

Globalization, Migration and Mobility. Expected Effects on Dental Health and Dentistry

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Since its origins, human history documented migrations and invasions. During the total of more than a million of years; there was a very short sedentary period - a couple of thousands of years! Upon Jacques Attali the humankind is nomadic by nature. Today, through globalization, people became "nomad" again, but of a new mode. In "Millennium" Jacques Attali predicted an intensive migration of "nomads" from poor countries (usually from East and/or South) searching for better life to West and to North, while the rich countries' "nomads" migration is in opposite direction purposed to search for pleasures and holidays [1].

In fact, the globalized economic, social and political reality is much more complex. The massive and sustainable migration resulting in changing of citizenship, put together individuals and groups of people, who apart material status differences show cultural, believes and value systems, education and standards of technology usage and performance differences. Actually, people are migrating not only from one territory to another (let's say "horizontal migration"), but also, from one historic period to another (sometime from tribe to high technology social organization and vice versa) interconnecting the past and the future in a complex amalgam (let say "vertical migration").

In this dynamic migration context, the potential customers and providers of healthcare services, including dentistry, are also freely traveling – customers looking for more affordable and accessible services including dental services, providers looking for better incomes. These trends are more or less opposite to the general trends of the global migration processes. It could happen that low income dental patients from wealthy countries, would travel to East and South looking for affordable and timely comprehensive treatments while dentists from low to moderate income countries will look for better payment abroad [2-5].

These processes of deep horizontal and vertical fusion of people and social constructs have diverse impacts on the populations' dental health, the health systems' efficiency, and the individual dentists' career choices both locally and globally. On one hand people have unlimited access to new technologies and free choices, on the other hand, the medical and dental care becomes hardly affordable for a fast increasing number of the population in their home countries [6,7]. The public health systems in wealthy countries started suffering not only from lack of resources to cover the ever increasing demand for services but also from the lack of stability of criteria for planning resources and personnel to respond the needs of the fast growing population with diverse needs [7]. The problems of low to medium income countries deepened because of the qualified staff drain. Medical and dental professions originated from these countries may be prone to the probability to lose autonomy due to the indebtedness during studies and/or the need of accepting the position of salaried when starting practicing abroad [8,9].

The purpose of this work is, based on the relevant published literature, to present our vision on the controversial impacts of globalization, migration and professionals' mobility on the individual health, the public health, and the healthcare professions. The better knowledge of the trends will assist the predictions of further needs and demand and thus more efficient reforms could be implemented in the domain of health and social development.

The term of “globalization” defined a total and universal process of economic, technological, political, social, and cultural changes occurring simultaneously in all parts of the world. The main features of globalization were the liberalization of markets and democratization of societies, fundamental for the “free movement of goods, services, capital, people and information”. The acceleration of the process of mutual penetration and integration of the economies in the world became possible to the highest degree as a result among other prerequisites, of the widespread introduction of information technology. According to data of the United Nations Research Institute, information technologies have caused a revolution in the consumption of goods and services, but at the same time are favoring slowly but steadily the boost of liberal democratic societies in transition, and the migration of big groups of population [9-11].

The digitalization of healthcare services delivery all over the world boosts once again the free movement and the globalization of health services’ market. A couple of questions arise in this connection: Will high technologies convert the dental treatment into an affordable or into an inaccessible service? Who and/or what will lead the processes - the profession, the national or international entities in a free market? Is planning of healthcare personnel, including dentistry, mission impossible?

Global processes of allocation of markets, including the market of healthcare services and supplies, created new centers of power and influence with new players in the field of social and health policy. Globally, such players are the international and intergovernmental organizations and coalitions. Within countries, apart from governments, such new players come from the nongovernmental sector, professional societies, local community leadership and other individual and collective participants [10].

On one hand this new situation predisposed a partnership approach rather than a vertical subordination of the National Health Service organization but, on the other hand, globalization challenged the very basic features of the national health systems themselves, especially in the domain of planning of personnel and assuring access to care. The dental services in transition of Eastern and Central Europe faced, in addition, major problems with the transformation of the ownership on healthcare entities, legalization of new socio-professional statuses, and the education of the public and professional communities in terms of democracy and free market, coming with severe economic constraints and resources shortage [11,13]. The most specific trait in those countries in transition were the high number of qualified medical and dental specialists, marked number of women dentists and developed social network [12]. For the countries of the so called “Third world” former colonies and economies under development, low income and middle to low income countries, the major problem consists of a severe lack of qualified specialists [13].

