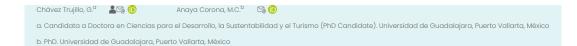


# Professional and technological development of dental tourism in Puerto Vallarta

## Desarrollo profesional y tecnológico del turismo dental en Puerto Vallarta



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### **Summary**

#### Introduction

The Universal Medical Travel agency of the United States (USA), promotes Mexico, Costa Rica and Colombia, as Latin American countries with high quality in dental services.

Other countries in Latin America that offer dental tourism are Argentina, Brazil and Chile.

#### Objective

The objective of this study is to describe the professional and technological development of dental practitioners in Puerto Vallarta.

#### Method

For the analysis, 21 semi-structured interviews were conducted with dentists practicing in Puerto Vallarta, selected from a total population of 176 professionals listed in the National Statistical Directory of Economic Units (DENUE), as of November 2023 (INEGI, 2024).

These interviews provided insights into key trends and challenges related to specialization and the adoption of advanced technologies in the dental field.

#### Results

The results show a notable increase in the use of advanced technologies among dentists in Puerto Vallarta. Additionally, there is a marked rise in professional specialization, driven by the need to cater to an increasingly demanding international clientele as a result of the growth in medical tourism.

#### Conclusions

The professional and technological development of dentists in Puerto Vallarta largely depends on the ongoing training and updates that practitioners seek and finance with their own resources. Dentists contribute to local economic growth through the foreign tourism they serve and the services and materials they consume.

The Puerto Vallarta Dental Association has played a crucial role in enhancing the professional skills of affiliated dentists and those willing to participate in the activities it offers.

#### **Keywords:**

Technological development; professional development; dentists; medical tourism; Puerto Vallarta.

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#### Introduction

Health tourism is defined as the process of leaving one's country or state of residence to receive treatments and health care in search of high specialization, faster access, and better costs (López et al., 2023). This type of tourism is divided into medical tourism and wellness tourism (see Figure 1); the former refers to all surgical and outpatient procedures such as dental, ophthalmological, bariatric surgeries, hip replacements, among others, as well as preventive, curative, or aesthetic medical

treatments, in order to achieve an improvement in the health or quality of life of individuals. Wellness tourism refers to all activities aimed at restoring the psychological, physical, and social health and well-being of individuals, and includes relaxation, alternative medicine, lifestyle changes, spas, retreat centers, assisted living facilities for the elderly, among others (Guzmán Flores, 2015). In 2022, the General Tourism Law added Section X Bis to its Article 7, the Subject of Medical Tourism, due to the importance of this economic sector.

Figure 1. Health tourism outline

Source: Prepared by the authors based on López et al. 2023.

Table 1. Ranking of dental tourism destinations						
Rank	Country Main treatment procedures					
1	Mexico	Dental implants Crowns and bridges Veneers Full restorations				
2	Thailand	Veneers and smile makeovers Dental implants Full oral restoration Teeth whitening				
3	Hungary	Dental Implants Orthodontics Crowns and Bridges Cosmetic Dentistry				
4	Turkey	Dental Implants Veneers Smile Makeovers Crowns and Bridges				
5	India	Dental Implants Crowns and Bridges Orthodontics Cosmetic Dentistry				
6	Costa Rica	Dental Implants Veneers Full oral restoration				
7	Croacia	Dental Implants Orthodontics Crowns and Bridges Veneers				
8	Colombia	Dental Implants Veneers Smile makeovers Crowns and Bridges				

Source: Prepared by the authors based on data from Universal Medical Travel (s.f.)

#### Four Directions of Health Tourism

There are four recognized directions in which health tourism occurs (Labonté, 2013):

North-North (between developed countries): This generally occurs among individuals residing in high-income nations. South-North (from developing countries to developed countries): This is the most traditional form and involves individuals with high purchasing power living in developing countries who seek medical care in developed countries with better facilities.

South-South (between developing countries): The most overlooked category, where individuals from developing nations travel to another developing country for medical services. Common destinations include Cuba, Yemen, Barbados, Jordan, and Mexico. North-South (from developed countries to developing countries): A newly emerging category where most services are provided by private entities in developing nations aiming to attract an underserved foreign market.

