

Committee: Special Conference on Global Health Inequalities (SPECON)

Issue: Ethics and inequality on medical tourism

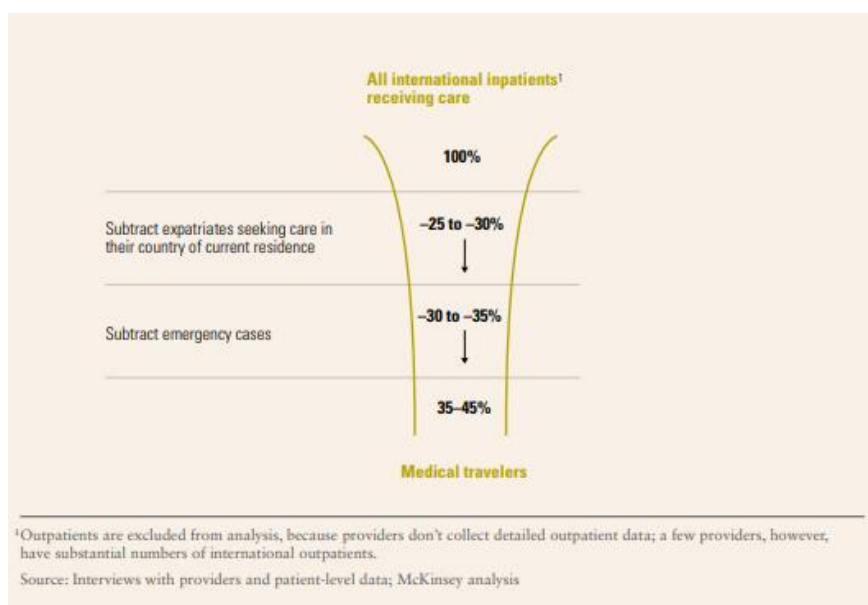
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INTRODUCTION

Over the past decade, medical tourism has grown rapidly, and many patients travel -most times overseas- to seek proper medical care. Although there has not been a universally accepted definition for this term, many experts distinguish it from the term “health tourism”, which they believe it includes cosmetic surgeries, spa, and wellness treatments. Nowadays, medical tourism applies not only to travellers heading to Less Economically Developed Countries (LEDCs) for a better healthcare system but also to patients traveling in the developing countries to access lower price treatments.

This phenomenon has been growing since the 3rd B.C century, mainly because people always used to seek the lowest cost treatments combined with the highest quality and specialization. They are attracted by luxuries,



The market of medical travellers in percentages.

Ehrbeck, Tilman, et al. Mapping the Market for Medical Travel. 2008, pp. 1–11, Mapping the Market for Medical Travel.

promptness and, of course, a way to heal their pain and release their souls from the suffering. With the new technological improvements, it is even easier for patients to find the perfect modern *sanatorium* (=a medical facility for long-term diseases), and even more, have access to the latest and most advanced tools (even robotic machines that perform operations).

The popularity of medical tourism has created a new field of studies for researchers attempting to explore the reasons behind this phenomenon. Moreover, it has raised questions in both ethical and legal grounds. Despite its general acceptance, medical tourism still needs to be considered carefully under certain law grounds to overcome ethical barriers and inequalities.

DEFINITION OF KEY TERMS

Health Tourism

Involves people who travel to a different place to receive treatment for a disease, an ailment, or a condition, or to undergo a cosmetic procedure, and who are seeking lower cost of care, higher quality of care, better access to care or different care than what they could receive at home.¹

Medical Tourism

A category of health tourism which includes only travellers that seek medical treatments excluding dental or cosmetic surgery tourists, emergency tourists or spa and wellness travellers.

Health care providers

Any individual, institution, or agency that provides health services to health care consumers².

