluation of the students is the norm, not the exception. There are certainly excellent dental schools in all countries. The problem is that a patient has no assurance that care in a foreign country is by a graduate of a school that educates at the same level as our schools.

We could take a caveat emptor approach and suggest that those who seek dental care under unknown circumstances may suffer the consequences of less-than-ideal treatment. This is not acceptable. We have a responsibility to the people of California to promote good dental care, regardless of where it is obtained. A secondary and unintended consequence of dental tourism is the potential damage

that could be done at a minimum to the dentition but, more significantly, to the patient. As a profession we become de facto providers of secondary or reparative procedures when patients have problems.

Organized dentistry has an obligation to the public it serves to educate them concerning good dental health practices and quality care. This includes cautioning them against seeking care in countries where the overall quality of dentistry at the educational level, as well as practice level, may not be regulated with the same stringency we enjoy. This is not a condemnation of all dental care across the world, rather a challenge to patients to ascertain that what they get is of reasonable quality, regardless of the price paid.

Kmart, Target, and other discount stores offer value to their customers. We must be cautious in selecting the goods and services we buy for the unintended consequences that could occur. Dentistry is a service and not a brand-name product. As such, quality control is at the local level and not in a factory setting. A blue-light special in health care conceivably could have devastating consequences to the ill informed. ■■■■

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