This study focuses on the last category, referring to individuals from developed countries visiting developing nations for dental health services. A notable example is Latin America, particularly Puerto Vallarta, which attracts clients from countries such as the United States and Canada. Medical Tourism in Latin America Medical tourism has been growing in recent years, capitalizing on the private healthcare infrastructure available in developing countries. In Latin America, nations such as Costa Rica, the Dominican Republic, Argentina, Colombia, Brazil, Panama, and Mexico have focused on attracting health tourists. These countries rank among the top destinations for medical tourism globally, according to Patients Beyond Borders and the Medical Tourism Index (2020; Woodman, 2020).

Dental medical tourism has positioned Mexico as the primary provider due to its proximity to a large market—the United States. This trend initially emerged in the Mexico-U.S. border region, where U.S. residents traveled south for dental care, particularly to cities such as Tijuana, Vicente Guerrero (Los Algodones), Nogales, and Ciudad Juárez. Later, dental medical tourism expanded to Mexico's Pacific and Gulf beach destinations, including Cancún and Puerto Vallarta (Turner, 2009; Woodman, 2020).

Other Latin American countries, including Argentina, Costa Rica, Peru, Colombia, and Brazil (Dental Innovation, n.d.; Misch, 2020), have also joined this global economic activity, where dental treatment and vacations are planned together. Lower airfare prices and reduced dental service costs in developing countries have facilitated and encouraged this type of tourism.

Ranking of Dental Medical Tourism Destinations Table 1 presents a ranking of the top countries attracting dental medical tourists, based on data from Universal Medical Travel, which manages 14 destinations for medical tourism. Mexico ranks first, while Costa Rica and Colombia rank sixth and eighth, respectively.

Despite these rankings, identifying a single most popular destination remains challenging. The ranking is often influenced by the origin of the website presenting the data. For example, a Costa Rican website may list Costa Rica as the most common destination, leading to biased results. However, one certainty is that all these destinations are equipped with cutting-edge technology to provide patients with the best possible experience.

#### **Puerto Vallarta**

Puerto Vallarta is a municipality located in the Costa-Sierra Occidental region of the state of Jalisco, on Mexico's Pacific coast (Figure 2). The city began developing as a tourist destination in the 1960s, experiencing population growth (Table 3) due to national migration. This was a result of the March to the Sea Plan, proposed by Mexican President Adolfo Tomás Ruiz Cortines (1952-1958), which aimed to alleviate demographic congestion in the central highlands by encouraging people to migrate to coastal areas (Gómez, 2017).

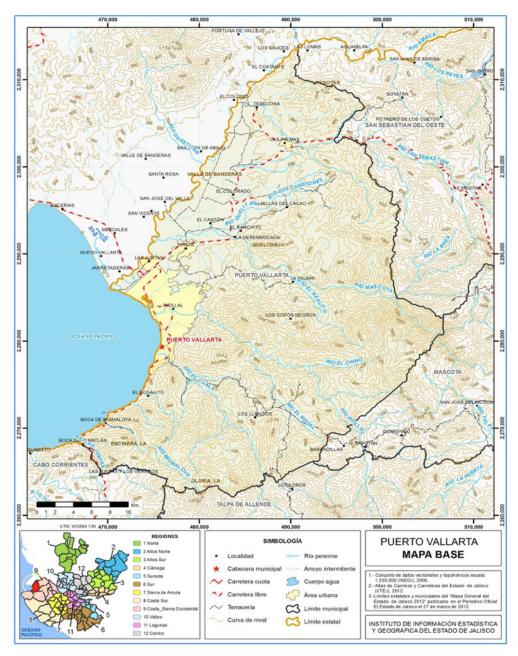
Subsequent development efforts continued under President Adolfo López Mateos (1958-1964), who ordered the construction of the Compostela-Puerto Vallarta highway. Work began in February 1960 and was completed in March 1969, with the official inauguration by President Gustavo Díaz Ordaz in 1970 (Fernández & Correa, 2016; E. Gómez, 2017; J. M. Gómez, 2018; Guzmán & Anaya, 2011). Additional infrastructure developments included the construction of

Puerto Vallarta's airport, completed in 1962 (Fernández & Correa, 2016; E. Gómez, 2017; J. M. Gómez, 2018). In 1966, the first international flight from Mexicana de Aviación arrived, covering the Puerto Vallarta–Los Angeles route via Mazatlán (E. Gómez, 2017; J. M. Gómez, 2018). Meanwhile, the construction of the maritime terminal took place between 1968 and 1970.