¹ Exworthy M., Peckham S., Access, Choice and Travel: Implications for Health Policy. Social Policy and Administration, 2006

² Mosby's Medical Dictionary, 8th edition. (2009). Retrieved June 18 2018 from <https://medical-dictionary.thefreedictionary.com/health+care+provider>

National Health Service (NHS)

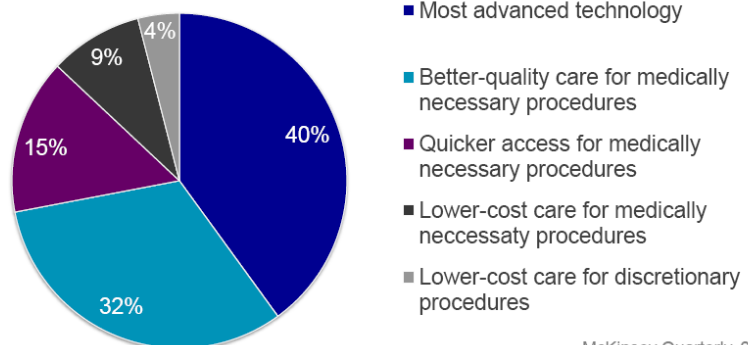
According to Collins Dictionary, the National Health Service System (NHS) is the British system of national medical services since 1948, financed mainly by taxation.

BACKGROUND INFORMATION

Medical tourism has been observed from ancient times when people used to travel in

places with mineral waters that were thought to heal various diseases. In addition, spa and sanatoria had gained popularity attracting many European patients. Today 60.000-85.000 patients³ travel annually only to the USA for medical reasons and more than 150.000 travel to eastern countries.

Relative size of medical-traveler segments
(100% = 49,980 patients)



McKinsey Quarterly, 2008

Main reasons for medical tourism

According to researchers, the factors that cause patients to become health travellers are the advanced technology used in some countries, the shorter waiting list, the better quality, and the lower cost care for the medical procedures. Amongst them lay reasons regarding the convenience, the high expertise surgeons, the better customer services and of course the travel opportunity. However, there are many cases in which the sole reason for medical tourism is the fact that some medical procedures are illegal in the home country but legal in the destination country, such as fertility treatments, abortions and assisted suicide

(circumvention tourism).

Reasons for medical travelling according to McKinsey Quarterly
Ehrbeck, Tilman, et al. Mapping the Market for Medical Travel. 2008, pp. 1-11,
Mapping the Market for Medical Travel.

³ According to McKinsey Quarterly's study "Mapping the market for medical travel"



The development of new technological tools used in medicine has attracted many patients to More Economically Developed Countries (MEDCs) such as United States of America and Finland. According to McKinsey Quarterly's study "*Mapping the market for medical travel*", the new technologies are the leading factor in the phenomenon and not the low-cost benefits. That is why patients are seeking the highest quality possible regardless of the cost. Additionally, the need for quicker service has caused the majority to travel to the LEDCs to access medical treatments. For example, in the United Kingdom citizens would face long waiting lists causing them to travel east, especially for heart diseases that need immediate treatment.

The world-class facilities, the high-quality, and the luxurious convenience meet each international medical destination. The medical tourists benefit from the personalized healthcare they receive along with the convenience the hospitals offer. The advantages of medical tourism continue, as the patients do not need to worry neither about the accommodation and the transportation (as they will be at the foreign country's hospitals for as long as it needs) nor for their health condition (as nurses will supervise them 24h a day). Last but not least, patients will have the opportunity to enjoy the attraction of their preferred medical destination with the money they are going to save from the reduced prices of medical procedures out of their own countries.

International Healthcare Accreditation

The International Healthcare Accreditation was established to cover the universal need for safety of patients and health protection for humans by improving quality in the healthcare system of each country while eliminating the risks of treatments. Both the public and private sector of the national health system of each country is obliged to obtain objective measures for the external evaluation of quality and quality management. The oldest international accrediting body was formed in Canada and it is called Accreditation Canada. In the United States, the accreditation group Joint Commission International (JCI) was organized in 1994 to provide international clients education and consulting

services, and thus to contribute to the success of medical tourism throughout the whole continent. “More than 800 hospitals and clinical departments around the world have now been awarded JCI accreditation and that number is growing by about 20% per year”⁴. From the ethical and legal aspect of medical tourism, International Healthcare Accreditation plays a significant role for the protection and the safety of the medical tourists as well as for their correct information on the situation on the potential health destination and their upcoming medical treatments.

