

Yevgeniya Lapitskaya

Professor Rives

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First World Treatment at Third World Prices: Medical Tourism

Stan Correy, an ABC Radio National's reporter has observed that, "doctor shopping is the new international health service market" (Correy). In this case, "doctor shopping" refers to a rapidly increasing number of patients who choose to undergo medical treatments in foreign countries. Recently, people from many advanced countries, including the United States, saw a benefit in traveling to other countries, such as India, Thailand, Cuba, South Africa and Lithuania, while combining medical treatments with inexpensive vacation. This trend is now known as medical tourism. It developed mostly in Third World countries, where many people live or rather "survive" on less than one dollar per day. There, in sharp contrast to the generally impoverished economical background, many private hospitals offer sophisticated medical services, comparable to those offered by developed countries. Most citizens of developing nations cannot afford to pay for services offered in these hospitals, while nationals of the United States of America and/or Western Europe find the Third World prices for medical services quite affordable. While this affordability makes medical tourism attractive to its prospective patients, risks such as lack of protection in cases of malpractice, possible lack of adequate pre-operational assessment and/or follow-up can also accompany it.

Before discussing advantages and probable drawbacks of medical tourism, it is useful to explain the origins of medical tourism and trace its development throughout time. Even though medical tourism has become a "hot" issue in recent years, according to the Derek Morgan, "it is

not a new phenomenon as such” (1). Since the early nineteenth century, when there were no restrictions on travel in Europe, people went to neighboring countries in order to improve their health. At first, mere traveling was considered to be a good therapy for mental and physical health. Later, mostly wealthy people began traveling to the Swiss lakes, the Alps and special tuberculosis sanatoriums, where professional and often specialized medical care was offered (Morgan 2). In the twenty first century, however, medical tourism expanded to a much larger scale. Thailand, followed by India, Puerto-Rico, Argentina, Cuba and others quickly became the most popular destinations for medical tourists. Complicated surgeries and dental works, kidney dialysis, organ transplantation and sex changes, topped the list of the most popular procedures. It was estimated that in 2002, six hundred thousand medical tourists came to Bangkok and Phuket medical centers in Thailand, while approximately one hundred and fifty thousand foreign patients visited India during that time (Hutchinson). By 2012, medical tourism is projected to increase in India to more than half a million patients, while generating an astonishing \$2.1 billion dollars in revenue (Passi 757). This projection is largely based on the assumption that six hundred thousand Baby Boomers from the United States, Europe and Australia will age and seek medical care by that time. Additionally, many countries began advertising these low cost-world class treatments and treating this tourism as a profitable business. For instance, India’s “government has signaled its intention to promote medical tourism” (Mudur 1338) and in the Philippines “medical tourism was included in last year Investment Priorities Plan” (Bisnar). Undoubtedly, medical tourism has greatly developed overtime and it is likely to further expand more as people find it more and more advantageous.

One major reason why medical tourism is so attractive to many people is that it offers medical treatments to people at a comparatively low cost. To begin, there are “an estimated 43

million people without health insurance and 120 million without dental coverage” in the United States (Hutchinson). If these people require urgent medical attention and do not have medical coverage, they must pay for a medical procedure either in cash or take out a loan. For many, this kind of expenditure might be unachievable. According to the CBC News, a cardiac surgery in the United States and the United Kingdom on average costs from \$30,000 to \$50,000, while root canal costs approximately \$3,500 (MacIntosh). For many uninsured people prices this high can easily create financial difficulties. Medical tourism, on the other hand, offers a solution. In India’s top hospitals, for example, the above-mentioned procedures can cost anywhere from \$4000 to \$9000 and \$200 to \$400, respectively. Mike Adams points out that “offshore medical procedures can be performed for as little as one-tenth the cost of what would normally be charged here in the United States”(2). These countries sustain low costs by having less paperwork processed and less strict liability policies. According to the News Target, “many MDs ...insist that as much as 80 percent of all healthcare dollars that go through their office cover nothing but paperwork” (Adams 3). In addition, medical doctors spend a large percentage of their income on insurance coverage in a case of lawsuits, further increasing healthcare costs.