Today, the marina can accommodate up to three cruise ships simultaneously (National Port System Administration of Puerto Vallarta, n.d.).

Puerto Vallarta continues to experience population growth, making it one of Mexico's leading cities in terms of both national and international immigration.

Figure 2. Geographic location of Puerto Vallarta, Jalisco, Mexico



Source: Statistical and Geographic Information Institute of the State of Jalisco (2018).

Table 2. Personnel employed by the economic activity sector								
between 2003 and 2018 in Puerto Vallarta								
Sector	20	03	2008		2013		2018	
Primary	241	0.49%	104	0.16%	103	0.15%	228	0.25%
Secondary	2,596	5.29% 4,100 6.37% 3		3,321	4.87%	5,115	5.58%	
Tertiary	46,220	94.22%	60,120	93.46%	64,702	94.97%	86,300	94.17%

Source: Prepared by the authors based on data from the Economic Census (INEGI) from 2004-2019.

#### The Beginning of Professional Dental Training in Mexico

In Mexico, the earliest recorded instance of a commercial dental practice dates back to 1823, when a French-born individual, Dr. Guillermo Parrot, became the first to advertise his services as a dental surgeon (Díaz, 2008). After the end of Mexico's War of Independence, Parrot promoted his services in the newspaper Águila Mexicana, offering medications to whiten and preserve teeth (Alvarado, 2014; Díaz, 2008).

	Table 3. Population of Puerto Vallarta between 1950 and 2020							
Year	Population	Growth rate (%)						
1950	10,801							
1960	15,462	43.15						
1970	35,911	132.25						
1980	57,028	58.80						
1990	111,457	95.44						
2000	184,728	65.74						
2010	255,681	38.41						
2020	291,839	14.14						

Source: Prepared by the authors based on data from the Population and Housing Census (INEGI) from 1950 to 2020.

## The Beginning of Professional Dental Training in Mexico

Due to increasing demands for quality in dental services, Mexico saw the need to accredit dentists, as the profession was not yet regulated in the country. Eugenio Crombé became the first foreign dentist accredited in Mexico (Alvarado, 2014; Díaz, 2008). Years later, in 1854, the first Mexican candidate, Mariano Chacón, was examined for dental accreditation.

He had acquired his dental knowledge through an apprenticeship system, learning from foreign dentists in their clinics (Alvarado, 2014). As a result of this mentorship system, Margarita Chorné y Salazar became the first accredited female dentist in Mexico in 1886 (Díaz, 2008).

In terms of professional training, Eduardo Clay Wise and Tobía Núñez pioneered efforts to establish a formal dental education program in 1880.

They submitted a petition to the Ministry of Justice and Public Instruction requesting a facility for a Dental School in Mexico, emphasizing its necessity (Rodríguez, 2007).

By 1887, the first edition of the journal Arte Dental was published, and a dental society was established, reinforcing the significance of dentists in Mexico (Rodríguez, 2007). As part of these efforts, various associations and private dentists requested the creation of a dental school in 1896, though multiple failed attempts were made to establish it (Alvarado, 2014; Rodríguez, 2007).

In 1898, Dr. Charles Aubrey Young published the first issue of Revista Dental Mexicana to unite and update the dental community, aiming to establish a new dental society involved in dentist certification (Alvarado, 2004). At the time, certification was handled by medical professionals with limited expertise in dentistry, leading the society to request that experienced dentists serve on the examining board. The curriculum for the dentistry program was modeled after training programs in the United States and Europe (Alvarado, 2004; Rodríguez, 2007).

