



The Ethics and Law of Medical Tourism: A Cross Country Study

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ABSTRACT

Medical tourism refers to the practice of individuals traveling to another country to receive medical treatment or healthcare services. People may choose to engage in medical tourism for various reasons, including cost savings, access to specialized or advanced medical procedures, reduced waiting times, and the opportunity to combine medical treatment with leisure or relaxation.

Key aspects of medical tourism include:

1. **Cost Savings:** One of the primary motivations for medical tourism is the potential cost savings. In many cases, medical procedures and treatments can be more affordable in certain countries compared to the patient's home country. This is especially true for elective procedures that may not be covered by insurance.
2. **Quality of Care:** Some individuals opt for medical tourism to access high-quality healthcare services, often provided by well-trained and experienced medical professionals. Certain countries have established themselves as medical tourism destinations, offering state-of-the-art facilities and advanced technologies.
3. **Access to Specialized Treatments:** Medical tourists may seek treatments and procedures that are not readily available or are more expensive in their home country. This could include elective cosmetic surgery, dental procedures, fertility treatments, or alternative therapies.
4. **Reduced Waiting Times:** In countries with public healthcare systems, long waiting times for certain medical procedures may lead individuals to seek faster treatment options abroad.
5. **Combining Medical Treatment with Tourism:** Many medical tourists choose destinations that offer not only medical services but also opportunities for leisure, tourism, and recuperation. This allows patients to recover in a pleasant and relaxing environment.
6. **Globalization of Healthcare:** Advances in technology and communication have facilitated the globalization of healthcare, making it easier for patients to access information about medical facilities, treatments, and healthcare providers worldwide.

However, there are potential risks and challenges associated with medical tourism, including differences in healthcare standards, potential language barriers, legal and ethical considerations, and difficulties in follow-up care. It's crucial for individuals considering medical tourism to thoroughly research their chosen destination, healthcare facility, and healthcare providers to ensure quality and safety.

Before engaging in medical tourism, individuals should consult with their healthcare professionals, understand the potential risks and benefits, and make informed decisions based on their specific medical needs and circumstances. Additionally, it's essential to be aware of any legal or regulatory issues related to medical tourism in both the home and destination countries.

WHAT IS MEDICAL TOURISM?

Medical tourism involves individuals traveling abroad to receive medical treatment. Traditionally, this referred to people from less-developed countries seeking care in highly developed countries. However, the trend has evolved, and now it includes individuals from developed countries seeking more affordable medical treatments in developing nations. The motivation behind medical tourism may also stem from differences in regulatory agencies, such as the FDA or EMA, which determine drug approvals in their respective regions.

While medical tourism commonly entails surgeries and treatments, it extends to dental or fertility tourism. Those with uncommon conditions might travel to countries with better understanding and treatment options. The spectrum of health care available through medical tourism covers various areas, including cosmetic and general surgeries, dental procedures, fertility treatments, psychiatry, alternative medicine, convalescent care, and even burial services.

A broader term, health tourism, encompasses travel focused on medical treatments and healthcare services, ranging from preventive and health-promoting treatments to rehabilitative and curative forms of travel. Wellness tourism is a related aspect, highlighting the growing interest in travel that promotes overall well-being.

INTRODUCTION

Medical tourism involves individuals intentionally traveling to another country to receive private medical care. The trend of patients seeking more accessible, affordable, or unrestricted care abroad is on the rise. People travel to various international destinations for a range of procedures, from low to high-risk. While quantitative studies on complication rates are limited, research indicates that some medical tourists may experience complications, with rates varying based on the surveyed population.

Several health and safety risks are associated with medical tourism. Long-distance air travel following surgery may increase the risk of deep vein thrombosis or pulmonary embolism. Concerns also exist about exposure to blood-borne infections due to inadequate blood collection and screening protocols in destination countries. Individuals traveling for organ transplantation may face higher rates of infectious complications. There's also the risk of transmitting infections to home countries, as seen with the spread of infections like NDM 1.

Quality concerns surround medical care in some facilities, although evidence supporting these concerns is lacking. Accreditation by organizations like Joint Commission International and Accreditation Canada does not eliminate uncertainties about the quality of care. Issues such as disruptions in continuity of care, gaps in medical history documentation, and limited information for informed decision-making contribute to concerns about the overall quality of medical tourism.