Another major appeal of medical tourism is that people can get medical treatments abroad in less time than in their home countries. In developed countries “the public health-care system is so overburdened” that it “can take years to get needed care” (Hutchinson). Frederick J. DeMicco remarks that, “in Britain and Canada the waiting period for a hip replacement can be a year or more, while in Bangkok or Bangalore, a patient can be in the operating room the morning after getting off a plane” (qtd. in Hutchinson). For those patients who experience severe pains that limit their everyday lives, traveling to a foreign country for immediate medical care is often a solution to the problem. For example, Aruna Thurairajan had a spinal condition that made the

easiest task unbearable. She took “almost 20 to 40 painkillers a day,” while waiting to be scheduled for a corrective surgery. Unfortunately for Aruna, her doctors said there would be a three year wait for the procedure. Instead of living in pain, she chose to travel to India where she had the surgery the next day after her arrival. In her opinion, the procedure was a life-saving experience and the best decision that she had ever made (MacIntosh). Importantly, her case is not unique. In general, medical tourism offers many North Americans and Europeans an alternative that often proves more beneficial than visiting their own doctors.

Furthermore, medical tourism is popular and generally accepted among people because it provides them with medical help accompanied by a five-star treatment and exclusive vacations. Thailand, one of the emerging popular spots for medical tourism, is known as a “luxurious place” in regard to its services (“Vacation” 3). India’s most acknowledged hospital, Apollo, “greet its patients” upon their arrival to the country, and afterwards, these patients “stay in private rooms with one-on-one nursing care” (Solomon). Medical tourism, therefore, has advantages over medical care at home, since in the United States patients are frequently left waiting for a considerable amount of time until, for instance, a nurse becomes available and/or arrives. In addition, foreign patients do not have to worry about language barriers since “they’re cared for by more than 500 doctors, most with international training” and knowledge of English and/or other languages. As a final “treat,” people get to enjoy exotic vacations that frequently are included into packages along with their medical treatments.

To make an intelligent decision about whether one should travel to another country for medical care, each person must be aware of possible drawbacks associated with medical tourism. First, even successful procedures require a number of follow-ups. A person who returns home after medical treatment in a foreign country must be aware that “complications, side-effects and

post-operative care are then the responsibility of the medical care system in the patient's home country" (MacIntosh). As a result, new expenses may surface. In addition, foreign liability laws are not as protective as those in the North America or Europe. Most countries that offer medical tourism have weak "malpractice laws, so the patient has little recourse to local courts or medical boards if something goes wrong"(MacIntosh). Besides, some hospitals require their patients to "sign paperwork that says [the patient] agree[s] not to sue under certain conditions" (Adams 4). As a result, a maltreated patient may be left with serious complications, while the foreign hospital will go unpunished. On the other hand, each hospital is aware that attracting new patients from developed countries depends on the hospital's reputation. Consequently, it is in the hospital's and doctors' best interests to provide people with the best possible care and services. Finally, there are treatments offered in developing countries that are not FDA-approved. When choosing a treatment for any condition, patients must be aware of possible risks that are involved in undergoing an unapproved procedure. Though, once again, there is a certain benefit that people gain from such procedures. As featured in the CBS news, Stephanie Sedlmayr needed a hip replacement. Since she did not have insurance, she decided to travel to India. Instead of undergoing a regular hip replacement, she chose surgery that is called hip resurfacing. The practice is not FDA-approved in the United States, but is frequently performed in India. It is less radical and patients seem to recover faster. When asked about her experience, she responded that it was "combining surgery with paradise" ("Vacation" 3).

Medical tourism is, undoubtedly, a trend that is still in its infancy, but it has an enormous potential for growth and development. In the last ten years many countries saw an increase in the numbers of foreign patients. In comparison, ten years ago the number of people traveling for medical procedures abroad was not significant enough to even be recorded. The twenty first

century, however, saw a rapid increase in this trend. Moreover, it is projected that medical tourism will soon become a billion dollar industry for the Third World countries with more and more people joining the ranks of medical tourists every day. Many people do not hesitate to take advantage of cheaper costs of medical procedures and short waiting lines combined with luxuries of having a private room with a separate bathroom, a private nurse and the most advanced technology. This vacation package that is attached to healthcare makes medical tourism even more appealing to potential patients. Ultimately, medical tourism is on the rise and seems to become a regular routine among citizens of developed nations.

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