Health inequalities due to medical tourism

While medical tourism is promoted worldwide, and governments and many healthcare systems benefit from it, equity in access and availability for local consumers gradually disappears. Local communities are affected by the increasing populations of patients that visit their place and take their positions in the hospitals’ waiting lists. Such problems are caused when more patients than the healthcare system can afford arrive at one place that its low-cost life is attractive. In 2008, it was stated that "Doctors in Thailand have become so busy with foreigners that Thai patients are having trouble getting care". In addition, in India, some argue that a "policy of 'medical tourism for the classes and health missions for the masses' will lead to a deepening of the inequities" already existing in the healthcare system.⁵

The lack of insurance cards or papers is also common in many countries across the globe, causing additional issues for those willing to travel abroad for medical treatments or even inside the country. The differences in quality accreditation on national and international levels may lead to inequitable quality standards between the public and private sectors, too. In that case, private hospitals may meet the required criteria and achieve a better

⁴ “Medical Tourism Statistics & Facts.” Patients Beyond Borders, 12 July 2011, patientsbeyondborders.com/medical-tourism-statistics-facts.

⁵ “AYURVED TREATMENT.” Medical Travel Tourism India, Indian Medical Tourism Treatment, Health Treatment India, Health Tourism India ,Ayurved Therapy Packages, Cosmetic Surgery, Cardiac Surgery, www.medicaltourismhelp.com/medical-tourism-help/legal-and-ethical-procedure.html.

quality and at the same time increase the total cost. In that way, the private sector becomes inaccessible to the majority that can not afford to pay the high prices,

forming a sense of inequality amongst the citizens.

MEDICAL	
Country Sending Patients	Country Receiving Patients
Increased contacts in exchange of people and information	Increased prestige in medicine for host nation
Less control of medical practices	Raise issues of international medical ethics
Questions of safety in follow up	Reputation importance
Concerns for medical standards	Inspections by international medical regulatory boards

Legal & ethical issues of medical tourism

Major ethical issues that can rise around medical tourism are the illegal purchase of organs and tissues for transplantation, the new technologies (such as stem cell treatments) and the therapies that have not been proved scientifically and can put in danger the health of the patients. Many doctors or/and hospitals may also take advantage of the incoming populations on grounds of fraud, blatant lack of scientific rationale and patient safety. In an effort to lower the already low costs of accommodation and treatments for medical travellers, the quality of the procedures will be affected. The healthcare providers will take advantage of the high profits and attempt to expand them by decreasing the prices and thus lose part of the quality too. That is why qualifications and standards are now more essential than ever. Moreover, tourist agencies are likely to exploit the situation and the millions of medical tourists to promote specific country's interests without respect to the client's will and safety.

Other ethical problems that may occur range from a complication during the medical procedures in the foreign country that can cause a burden in a patient's home country in his/her arrival to a simple mistake of the doctors that can increase

the risk of introducing

Comparison of the issues arising in the home country of the medical traveller and the destination country
Langham, Claire, et al. Economic, Social, Surgical, Moral and Quality of Care Issues. South Asian Studies Association, 2008, Economic, Social, Surgical, Moral and Quality of Care Issues.

new antibiotic resistance infections to the home country. Medical travellers must be very careful to the places they chose to trust their health condition and recovery. Apart from their safety, potential patients have to consider the consequences of crossing the borders and contributing to the growth of a promising industry for both their community and the world.