Research on medical tourism is still in its early stages, and empirical evidence regarding health and safety risks is limited. The existing literature often relies on speculation, individual cases, and small case series. Canadian patients engage in medical tourism for various reasons, including saving costs, faster access to care, and obtaining procedures not readily available in Canada. To explore the risks faced by patients from British Columbia, a focus group with safety experts was conducted, providing insights into ethical and legal implications associated with medical tourism. These findings contribute to the broader ethical and legal discourse on medical tourism, with potential applicability to other home countries for medical tourists.

GLOBALISATION OF HEALTH CARE MARKETS

1. The increasing global movement of patients, healthcare professionals, medical technology, capital funding, and regulatory frameworks across national boundaries has led to new dynamics in the consumption and production of healthcare services in recent decades.

2. The liberalization of the trade in health services has been accelerated by the free movement of goods and services facilitated by the World Trade Organization and its General Agreement on Trade in Services. This trend has been further

propelled by regional and bilateral trade agreements. Health services, being predominantly a service industry, have become more tradable as global commodities. A significant aspect of this trade involves the movement of patients across borders in pursuit of medical treatment, commonly known as "medical tourism."

3. The practice of seeking healthcare in a foreign country is not a novel concept and should be understood within a historical context. Throughout ancient times, individuals travelled abroad for health-related benefits. In the 19th century, there was a trend among the growing middle-class in Europe to travel to spa towns for the perceived health-enhancing properties of the waters. In the 20th century, individuals from less developed regions travelled to developed nations to access superior facilities and highly trained medical professionals. However, contemporary medical tourism represents a quantitative and qualitative departure from earlier forms of health-related travel. The key distinctions include a reversal of the flow from developed to less developed nations, increased regional movements, and the emergence of an international market for patients. The key features of 21st-century medical tourism include a large number of people traveling for treatment, a shift towards patients from wealthier developed nations seeking healthcare in less developed countries due to cost advantages, new enabling infrastructure such as affordable travel and accessible online information, and active promotion of medical tourism by both private businesses and national governments as a potential source of foreign revenue.

4. The implications of these changes in medical travel for OECD countries are significant. They suggest a fundamental shift in the understanding and delivery of health services. The market for medical tourists is poised to expand, potentially impacting publicly-funded healthcare systems and leading to a conceptual shift from patients as "citizens" with rights to healthcare services to patients as "consumers." This evolving global market presents both risks and opportunities for patients, and while precise predictions are challenging, the general trajectory and momentum of this trend are becoming increasingly apparent. This report delves into the key emerging policy issues associated with the rise of medical tourism, exploring various definitions and concepts in this introductory section.\

MOBILITY OF PATIENTS ACROSS INTERNATIONAL BORDERS

Medical tourism is a subset of the broader concept of patient mobility, which can be categorized into various forms:

1. Temporary visitors abroad: These individuals, such as tourists, seek health services due to accidents or sudden illnesses while on holiday. Funding for their health services may come from the European Health Insurance Card, private insurance, or out-of-pocket expenses. They are not typically considered "medical tourists" but rather unfortunate tourists.
2. Long-term residents: This category includes EU citizens choosing to retire or live in countries different from their country of origin. Health services for such residents are funded by the country of residence, country of origin, private insurance, or private contributions. They are not classified as "medical tourists."
3. Common borders: Countries with shared borders may collaborate to provide cross-national public funding for healthcare services.
4. Outsourced patients: These patients are sent abroad by health agencies using cross-national purchasing agreements, often due to long waiting lists and a lack of available specialists or equipment in their home country. They could be considered as "collective" medical tourists, sponsored by states or agencies rather than acting as individual consumers.
5. Medical tourism primarily refers to patients who, by their own choice, seek healthcare services in another country. These individuals do not utilize EU rights (known as "cross-border care" in that context) but opt to pay out-of-pocket. Hence, they are better characterized as consumers rather than individuals exercising their European citizenship rights.

MEDICAL TOURISM OR CROSS BORDER CARE?

Within the European context, individuals seeking medical care abroad can be categorized in two ways. First, European citizens may exercise their European citizenship rights to access medical care in EU Member States, with their national purchaser reimbursing the costs of treatment abroad. These rights are based on European Court of Justice rulings on private cases regarding the consumption of healthcare in another EU Member State and reimbursement by the national purchasing body in the home country.

There is an ongoing debate about the terminology used to describe the movement of individuals overseas for treatment. Various terms, such as international medical travel, medical outsourcing, medical refugees, and biotech pilgrims, are used in the health services literature. While this report adopts the term "medical tourism," some critics object to its use, arguing

that it insinuates leisurely travel and does not convey the seriousness of most patient mobility. Critics suggest that the term carries connotations of pleasure not always associated with such travel and promotes a market model that disregards the suffering that patients may experience.