In 1900, Francisco Pastor Artigas attended a dental congress in Paris on behalf of President Porfirio Díaz to obtain the curriculum from the Paris Dental School. This curriculum served as the foundation for the Mexican dental program, which was implemented in 1901 at the Consultorio Nacional de Enseñanza Dental (CNED). The curriculum was officially approved by presidential decree in 1902, published in the Diario Oficial (Rodríguez, 2007).

After more than 20 years of efforts to establish university-level dental education, classes at CNED began on January 1, 1904, under the jurisdiction of the School of Medicine at the Universidad Nacional Autónoma de México (UNAM). The school was formally inaugurated on

April 19 of the same year, marking the beginning of formal dental education in Mexico.

As of 2022, Mexico has 222 higher education institutions offering programs in dental and oral health sciences.

These institutions collectively provide 2,255 academic programs: 1,032 at the undergraduate level and 1,223 at the postgraduate level, including specializations, master's, and doctoral degrees (DataMéxico, 2023).

### **Objective**

The objective of this research was to describe the professional and technological development of dental practitioners in Puerto Vallarta, Mexico.

#### Method

This study followed a descriptive-explanatory approach, aiming to illustrate the professional and technological evolution of dental practitioners in this tourist destination.

According to the National Statistical Directory of Economic Units (DENUE), as of November 2023, Puerto Vallarta had a total of 176 dentists (INEGI, 2024). From this population, a sample of 21 dentists was selected through convenience sampling. Most participants volunteered, while others were chosen randomly.

A semi-structured interview guide was designed, consisting of 12 open-ended questions focusing on the professional and technological development of dentists. The open-ended format provided flexibility, allowing interviewees to share relevant insights based on their experiences.

The interviews were conducted in person at dental offices, each lasting approximately 30 to 45 minutes. With the participants' consent, the interviews were recorded for later transcription and analysis.

The transcriptions underwent thematic analysis, identifying recurring patterns and key themes related to the professional and technological development of dental practitioners in Puerto Vallarta.

#### **Results**

Sample Description

The study was based on a sample of 21 dentists, representing 12% of the total registered dental

professionals in Puerto Vallarta as of November 2023 (INEGI, 2024). The key characteristics of the sample are as follows:

- Gender distribution: 11 female and 10 male participants.
- · Age distribution:
- 10 dentists aged 30-47 years
- 5 dentists aged 48-65 years
- 6 dentists aged 66-76 years

The results indicate that most of the participating dentists were young adults (see Table 4).

	Table 4 Characteristics of the receases cample								
	Table 4. Characteristics of the research sample								
Folio	Sex Age Trainir		Training	Main specialty	Subspecialty	Total	Study	Year of	Business line
10110	no cox rigo	periods	Wall 1 specialty	oabspoolaity	specialties	abroad	autonomy	Businioss in io	
	M 76		1966-	Oral		More than 2	Yes	1980	Civil society
1			1970	rehabilitation	Implantology				
_					Geriatric				
2	F	69	1972-1976	Implantology	dentistry	More than 2	Yes	1985	Natural person
3	F	69	1972-1976	Endodontics	ND	1	No	1998	Natural person
4	М	75	1967-1972	Prostodoncia	Adhesive	2	No	1972	Natural person
			1996- 46 2000		Implantology	2	No	2003	Natural person
5	5 F 46	46		Orthodontics					
6	F	65	1977-1981	Surgery	Orthodontics	More than 2	Yes	1980	Natural person
7	_	31 2012-2016	Oral	ND	1		2020	Natural person	
7	F		rehabilitation		1	Yes			
0	F	E 4	1988-	Oral	D 11 :	0	\/	1000	Newty week to a war = :-
8	F	54	1992	rehabilitation	Prosthesis	2	Yes 1992 I		Natural person
_	9 M 75	75 1968- 1974 Implantology							
9			ND	1	No	1989	Natural person		
10	10 M 60	M 60	Oral				1000		
10			1988	rehabilitation	Implantology	More than 2	No	1988	Natural person
11		1 47	1995-	Oral	For all and a set in	2	No	2001	Natural person
11	М		2000	rehabilitation	Endodontics				
12	М	30	2013-2017	Endodontics	Orthodontics	2	Yes	2017	Natural person

