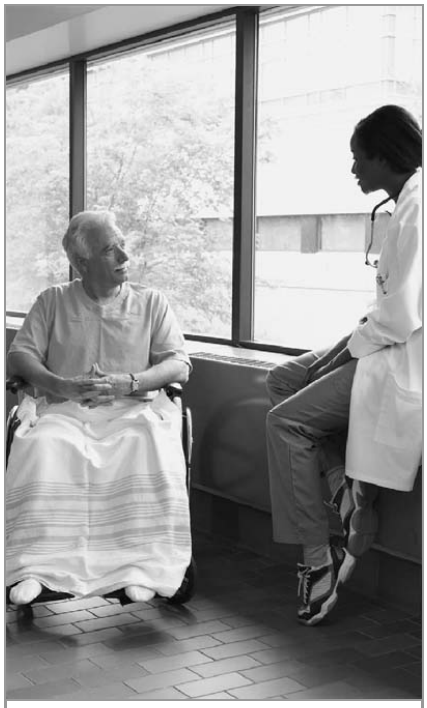
ENCYCLOPEDIA OF GLOBAL HEALTH

SAGE reference

Medical Tourism



Medical Tourism *refers to patients who travel abroad for procedures that can cost much more in the United States.*

The term **medical tourism** refers to two distinct, both fairly recent, phenomena: (1) physicians and **medical** trainees from developed countries who travel to less developed countries to provide **medical** care, and (2) patients, generally from more developed countries, who travel to less developed countries seeking less expensive **medical** care or **medical** procedures (including transplantations) that are unavailable or illegal in their countries of origin.

The first type of **medical tourism** cynically refers to those **medical** practitioners from Western countries who travel to developing countries for short periods of time to provide **medical** services, usually for free. While there are no strict criteria that distinguish **medical** tourists from **medical** or humanitarian aid workers, **medical** tourists often have little experience in developing world settings and often combine **medical** visits with recreational or cultural activities. Although **medical** tourists are often motivated by genuine altruism, they often overestimate the need for their assistance or the utility of their specific skill set to problems they encounter. **Medical** tourists may bring much needed **medical** supplies or expertise, but they may also inadvertently undermine local health-care infrastructure or provide inappropriate, incorrect, or even harmful **medical** care.

Medical trainees, both students and postgraduate residents are increasingly seeking formal or elective experiences internationally. Reasons for this include greater flexibility in **medical** programs, recognition of the value of international experiences, ease of travel, and résumé building. Many **medical** trainees are interested in developing their technical or improvisational skills in a more challenging setting, while others are interested in observing other **medical** systems, alternative and traditional therapies, or learning about cross-cultural issues in medicine. Most **medical** trainee tourists are primarily interested in helping underprivileged communities that may not otherwise have access to **medical** care. However, the increasing trend of international electives in **medical** training has be criticized because students are often subject to a lower standard of supervision and may be asked to perform or be looking for opportunities to perform **medical** activities beyond their level of training. In addition to **medical** electives from European and North American schools, there is an increasing number of **medical** schools catering to American or Western students located in developing countries, particularly in Latin America. Clearly, there are significant and challenging ethical issues associated with this phenomenon.

The second and much more common meaning of **medical tourism** refers to individuals who travel to other countries to obtain **medical**, surgical, or dental care. Individuals with rare or difficult-to-treat diseases have long traveled across international borders seeking advice from the world expert in disease X or Y. Today's **medical** tourists may travel for lifesaving surgery, but more often, they travel for cosmetic or elective procedures, seeking cheaper or faster treatment. Skyrocketing **medical** costs in industrialized countries mean that seeking private **medical** care may be prohibitively expensive. Alternately, long waiting lists in public

healthcare systems can prolong suffering for treatable conditions. **Medical tourism** has developed as a popular alternative owing to increased ease and affordability of international travel and recent improvements in **medical** standards in certain rapidly developing countries.

The cost of essential or elective **medical** procedures in South American or South Asian countries can be one-third to one-tenth the price of similar procedures in the United States. For example, it has become particularly common for U.S. citizens to travel to Latin America and the Caribbean for plastic surgery—from rhinoplasty to liposuction—for $700 instead of $7,000. In Canada, where wait times for hip and knee surgeries can be one year or more, Canadians, some of whom may be immigrants from India or China, may seek **medical** care in those counties while visiting friends and relatives. Others may combine joint replacement or heart valve surgery with a Safari in South Africa or a week of luxury physical therapy and sightseeing in Thailand.

A perpetual severe shortage in donor organs for transplantation and international and national restrictions on purchasing organs has led to a situation in which many patients with critical organ failure may wait for years, or die waiting, for organ to become available for transplant surgery. **Medical tourism** for the purpose of transplantation is a growing industry with a myriad of very complex ethical implications. Dangerous and illegal organ retrieval from poor residents of developing countries continues to occur in order to supply the **medical tourism** industry with "parts." The consequences of these activities, as they grow, have important legal and social ramifications. Residents of the Gulf States, for example, have been known to frequent Pakistan, India, Turkey, and Iran to receive organs not available in their countries. In response, Iran has recently enacted legislation to prohibit noncitizens from participating in the world's only legal compensation for organ donation scheme.

Medical tourism companies that facilitate these trips will often arrange pre- and postsurgical care. These organizations, as well as U.S. insurers, have an obvious financial interest in ensuring the continued growth of this phenomenon. As **medical tourism** is a multibil-lion-dollar-per-year industry, government ministries in countries such as Singapore, India, and Thailand also have an interest in actively encouraging this practice.

Medical tourism is not without risk. One of the most costly aspects of **medical** care is the quality control infrastructure which assures that equipment, procedures, and personnel are maintained at the highest standard in order to maximize patient safety. The absence or laxity in certain elements of this infrastructure in some international settings has resulted in several recent high-profile outbreaks of infectious disease and is always a risk when one seeks cheaper **medical** care. **Medical** tourists also expose themselves to infectious disease by virtue of their travel to a foreign country with different endemic diseases. This is particularly important for immunocompromised or already-ill patients who must undertake long-distance travel under less than ideal circumstances. **Medical** tourists must also consider the impact of a poor treatment outcome when they are far from family and friends, and the possible lack insurance should complications develop.

Whether for the excitement of **medical** practice in a developing country or to save $100,000 for coronary artery bypass surgery, **medical tourism**, in both senses of the term, is a rapidly growing phenomenon worth billions of dollars, involving millions of people. Its effects on global health, **medical** infrastructures, **medical** education, and system development cannot be overstated, but neither can the ethical, legal, and professional challenges it presents.

—Barry Pakes

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