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Medical tourism: a fad or an opportunity

Comment on “Patient mobility in the global marketplace: a multidisciplinary perspective”

Nabil Kronfol*

Abstract

This article is a commentary of an overview on “medical tourism” submitted by Lunt and Marrion, which describes a framework for the study of the issues related to medical tourism. The commentary attempts to differentiate between the current interest in medical tourism and the time-honored and well-established treatment abroad from countries with underdeveloped health systems. The commentary also calls for efforts to strengthen medical services and quality of care through the inflow of patients to countries that attract “medical tourists”.

Keywords: Medical Tourism, Treatment Abroad, Health Systems Development

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Lunt and Mannion have done an exceptional review of the issues related to medical tourism (1). They used the six key disciplinary preoccupations of the Journal as the framework for this task: this has allowed an objective framework for the analysis of a diversified and complex subject¹.

Christie Reed from the Centers for Disease Control and Prevention (CDC) defines “medical tourism” as a new phenomenon of travelers leaving family and friends to seek care abroad, often in less developed countries, along with the organizations that support or offer incentives for such travel” (2). As such, “medical tourism” remains a relatively vague subject, primarily because no solid and comparative data exist, in addition to having an ambiguous definition, with no clear demarcations between issues related to “treatment abroad” for medical care and “medical tourism” undertaken for cosmetic, life style, and reasons that may raise ethical considerations. Most of the bibliography seems to focus on the later issues, presumably because of the complexities they engender. Seen within this prism, medical tourism is reflected as medical services undertaken or sought by relatively wealthy patients who wish to avoid waiting lines, save money or seek services not readily permitted in their country. However, medical tourism also includes patients who leave their respective homes to seek care not available in their own countries. For example, treatment abroad has been an ongoing major program in the Arab region for the past several decades. This flow of patients that dates from the mid-forties of the 20th century was of great assistance to residents of the Gulf Cooperation Council (GCC) countries until their respective country’s health services improved dramatically after the mid-seventies. Even then, treatment abroad continued, albeit to different locations and possibly often as a gift to the nationals

of the oil-rich states. However, treatment for the sake of better (and often unavailable) medical services did continue (and even increase) from other countries in the region, that continued to have under-developed health systems, such as Yemen, Libya, Syria and even Algeria. These services abroad were often subsidized by the state for patients with complex medical conditions.

The article by Lunt and Mannion has succeeded in raising the issues inherent in “medical tourism” and to define the parameters appertaining. This subject ought to be well researched especially that private investors, hospitals and many countries have and are making plans to benefit from this flow of patients. Many facilities seek international accreditation (JCI, Accreditation Canada, HAS, Australian accreditation) as a precondition to attract patients: accreditation has become a means to an end, in many cases. Seeking accreditation in itself improves the process underlying the quality of care to all patients, and thus is a positive gain from medical tourism. With the advent of the globalization of medical care, with the further development of the World Trade Organization (WTO) treaty, careful evaluation ought to be undertaken to take advantage of the facilities seeking medical tourists, and subsequently develop programs to promote global health, within terms of equity, excellence of care, and cost containment. As advocated in the Lancet, globalization creates closer ties between individuals and populations across different countries. A call is made to place health higher on the agenda of trade negotiations. The stewardship of a domestic health system requires a sophisticated understanding of how trade affects, and will affect, a country’s health system and policy” (3).

In conclusion, Hopkins *et al.* states that “one manifestation of globalization is medical tourism”. Driven by high healthcare costs, long waiting periods, or lack of access to new therapies in developed countries, most medical tourists (largely from

1. Epidemiology, Health economics, Health policy ethics, Politics of health, Health management and Health policy

the United States, Canada, and Western Europe) seek care in Asia and Latin America. Although individual patient risks may be offset by credentialing and sophistication in (some) destination country facilities, lack of benefits to poorer citizens in developing countries offering medical tourism remains a generic equity issue. Data collection, measures, and studies of medical tourism all need to be greatly improved if countries are to assess better both the magnitude and potential health implications of this trade (4).

It is hoped that this article (and others) by Lunt and other scientists would initiate efforts to assess the potential gains as well as the risks of medical tourism to the development of health systems within the optic of quality, equity cost and accessibility.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

NK is the single author of the manuscript.

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