13	F	48	1993- 1997	Endodontics	Aesthetic dentistry	2	No	2003	Natural person						
			1337		ченныну										
			2000-												
14	F	42	2005	Endodontics	Implantology	2	No	2006	Natural person						
15	М	36	2006-	Oral	ND	1	No	2017	Natural person						
10	IVI	30	2010	rehabilitation	ND										
			2009-												
16	6 M 33	33	33	Implantology	ND	1	No	2017	Natural person						
			2013												
	17 F 47	4-7	1994-			1	No	2014	Natural person						
1/		4/	1998	Prosthodontics	ND										
	8 F 36		2008-		Implantology	2	No	2022	Natural person						
18		36	2012	Prosthodontics											
10	h.4	70		Endadantica	ND	1	Voo	1002	Moral paraca						
19	19 M 72		1973-1977	Endodontics	ND	I	Yes	1983	Moral person						
00	20 F	F 42	2000-	Oral	les eleveteles eu c	More than 2	No	2012	Note well a ava as						
20			2004	rehabilitation	Implantology				Natural person						
	21 M 55		55 Implantology	Restorative											
21				Implantology		More than 2	Yes	1992	Natural person						
				1992					1992		dentistry				

Source: Prepared by the authors based on the results of the interviews conducted.

## Business Landscape of Dental Practices in Mexico

In Mexico, 95% of businesses are classified as microenterprises or sole proprietorships, according to the 2019 Economic Census (INEGI, 2019). These are businesses with between 1 and 10 employees, including the owner.

Among the dental practices surveyed in this study, 90% of respondents identified as sole proprietors, while the remaining 10% were registered as civil associations or corporate entities.

Regarding the year in which dentists were able to establish their own practices or clinics—achieving financial self-sufficiency—the distribution is as follows:

- 14% between 1972 and 1981
- 19% between 1982 and 1991

- 19% between 1992 and 2001
- 14% between 2002 and 2011
- 33% between 2012 and 2022

One key aspect of dental practice in Puerto Vallarta is collaborative work among dentists. To provide comprehensive dental health services, practitioners often collaborate, referring patients to specialists when necessary or sharing equipment. In some cases, specialists travel from Guadalajara to Puerto Vallarta to offer their services. In dental clinics, multiple specialists associate to meet the diverse treatment needs of their patients.

Among the interviewed dentists, most covered between one and six specialties in their practice through collaborative partnerships. The three most common specialties were endodontics, periodontics, and third molar surgery. When a required specialty was not available, 86%

of respondents stated that they referred the patient to a trusted colleague.

### Professional Development of Dental Practitioners in Puerto Vallarta

Like all healthcare fields, dentistry requires accredited professional training and continuous education. In addition to earning a university degree and specializing in at least one field, dental practitioners must stay updated on new technologies, materials, and innovations.

Table 4 outlines the years in which the interviewed dentists completed their professional training and their respective specializations. The majority obtained their degrees from the University of Guadalajara. Among the three dentists who studied between 1960 and 1969, financial and logistical challenges were significant, as they noted in their interviews.

At that time, the road connecting Puerto Vallarta to Guadalajara had only recently been completed under the Costa Program led by Governor Agustín Yáñez (1952-1958). Families in Puerto Vallarta rented homes in Guadalajara to accommodate students who pursued their education in the city.

However, few dental graduates returned to Puerto Vallarta to practice their profession, as seen in Table 4.

Notably, all interviewed dentists had at least one specialization, 38% held two specializations, and 29% had more than two specializations. The most common areas of expertise were implantology, oral rehabilitation, and endodontics. Additionally, five of the respondents had completed at least one specialization abroad.

All interviewed dentists agreed that ongoing training and professional development are essential, and they personally finance these costs.

Additionally, 53% of respondents were members of the Puerto Vallarta College of Dentists, an association that organizes courses, diploma programs, and other professional development events for its members.