However, the report argues that the concept of medical tourism holds analytical value. It captures the willingness to travel and the willingness to treat as essential processes within the global market of health travel. The term emphasizes the commodification and commercialization of health travel, highlighting the role of the industry, issues of advertising, and supplier-induced demand. While acknowledging that medical tourism may not align with general tourism, the term underscores the broader economic impact of health travel and extends beyond the notion of mere "willingness to travel."

ESTABLISHED AND EMERGING TOURISM MARKETS

Established travel patterns exist between countries of origin and destination in the context of medical tourism. For instance, individuals seeking medical treatment in Hungary often come from Western Europe, and certain countries leverage historical ties, such as Malta with the UK or the UK with Cyprus. Western Europeans may also explore Eastern European and former USSR countries due to increased familiarity resulting from geopolitical changes. However, obtaining more accurate data on patient flows between different countries and continents is essential.

While a global map of medical tourism destinations encompasses regions like Asia, South Africa, South and Central America, the Middle East, and various European destinations, estimates rely on industry sources that may be biased and imprecise.

Geographical proximity appears to influence individual decisions to travel for treatment, though it may not be the sole determinant. The involvement of tourism-related factors and the influence of travel distance, likely related to cost considerations, contribute to decision-making.

The demand for medical tourism services can be volatile, influenced by broader economic factors, external conditions, changing consumer preferences, and exchange rates. Governments and providers may challenge existing suppliers, and various nations actively promote their health facilities to stimulate emerging consumer markets. Exchange-rate fluctuations, travel restrictions, and security concerns may impact the financial attractiveness of countries. Additionally, the status of medical tourism as a luxury good is an unanswered question, exploring whether consumers spend more on medical tourism as their incomes rise, how price elasticity affects service utilization, and how economic downturns may impact the demand for medical tourism. Economic challenges at home, such as reduced public service provision, might prompt individuals to seek medical services abroad to avoid waiting lists and stricter eligibility criteria.

PLACES OF CONSUMPTION AND FLOW OF MEDICAL TOURISTS

1. Certain medical tourist destinations actively promote cultural, heritage, and recreational opportunities, with the significance of vacation and convalescence varying depending on the type of treatment. Marketing often emphasizes places as customer-focused service providers, highlighting high technology, quality services, and clinicians with international experience. Services targeted at Diaspora populations emphasize familiarity and cultural similarity, such as Korean healthcare services for those settled in the United States, Australia, and New Zealand. The historical connection between the UK and India has also fostered a medical market between the two countries. Mexican migrants to the US may return to Mexico for health services due to being uninsured, difficulties accessing services in the US, or specific preferences.

2. Some destinations brand themselves as healthcare cities or Biomedical Cities, with examples like Singapore and the Dubai Health Care City (DHCC). The DHCC, intentionally developed, aims to attract Middle Eastern medical tourists, focusing on quality rather than cost. It hosts various facilities beyond medical tourism, including clinics, accident and emergency sites, research units, and teaching sections.

3. Despite numerous countries offering relatively low-cost treatments, key features of medical tourism remain poorly understood. There is a lack of authoritative data on the number and flow of medical tourists globally, and industry estimates vary significantly. Figures range from 60,000 to 50 million medical tourists annually, with disagreements over definitions and methodologies. Different sources present conflicting estimates, emphasizing the need for standardized data collection and analysis.

4. McKinsey and Co challenge larger figures provided by Deloitte, suggesting a more accurate worldwide estimate of 60,000 to 85,000 medical tourists per year. Disparities may result from differing definitions of medical tourism. The

objection to McKinsey's figures comes from disagreements over the inclusion criteria, particularly regarding elective surgery.

5. The numbers provided by McKinsey may seem small, and various sources suggest figures that significantly exceed their estimates. Discrepancies highlight the challenge of accurately assessing the scale of medical tourism. Estimates range widely, underscoring the need for standardized parameters and robust data collection methods.

6. The patient profile of medical tourists remains unclear, with limited information on socio-demographic factors, age, gender, existing health conditions, and social status. Different drivers may exist for higher and lower-income patient groups from North America and Western Europe. Future research should aim to identify social patterns and potential impacts on inequality.