Less Economically Developed Countries (LEDCs) lack adequate legal grounds that protect patients. If problems arise, patients might not be covered by personal insurance or might be unable to seek financial repayment. Hospitals and/or doctors in some countries may not be able to pay the compensation needed after a patient's complaint to the court because of the hospital's and/or the doctor's lack of appropriate insurance cover and/or medical indemnity. The limitations in many legal aspects of health coverage -and not only- in the foreign country may cause issues to the patient in his home country too. Moreover, it is possible that due to certain prohibitions of law medical travellers will not be able to receive proper treatment like in Ireland, in the 1980s-90s, where cases of young rape victims who were banned from traveling to Europe to get legal abortions are famous.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

United States of America (USA)

Being amongst the most popular destinations for medical tourism, the United States of America is challenged to face the growing health population. Although there is a huge population traveling to the USA for medical reasons (because of the advanced technology, the better quality etc.), there are also patients that seek lower health costs in eastern countries. For example, in the United States, a liver transplant that may cost \$300,000 USD, would generally cost about \$91,000 USD in Taiwan, or an aortic valve replacement that costs



more than \$100,000 USD in the USA, would cost only \$12,000USD at a health provider in Asia.⁶

Therefore, the health care providers attempt to cover all patients' needs by looking towards American and international accreditation. Because of the competition between clinics for American medical tourists, there have been initiatives to rank hospitals based on patient-reported metrics.⁷

United Kingdom (UK)

The most famous medical destination in Europe, the United Kingdom, attracts medical tourism principally due to its free care treatment in specific situations. Recently, the government and the NHS have invested in the infrastructure decreasing the time of waiting to receive treatment and thus increasing its popularity. Based on a study in 2013, 63,000 UK residents travelled in other countries to receive proper treatment, whereas about 52,000 patients stayed in the UK to improve their health.

In the summer of 2015 immigration officers left the Border Force and reached the St George's University Hospitals National Health Service (NHS) Foundation Trust in order to train staff to identify "potentially chargeable patients". In October 2016 the trust announced that in order to remain in the UK, photo identity papers or proof of their right to do so will be required remain such as asylum status or a visa. Those not able to provide satisfactory documents would be sent to the trust's overseas patient team "for specialist document screening, in liaison with the UK Border Agency and the Home Office." It was estimated that £4.6 million a year was spent on care for ineligible patients.

Israel

Another popular medical tourism, Israel attracts thousands of medical tourists from Europe, the United States, Australia, South Africa, and Cyprus

⁶ Vellanki, Jahnavi. Cost Comparison of Medical Treatment in the United States vs India for Uninsured Americans. 2015, pp. 1–24.

⁷ Infokerala Communications Pvt. Ltd. Anchor India 2017. Biju Mathew | Info Kerala Communications Pvt Ltd, 2017, 2017.

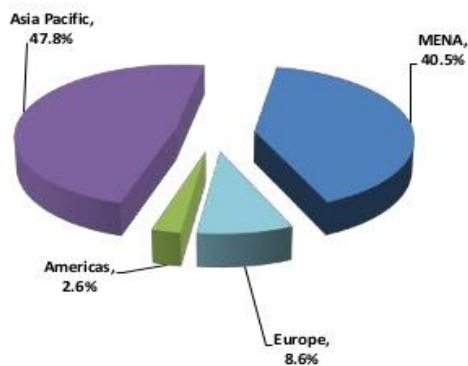
(mainly for bone marrow transplants which are not available in Cyprus). The Dead Sea area is also worthy for visiting for health research and treatment.