Most common global issues in connection with the migration, consist of spread of diseases across countries but also of differences in morbidity and mortality rates, structure and cursus of chronic and contagious diseases, social and economic inequalities, rising professional, legal, and ethical concerns [14-21]. When, for example citizens of the EU live and work in one member state but consume social and healthcare services in a different state or outside the EU, the problem is rather financial than cultural, while the needs of the immigrants entering these same countries require a broader scope to be met properly – taking into consideration cultural and behavioral issues, apart the probable inequalities and increase of social expenses [22-26].

Other problems are generated by the uneven distribution of resources, especially those relevant to personnel and high technology within the national states. For many years epidemiological studies were the only instrument of the medico-social research. The growing complexity of health issues and the evolving “personalized care” enhanced the need for the implementation of the interdisciplinary approach and the international cooperation, introducing social studies [27-29].

Another matter of concern is the international mobility of health care professionals. Several factors promote migration, including unemployment, colonial links, financial incentives and material benefits, pursuit of higher education, improvement of working conditions and facilities, and avoidance of excessive bureaucratic procedures. The migration of dentists is a major challenge contributing to the oral health system crisis in many countries. It is deteriorating the health services of origin and some oversupply in the target countries. The

migration of health professionals directly affects health system performance, population health outcomes, and the health workers who remain in the country. Migration can result in serious delays in providing emergency care and long waiting times for scheduled services. Health care in rural areas can suffer due to lack of expertise and trained professionals. Moreover, excessive workloads and long working hours for the remaining staff can lead to demoralization, burnout, and decline in the quality of care. Thus, the challenge is to provide adequate, respectable, and attractive employment opportunities to the workforce while maintaining a balanced geographic distribution.

Recent times have seen an increasingly large-scale, targeted, international recruitment approach by many developed countries to address domestic shortages. Most professionals who migrate from developing countries go to the United States, the United Kingdom, and Canada [30-34].

A number of qualitative/quantitative studies on international dental graduates, who had migrated to UK, USA, Canada and Australia (most desired destinations for migrant dentists) are published. They analyze the significant themes and patterns of dentists' previous experience and difficulties in their integration in the new social environment, the perception of the opportunities/lack of opportunities. The leading motivating factors to migrate are lifestyle and quality of life. For the latest decade internationally educated dentists from 22 countries with a marked trend of increase the flow from poor countries to Australia. In UK 19 European Economic Area (EEA) countries are donors of dental professional staff [4-6,31].

Workforce planning is an essential element in planning future health services' provision. Most governmental institutions and nongovernmental organization are cooperating to achieve this goal. Providing, factors of both supply and demand for national dental services are changing fast, future projected shortages or surpluses are not reliable indication for workforce planning at national scale. Provision of dental education is only a prerequisite for the provision of national dental workforce as higher education is fast shifting from social to market rules. The interest of dental schools is to admit more students. Countries with numerous clauses are risking to face shortage in the next period and to let internationally educated dentists to enter the national dental health. And vice versa a considerable number of private dental schools open the door for uncontrolled number of graduate dentists to enter the profession. The probable career choice of these students is hardly predictable. Therefore the public resources invested in dental education are not obviously returned in adequate staff provision [2,3,7,23,35,36].

Globalization of the dental healthcare is evidenced by the involvement of most national dental associations and institutions in the discussion of major oral health problems, exchange of knowledge and expertise and enhanced patients' and dentists' mobility. Dental health promotion and prevention strategies at national and international scale, traditionally community oriented, are now challenged by the need to become more affordable and sustainable at individual level. Essential dental services and basic oral healthcare facilities must be made available and easily accessible to the population through latest digital and distant dentistry technologies. The process of harmonization of dental curricula has to include better knowledge on the prospective needs and demands of migrating populations and their cultural features. The moral code becomes more universal according to the broad scale of social practices. Flexibility of public system in planning resources to meet the needs of dynamic populations will be the key approach.

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