

Editorial

Medical tourism: are we ready to take the challenge?

Farhana Muzaffar, Ijaz Hussain*

Dermatology Department, The Institute of Child Health/The Children Hospital, Lahore

* Dermatology Department, Postgraduate Medical Institute/Lahore General Hospital, Lahore

Medical tourism is a rapidly evolving trend driven by the market place forces. Articles, guidebooks are increasingly published in the print and electronic media and only Google internet has more than eight million such sites.¹ Hence, individual practitioners and medical organizations need to understand factors and forces shaping this phenomenon.

Medical tourism, also called medical travel or health tourism, is a term initially coined by travel agencies and the mass media to describe the practice of travelling to another country to obtain health care. Strictly speaking, this eludes the traditional travelling of the citizens of many countries to the United States and the West European countries for medical expertise.² Such services typically include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgery. The provider and customer use informal channels of communication-connection-contract, with less regulatory or legal oversight to assure quality and less formal recourse to reimbursement or redress, if needed. Leisure aspects typically associated with travel and

tourism may be included on such medical travel trips

The concept of medical tourism is not a new one. The first recorded instance of medical tourism dates back to thousands of years when Greek pilgrims traveled from all over the Mediterranean to the small territory in the Saronic Gulf called Epidauria. This territory was the sanctuary of the healing god Asklepios.¹ Epidauria became the original travel destination for medical tourism. In the late 19th century, when the West had established its supremacy in the field of medical sciences, patients from less developed parts of the world travelled to the major centers in Europe and America for diagnostic evaluation and treatment. However, in the recent past this practice took a U turn as medical tourism where patients from highly developed countries travel to less developed countries bypassing medical care available in their own communities. Modern technology enables potential tourists to investigate and arrange healthcare in the world from their home computer directly or with the assistance of a medical tourism agency.

The popularity of medical tourism can be judged from the projected figures. For example, 1.2 million tourists visited India and 1.1 million travelled to Thailand last year.² It is estimated that 750,000 Americans

Address for correspondence

Dr. Farhana Muzaffar,

Dermatology Department,

ICH/The Children Hospital,

Lahore

Email: dr_farhanamuzaffar62@hotmail.com

will travel as medical tourists in 2007 and 6 million will go to overseas for healthcare purpose by 2010. Medical tourism is generating revenue of US\$40-60 billion annually which is likely to increase with an annual growth rate of 20%. In the today's world of geo-economics, this has ignited a competition amongst different nations in this arena.

The medical tourism destinations consist of a number of countries all over the world (**Table 1**) who offer a wide variety of medical, surgical and dental services. India, Singapore, Thailand, Malaysia and Philippines are leading destinations in Asia.² **Table 2** enlists the services being offered in these countries. A substantial number of physicians in these places have trained or have been practising in the industrialized nations. Many countries in Central and South America have developed reputation for cosmetic and plastic surgery. India, Malaysia, Singapore and Thailand are well-established destinations for cardiac surgery and orthopedic surgery.

Why people of industrialized nations opt for less developed countries, there are a number of reasons. The primary reason is the low cost of treatment. The prices of healthcare services in any country are directly proportional to the nation's per capita gross domestic product, a proxy for income levels. Low administrative and medicolegal expenses also contribute to the cheap offshore medical care. Secondly, people seek overseas advice for procedures which are not covered by health insurance e.g. cosmetic surgery, dental reconstruction, fertility treatment, gender assignment procedures etc. Similarly in countries like

Canada, UK etc. where a government healthcare system controls access to services, patients want to avoid delays associated with long waiting lists. Another reason can be the unavailability of a particular procedure in their own countries e.g. stem cell therapy may be unavailable or restricted in the industrialized countries but may be much more available in market places. Some patients think that privacy and confidentiality will be better provided in a far off setting. Above all, recreational aspect is another reason for offshore treatment.

