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Review Article

Medical tourism-A New Arena

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Abstract

Globalisation has given birth to medical tourism. Health and medical tourism are the fastest growing segments in not only developed nations but in developing countries too. India has become a hot destination, as the Indian medical standards match up to the highly prescribed international standards at a very low cost. However, it is an unmixed blessing; along with advantages, it has many unintended side effects also.

Medical Tourism- A New Arena

Health and medical tourism, one of the fastest growing segments in marketing, is becoming a worldwide, multibillion-dollar industry today (1). Till date, this area has so far been relatively unexplored in India. But now, not only the ministry of tourism, government of India, but also the various state tourism boards and even the private sector consisting of travel agents, tour operators, hotel companies and other accommodation providers are all eying health and medical tourism as a segment with tremendous potential for future growth (2-4)

What's exactly medical tourism? Medical tourism, *medical travel, health tourism or global healthcare* is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of travelling across international borders to obtain health care. In simple terms, it is people going to different countries for medical care that encompasses either urgent or elective medical procedures (5, 6).

The reasons that encompasses the need for medical tourism vary-Many medical tourists from the United States are seeking treatment at a quarter or sometimes even a 10^{th} of the cost in other countries (7). From Canada, it is often people who are frustrated by long waiting times (8). From Great Britain, the patients who can't wait for treatment by the National Health Service or can't afford to see a physician in private practice opt for it. For others, becoming a medical tourist is a chance to combine a tropical vacation with elective or plastic surgery. And more patients are coming from poorer countries such as Bangladesh where treatment may not be available (9, 10).

Countries so promoting medical tourism include Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia and Thailand. Belgium, Poland and Singapore are now entering the field. Popular medical travel destinations include: Argentina, Brunei, Cuba, Colombia, Costa Rica, Hong Kong, Hungary, India, Jordan, Lithuania, Malaysia, The Philippines, Singapore, South Africa, Thailand, and recently, Saudi Arabia, UAE, Tunisia and New Zealand. And Popular cosmetic surgery travel destinations include: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Mexico and Turkey. South Africa specializes in medical safaris-People visit the country for a safari, with a stopover for plastic surgery, a nose job and a chance to see lions and elephants (11, 12).

But how is it relevant to India**?** In India, medical tourism is on the rise. According to the study

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conducted by the Confederation of Indian Industry and McKinsey consultants, last year some 150,000 foreigners visited India for treatment, with the number rising by 15 per cent a year. With an increasing number of foreign patients flocking to India for treatment, the country could earn Rs 100 billion (US$2.3 billion) through 'Medical Tourism' by 2012, (13). More people from the United States, Europe and the Middle East are seeking Indian hospitals as a cheap and safe alternative (14).

With more people heading to India for medical tourism, the question arises, are the medical standards good enough**? A**bsolutely yes, the Indian medical standards match up to the highly prescribed international standards. The lower costs are due to favorable currency conversion rates and lower costs of operating in India (15, 16). An elective procedure such as a knee replacement would cost 40-60% less than the cost in the US or UK, including the hospital stay, all procedure and physicians costs and transportation to and from India. It is estimated that foreigners account for about 12 per cent of all patients in top hospitals of Mumbai, like Lilavati, Jaslok, Breach Candy, Bombay Hospital, Hinduja Hospital, Apollo and Wockhardt (17, 18).

Medical tourism is undoubtedly the next major foreign exchange earner for India .The field has such lucrative potential that India became a stage for “global health destination.” And, with prices at a fraction of those in the US or Britain, the concept will likely have broad consumer appeal-if people can overcome their prejudices about health care in developing countries (19). Though the quality of health care for the poor in countries like India is undeniably low, private facilities offer advanced technology and procedures on par with hospitals in developed nations (20, 21).

But there are certain parallel issues around medical tourism too, like international healthcare accreditation, evidence-based medicine and quality assurance. Over 50 countries have identified medical tourism as a national industry. However, accreditation and other measures of quality vary widely across the globe (22). In the United States, Joint Commission International (JCI) fulfills an accreditation role, while in the UK and Hong Kong, the Trent International Accreditation Scheme is a key player. The different international healthcare accreditation schemes vary in quality, size, cost, intent and the skill and intensity of their marketing. They also vary in terms of cost to hospitals and healthcare institutions making use of them (23). A forecast by Deloitte Consulting regarding medical tourism published in August 2008 noted the value of accreditation in ensuring quality of healthcare and specifically mentioned JCI, ISQUA and Trent. Differences in healthcare provider standards around the world have been recognised by the World Health Organization, and in 2004 it launched the World Alliance for Patient safety (24). This body assists hospitals and government around the world in setting patient safety policy and practices that can become particularly relevant when providing medical tourism services.

Certain risks and ethical issues too make this method of accessing medical care controversial. And, some destinations may become hazardous or even dangerous for medical tourists to contemplate. Some countries, such as India, Malaysia, Costa Rica, or Thailand have very different infectious disease-related epidemiology in contrast to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically with respect to gastrointestinal diseases (e.g. Hepatitis A, amoebic dysentery, paratyphoid) which could weaken progress, mosquito-transmitted diseases, influenza, and tuberculosis. However, because in poor tropical nations, diseases run the gamut, doctors seem to be more open to the possibility of considering any infectious disease, including HIV, TB, and typhoid, while there are cases in the West where patients were consistently misdiagnosed for years because such diseases are perceived to be "rare" in the west (25).

Medical tourism has also given birth to transplantation tourism and illegal organ trafficking. Transplant tourism is a new and shady concern on the

global level and especially for India, as it is also known as warehouse for organ transplantation" or a "great organ bazaar" owing to easy availability of organs at low cost In India, majority of population is living below poverty line and financial constraints make many people as vulnerable candidates for organ donation. In developing countries, a kidney transplant operation runs for around $70,000, liver for $160,000, and heart for $120,000. Although these prices are still unattainable to the poor, compared to the fees of the United States, where a kidney transplant may demand $100,000, a liver $250,000, and a heart $860,000 (26).

Not only this, the commercial transplantation has also resulted in increase in non adherence to organ transplantation act. And this in turn has posed a great threat for the organ recipients owing to inadequate screening and testing of various infectious diseases like HIV, hepatitis, malaria and tuberculosis. Hence, a regulated system with radical reforms is needed that would provide strict control and limit harm by allowing every candidate an opportunity for transplant, full donor evaluation, informed consent, long term follow up, with payment managed by the government or insurance companies and the banning of any other commercialization. But inspite of all this in India healthcare tourism is gaining leverage and becoming as a high demand industry. Also an overall blend of top-class medical expertise at attractive prices is helping a growing number of Indian corporate hospitals to lure foreign patients, including from developed nations such as the UK and the US. And now India is moving into a new arena of "medical outsourcing," (27) where subcontractors provide services to the overburdened medical care systems in western countries. Undoubtedly, Indian doctors are setting up what could be a medical renaissance in their country and the next great boom for the Indian economy.

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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