India

India is the 2nd most popular destination after Thailand. Being a low cost and high-quality destination, India offers every kind of medical procedures with

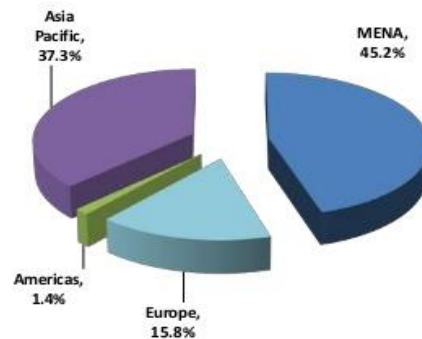
Health Tourism: Destination India

Medical Tourist Arrival in India by Region (%), 2012



Source: Ministry of Tourism-India

Medical Tourist Arrival in India by Region (%), 2018



Source: RNCOS Estimation

the eye surgeries being the most famous. The United Kingdom and United States of America citizens have been the source of medical tourists. Most of India's

The origin of the medical tourists who chose India as a medical destination in 2012 and 2018 accordingly

hospitals are Joint Commission International (JCI) accredited.

Thailand

More than 89% of medical tourists travelled to Thailand, India or Singapore in 2010, with Bangkok, the capital of Thailand, leading the pack. For

Health and health-care systems in southeast Asia: diversity and transitions.

Chongsuvivatwong V, Phua KH, Yap MT, Pocock NS, Hashim JH, Chhem R, Wilopo SA, Lopez AD

instance, a hip replacement at Bangkok’s Bumrungrad hospital costs 575,834 baht on average, about half the price of the same operation in the US. According

Country	Thailand	Malaysia	Singapore
Organizational structure	Pockets of excellence in some private Bangkok hospitals	Growing private health sector with movement of qualified workforce	Balanced public-private mix, corporatized public sector
National strategy	Regional health hub Extensive tourism infrastructure	Industrial strategy to develop tourism	Economic growth strategy to develop biomedical industries Regional service hub Medical R&D support
Policy impact	Issues of growing inequity and urban-rural divide	Public-private divide Racial inequities between public and private sectors	Narrow income gaps of public and private sectors

The differences of healthcare systems in the three countries with crucial role in the field of medical tourism, namely Thailand, Malaysia, and Singapore.

to World Health Organization (WHO), medical tourism equals approximately 0.4% of the GDP of the Thai economy. It helps raise income for the medical services sector, the tourist sector and all related businesses, and it provides other intangible benefits. Nevertheless, the negative effects include a shortage of physicians and increased medical fees for self-paying Thais, which are likely to undermine their access to quality medical services.⁸

Medical Tourism Association (MTA)



The Medical Travel Association is a non-profit association for the medical tourism and global healthcare industry with the purpose of ensuring the quality of the healthcare systems for the patients on an international scale. To overcome inequalities

of Medical Tourism: Thailand's Experience." World Health Organization, World Health Organization, 2 May 2011, www.who.int/bulletin/volumes/89/5/09-072249/en/.



and contribute to the development of medical tourism, the Medical Tourism Association bases its actions on certain values namely education, transparency and communication. The organization focuses on raising the awareness of both the public (mainly on medical tourism and wellness tourism industries) and the health industry (on providing guidance to reach the medical travellers' needs and overcome the challenges). From 2015 to 2017, MTA has organized several global events and workshops in China, in USA (Washington D.C and Florida), in Jordan, in Croatia, in Puerto Rico etc. with the aim of bringing together ordinary people with the experts upon the issue. In addition, MTA has established training programs to work with national and international healthcare providers in order to offer complete education and improve their qualifications. Finally, the MTA has published electronically guides for the most famous medical tourism destination to provide help for the future medical tourists.

World Health Organization (WHO)

The World Health Organization (WHO) is the UN body responsible for the practises of medical tourism. Generally, WHO sets international standards and supervise the member states of United Nations (UN) and the national health institutes for the measures' implementation, along with supporting the countries in need at times of emergency. It can play a crucial role in the medical tourism, since it has the authority to organize and set a legal background internationally for this kind of procedures and cooperate with suitable organizations. Until now, there have been publications of research and potential policies for medical tourism in the Bulletin of WHO. Resolutions concerning specific details for the issue have not yet passed and agreed upon and that is why there is immediate need for such action.