## Technological Advancements in Dental Practice in Puerto Vallarta

Technological advancements play a crucial role in modern dental practice. In addition to acquiring furniture and equipment, dentists must stay up to date with new techniques associated with these innovations. During interviews, dentists highlighted two main benefits of continuing education and specialization:

They gain access to the latest technology as part of their training.

Their work becomes easier and more efficient through the use of new tools and techniques.

Regarding the origin of most dental technology used in Puerto Vallarta, the distribution is as follows:

- 33% from the United States
- 27% from Germany
- 21% from Asian countries (Japan, China, and South Korea)
- 10% from other European countries (Switzerland, Italy, and Spain)
- 10% from various other countries

Based on the technological level and services available in the dental offices and clinics of the interviewed practitioners, a categorization of

these practices was developed, as presented in Table 5.

Lever	Services	Equipment		
	General dental exam			
	Professional dental cleaning	Dental chairs, hand instruments,		
	Conventional x-rays	conventional x-rays, ultrasonic dental		
Level 1. Basic services	Cavity treatment	cleaning equipment, traditional fillings,		
	Simple tooth extraction	simple tooth extractions, fluoridation		
	Fluoride and dental sealants	and dental sealants		
	Dental hygiene education			
	Digital X-rays			
	Professional teeth whitening (LED light)	Digital X-rays, intraoral scanner, LED		
Level 2. Intermediate services	Invisible orthodontics (clear aligners)	teeth whitening lamp, clear aligners,		
Level 2. Intermediate services	Intraoral and CAD/CAM scanners	CAD/CAM technology, computerized		
	Complex extractions	electronic anesthesia		
	Computerized electronic anesthesia			
	Dental implants with computer guided			
	surgery	3D printing, dental implants with		
	Laser dentistry	computerized surgical guidance,		
Level 3. Advanced Services	3D printing	laser dentistry, CT scanner, artificial		
	Computed tomography	intelligence for diagnosis, regenerative		
	Diagnostics with artificial intelligence	dentistry.		
	Regenerative dentistry			

Source: Prepared by the authors based on the results of the interviews.

According to the interviews, 14% of dentists offer basic-level services, 71% operate at an intermediate level, and 14% provide advanced-level services. This classification of technological and service levels in Puerto Vallarta's dental offices and clinics highlights the high quality of available dental services. Additionally, when combined with the significantly lower costs compared to the United States and Canada, these factors help explain the increasing trend of dental medical tourism in Puerto Vallarta.

Regarding materials used for treatments, repairs, and dental reconstructions, dentists

source them from local, state, national, and international suppliers:

- 62% purchase from local suppliers
- 86% obtain materials from suppliers in Guadalajara (state level)
- 67% buy from suppliers in other cities in Mexico and receive deliveries via courier
- 10% import their materials from foreign countries

Dental laboratories play a crucial role in completing dental procedures, particularly for reconstructive purposes. Their primary function is the design and fabrication of dental materials, such as implants, crowns, veneers, and splints. Some dental clinics operate their own in-house laboratory, but 81% of the interviewed dentists rely on local dental laboratories, while 14% use laboratories in Guadalajara.

#### **Dental Services for Foreign Patients**

As an international tourist destination, Puerto Vallarta offers unique advantages that make it attractive to individuals looking to combine vacations or recreational activities with health tourism. This phenomenon is described by Connell (2006) as "Sea, Sun, Sand, and Surgery."

Puerto Vallarta perfectly fits this concept, as it not only provides high-quality health services—particularly dental services—but also allows tourists to enjoy beaches and warm weather in one of the world's most famous vacation spots. Among the interviewed dentists, foreign patients account for an average of 46% of their clientele per clinic. Most foreign patients seek implantology, oral rehabilitation, and dental cleaning services, which serve both aesthetic and functional purposes.

The United States and Canada are the main countries of origin for foreign patients. However, there has been a growing influx of patients from South America, Asia, and Europe. To accommodate these international visitors, most dentists have made an effort to ensure at least one staff member speaks English.

None of the interviewed dentists directly work with foreign health insurance companies, but 86% stated that they assist patients by filling out insurance forms or compiling their dental records so they can seek reimbursement from their insurance providers.