7. While there is disagreement over the total number of medical tourists, figures on the costs of procedures are relatively consistent. Treatment outside wealthier OECD countries is significantly less expensive in South and Central America, Asia, and Africa, with potential savings ranging from 75% to 90% compared to US inpatient prices. Cost, however, may not be the primary driver, with availability and quality often cited as major factors for medical tourists.

QUALITY, SAFETY AND RISK

1. Various organizational aspects are associated with the quality and safety of medical treatment abroad, and many of these challenges are not unique to medical tourism. The healthcare sector, in general, faces information asymmetries and potential threats to patient care pathways, but these challenges are heightened in the context of medical tourism due to factors like distance and legal jurisdiction.

2. Ideally, a standardized regulatory platform and reporting system would form the basis for assessing the comparative quality of care, utilizing various performance indicators through international accreditation and certification. Currently, there is a lack of comparative data on quality and safety, including infection rates for overseas institutions, and reporting of adverse events is insufficient. Notably, authoritative bodies such as the World Health Organization have not provided definitive guidance on this matter, and there seems to be no immediate intention to do so. Some view the lack of transparency in quality as a barrier to the full development of the medical tourism market, and others argue that access to evidence about the quality of specific surgeons or clinical teams would encourage more people to consider medical tourism.

3. Like all medical treatments, there is an inherent element of risk to the patient's health in medical tourism, which is believed to be outweighed by the potential treatment benefits. However, information gleaned from the literature on risks and safety-related incidents in medical tourism is limited. While there is evidence of adverse events in UK hospitals, there is a lack of similar data on overseas or international incidents.

4. Medical tourism introduces a new dimension of risk due to the involvement of overseas travel. The journey back home, particularly after surgery, can be challenging and painful. A study of Norwegian patients identified this as the most negative aspect of seeking treatment from overseas providers. Traveling when unwell may lead to additional health complications, including the risk of conditions like deep vein thrombosis. Despite medical tourism involving air travel, there is currently no published evidence on travel-related risks resulting from medical tourism, such as thrombosis.

PATIENT SATISFACTION

Patient satisfaction is a crucial aspect of healthcare treatment, but there is limited knowledge about the experiences and satisfaction levels of medical tourists. Ehrbeck et al. (2008, p.7) suggest that patients generally express high satisfaction with the quality of care received overseas. However, it remains unclear whether this finding can be generalized beyond the United States and across various types of treatments. It's important to note that patient clinical outcomes and satisfaction do not always align, and satisfaction may not be the primary indicator for certain treatments, such as dental procedures. In the case of cosmetic surgery, there is evidence suggesting that a small percentage of patients may grapple with psychological issues related to body image, complicating satisfaction assessments (Grossbart and Sarwer, 2003). On the contrary, Hanna et al. (2009) observe that, in a sample of outsourced patients (distinct from medical tourists), although most patients achieved comparable functional results to those expected locally, they often expressed dissatisfaction with the overall experience. A notable gap in understanding pertains to patient expectations and how these expectations may be influenced by individuals paying market prices and assuming responsibility for selecting a healthcare provider.

CONCLUSION

The primary conclusion drawn from this review underscores a significant deficiency in systematic data concerning health services trade, both at a comprehensive level and in terms of individual modes of delivery and specific countries. This gap pertains not only to the trade itself but also its implications. There is limited robust evidence demonstrating that medical tourism substantially contributes to the economies of destination countries, as the figures are often presented in aggregate without a detailed breakdown of additional income specifically derived from medical tourism. The review has also briefly addressed overarching legal and ethical considerations associated with medical tourism. Before contemplating any regulatory measures, it is imperative to gather more information and enhance understanding (cf. Smith et al., 2009a).

Research and evaluation have not kept pace with the evolution of medical tourism, highlighting the need for national governments and potentially international bodies (e.g., EU, OECD, WHO) to invest in research in this area. For example, the UK National Institute for Health Research has recently commissioned research on the implications of inward and outward medical tourism for the NHS. It is anticipated that the evidence generated from this study will contribute to informing the development of future policy and practice in this domain (Lunt et al., 2011).

The scarcity of data holds significance if countries are to stay well-informed about the potential or actual significance of medical tourism for their health systems. Mechanisms must be established to regularly track the balance of trade related to medical tourism. The limited evidence base hampers our ability to assess who benefits and who loses out at the systemic, programmatic, organizational, and treatment levels. Overall, there is an urgent need to delve deeper into whether medical tourism is a virus, symptom, or cure.