Joint Commission International (JCI)

The Joint Commission International (JCI) was formed in 1994 by the Joint Commission with the sole purpose of improving the quality and practices used in the health world. By educating the health care providers worldwide, setting

2006	Despite the 9/11 events, medical tourism continues to grow rapidly, and patients tend to head towards Asia and Latin America.
2012	According to the Ministry of Public Health of Thailand and the Kasikorn Research Center, 2,530,000 patients travelled to Thailand for medical treatments, mainly from United States of America, United Kingdom, Japan, Australia, and several Arab countries.
2013	New regulation in the European Union called “Cross-border healthcare 2013” includes the free movement from services in Europe and taxation changes.
Recent years	The industry of medical tourism expands, especially in countries where certain rare (and prohibited in other countries) procedures are legal like euthanasia.

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

- WHO Resolution WHA59.26 (2006): An attempt to promote dialogue and form national policies regarding health issues.
- UNGA Resolution 66/196 (2013) “Sustainable *tourism and sustainable development in Central America*”: although the resolution as a whole does not tackle the issue of medical tourism, there are references to medical tourism performances in some countries in America (clause 57, sub-clause e)
- Changes in the International Health Regulations by WHO: “*Strengthening health security by implementing the International Health Regulations (2005)*”

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

This issue needs serious actions to be tackled effectively. It is simpler than others since medical tourism is now on its beginning of its peak and requires immediate consideration for its proper and profitable function. Already, there

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are associations and organizations that promote medical tourism by raising awareness, organizing campaigns and educating programs, collaborating with similar bodies and healthcare providers, collecting and analysing data (such as Medical Tourism Association (MTA), European Medical Tourism Alliance (EUMTA), Council on the Global Integration of Healthcare (CGIH) etc.), and connecting the stakeholders with the public (such as International Board of Medicine and Surgery (IBMS), International Medical Travel Association (IMTA) etc.). Another organization called International Association for Medical Assistance to Travelers (IAMAT) is responsible for informing about the health risks, the different immunization rules that apply worldwide, and the medical care procedures. Moreover, the United Nations, through the World Health Organization (WHO), has conducted serious efforts to further improve the healthcare systems of each nation and in a global sphere to provide equal opportunities for humans all over the world.

POSSIBLE SOLUTIONS

Medical tourism is difficult to control as from its nature it involves many nations. However, laws must be implemented, and resolutions must be formed to achieve the greatest equality possible for international health travellers as well as the ethical background in which treatments and procedures take place. Firstly, it is necessary that a universal definition of medical tourism and medical tourists to be established. That could help both the health care providers and the public to be aware of the procedure and the medical aspect. In addition, each nation must be able to collect concerted data that will contribute to a more general and meaningful analysis of medical tourism's impact on health systems. Therefore, a certain standard method for data collection must be established and monitored as currently there are poor sources available and little concern.

To tackle the issue of the ethics on medical tourism, boundaries must be set to distinguish the acceptable medical innovation and unacceptable patient exploitation. New treaties and resolutions must be signed and ratified that will

encourage a safer environment for new therapies and will not endanger human lives. Moreover, all the health providers must be checked frequently to avoid any cases of fraud or exploitation of the masses of patients in the destination countries. It must always be ensured that the health system is working for the only advantage of treating the travellers who suffer.

To limit the inequalities caused by the development of medical tourism, the specialized organization such as the World Health Organization (WHO), the Medical Tourism Association (MTA) and the ones that already support medical tourism should take action. Specifically, an international legal ground on the medical travel must be established considering not only the different countries' policies on health issues but also the need of the patients for health recovery. Additionally, health insurance must always cover all kinds of patients especially those that travel internationally.

Finally, it will be substantial if the responsible parties raised the awareness on this issue by special programs and campaigns with the solid purpose of informing the public of the flourishing phenomenon of medical tourism, its risks, its advantages and its consequences on an international scale.

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