At the same time medical tourism has certain drawbacks. For example searching for the best doctor in another country is a difficult task. Similarly, laws protecting patients against malpractice might be entirely different from the home country and patients can't get a handsome compensation in case of some mistake. Procedures where multiple follow ups are required may be another problem. In spite of all its inherent drawbacks, medical tourism is changing the healthcare scenario in industrialized and developing countries around the world. It can be a source of revenue generation in the developing countries like Pakistan whereas the developed countries consider medical tourism a dent to their economy.

Amongst different factors influencing this trend, quality and safety are the major issues. Like all consumers, patients shop outside the organized medical system to find services that are affordable and timely available. They search for health providers who offer them maximum value. Physicians and hospitals in the medical tourism destination must provide high-quality care to develop a sustainable competitive advantage

Table 1 Medical tourism destinations [2]

<i>Asia/Middle East</i>	<i>The Americas</i>	<i>Europe</i>	<i>Africa</i>	<i>Other</i>
China	Argentina	Belgium	South Africa	Australia
India	Barbados	Czech Republic	Tunisia	
Israel	Brazil	Germany		
Jordan	Canada	Hungary		
Malaysia	Colombia	Italy		
Singapore	Costa Rica	Latvia		
South Korea	Cuba	Lithuania		
Philippines	Ecuador	Poland		
Taiwan [†]	Jamaica	Portugal		
Turkey	Mexico	Romania		
United Arab Emirates	United States	Russia		
		Spain		

* Most frequently identified countries in literature and internet search.

Table 2 Procedures for which patients pursue medical tourism [2]

Cosmetic surgery	Breast augmentation/mastopexy/breast reduction Facelift/blepharoplasty Liposuction/body contouring
Dentistry	Cosmetic dentistry Dental reconstruction/prostodontics
Cardiology and cardiac surgery	Coronary artery bypass Cardiac valve replacement/reconstruction Percutaneous coronary angioplasty/stenting Stem cell therapy for heart failure
Orthopedic surgery and spine surgery	Hip replacement/resurfacing Knee replacement Arthroscopy/joint reconstruction Laminectomy/spinal decompression Disk space reconstruction/disk replacement
Bariatric Surgery	Gastric bypass Laparoscopic adjustable gastric banding Body contouring subsequent to massive weight loss
Genitourinary system	In vitro fertilization Hysterectomy Gender reassignment procedures Prostatectomy/transurethral resection
Organ and tissue transplantation	Solid organ transplantation (renal, hepatic) Bone marrow transplantation Stem cell therapy
Other services	LASIK* eye surgery General medical evaluation/checkup Wide range of diagnostic studies Alternative medicine treatment

* LASIK – laser assisted in situ keratomileusis

in the international market place. For quality assurance, the destination hospitals should be assessed and accredited by reputable and independent external accreditation bodies. In the USA, Joint Commission International (JCI) fulfills such a role, while

in the UK and Hong Kong, the Trent International Accreditation Scheme is a key player.³ The different international healthcare accreditation schemes vary in quality, size, intent and the skill of their marketing. They also vary in terms of cost to

hospitals and healthcare institutions using them. Some hospitals are looking towards "dual international accreditation", perhaps having both JCI to cover potential US clientele and Trent for potential British and European clientele. However, all business practices must conform to international ISO 9000 standards.^{3,4}

What role can Pakistan play in medical tourism? Are we ready to extract our pound of flesh? True that health infrastructure is much below expectations in our country but Pakistan is rich in doctors of international repute in their respective fields. Similarly there are many institutions of international standards. Why can't we provide a cost-effective quality medical care. People from Middle East have been visiting Pakistan for renal transplant surgery; however, we can do much more. Concerted efforts by the public and private sectors are desired to establish this field which has tremendous growing potential. In particular, investors in private

sector should step forward and play the major role as the government has announced many concessions to promote medical tourism in the country.⁵ Let us accept the challenge.

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