Many tourists and foreign residents willingly pay for dental services out of pocket, even if their insurance does not cover them, as the cost is significantly lower than in their home countries. The most in-demand advanced dental procedures among foreign patients include endodontics, oral rehabilitation, implantology, and maxillofacial surgery.

#### **Discussion**

This study was based on a sample representing 12% of the total registered dentists in Puerto Vallarta as of November 2023, according to DENUE (INEGI, 2024). Within this sample:

- 52% were female, and 48% were male
- Most dentists were between the ages of 30 and 55, indicating they were at the peak of their professional productivity
- 90% operated as microenterprises under sole proprietorships, which is the most common business structure in Mexico

According to the interviewed dentists, dental tourism began in Puerto Vallarta approximately 40 years ago, primarily attracting patients from the United States and Canada. Foreign patients have chosen Puerto Vallarta for dental treatments because prices are up to one-third of what they would pay in their home countries, while maintaining high-quality standards.

The primary method of promotion for dental services has been word-of-mouth recommendations, with friends and family members of past patients referring new visitors.

This type of tourism is highly seasonal, with a peak during winter months (October to March), when northern hemisphere residents escape the harsh cold by migrating to warmer climates. However, in the last decade, second-home tourism has increased, leading to year-round demand for dental services as visitors extend their stays in Puerto Vallarta.

Over the past two decades, new generations of dental professionals have entered the field. However, senior dentists expressed concerns about lower training standards among new graduates and suggested that a certification process should be required. Some of the most successful dentists emphasized that high-quality dental services depend not only on formal education but also on continuous training and updates in technology, techniques, and new materials.

The Puerto Vallarta College of Dentists has attempted to establish a formal certification system for new dental professionals, but this initiative has not yet been fully implemented. All the interviewed dentists had at least one specialization, and their clinics were categorized as either intermediate or advanced-level facilities, as detailed in Table 5.

A controversial issue regarding private dental services in Puerto Vallarta is that dentists tend to prioritize foreign patients over local residents.

As a result, public health institutions should take greater responsibility in providing dental care to the general population, particularly those with limited financial resources—a need that remains largely unmet. Only a small number of dentists provide pro bono services as part of humanitarian initiatives.

#### **Conclusions**

Dental medical tourism has emerged as a major economic activity worldwide, particularly in developing countries with popular tourist destinations. In Latin America, leading destinations for dental tourism include Costa Rica, the Dominican Republic, Argentina, Colombia, Brazil, Panama, and Mexico. Although online sources list these countries as top destinations for dental tourism, it is difficult to determine the single most popular location.

This is because rankings are often influenced by the origin of the website presenting the information. For instance, a Costa Rican website may list Costa Rica as the top destination, leading to biased results. However, one clear conclusion is that all these destinations are equipped with state-of-the-art technology to provide patients with the best possible experience.

The development of dental services in Puerto Vallarta has been shaped by professional and technological advancements, as well as continuous education and experience. Additionally, dental practitioners contribute indirectly to the local economy by supporting the tourism value chain. The presence of medical tourists generates revenue in various sectors, including hospitality, transportation, dining, local crafts, leisure activities, excursions, and tours (Jansen, 2013).

Furthermore, dentists contribute to employment creation, as all interviewed professionals reported having at least one employee in their practice. One negative aspect of dental medical tourism is that local residents often struggle to access affordable dental care. While foreign patients benefit from low-cost services

compared to their home countries, prices remain high for local residents, leading many to seek only basic or emergency treatments. As a result, adequate dental care remains inaccessible to much of the local population. The Puerto Vallarta College of Dentists not only serves as a professional organization but also promotes continuous training and education for its members. Additionally, it fosters a sense of community through social and networking activities. Finally, we express our gratitude to the dentists who voluntarily participated in this research, sharing their insights and professional experiences without restriction.

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The authors have contributed to the conception, planning, execution and approval of the final version of this article.

#### Conflict of interest:

The authors declare that they have no conflicts of interest.

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#### **Author contribution statement:**

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