



Medical Tourism

This Factsheet will look at how globalisation has led to the movement of patients across borders in order to receive medical treatment.

The information in this Factsheet will be useful for questions on health as well as questions on stratification.

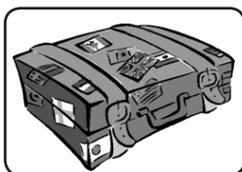
Globalisation refers to an ongoing process that involves interconnected changes in the economic, cultural, social, and political spheres of society. As a process, it involves the ever-increasing integration of these aspects between nations, regions, communities, and even seemingly isolated places.



Medical tourism refers to people travelling to a country other than their own to obtain medical treatment. In the past, this usually referred to those who travelled from less-developed countries to major medical centres in highly developed countries for treatment unavailable at home.

However, this pattern of medical tourism seems to be changing. There has been a shift towards patients from richer nations travelling to less developed countries to access health services for treatments such as dental care, cosmetic surgery, hip replacements, fertility treatment and life-saving transplant surgery.

Lunt et al (2011) suggests that growing globalisation of the health industry and the international trade in health services have given rise to new patterns of consumption and production of health care services.



Activity: Think about the following:

- Travelling to Hungary for dental treatment
- Travelling to Poland for cosmetic surgery
- Travelling to Spain for IVF treatment

Make a list of the reasons why people might seek this sort of treatment in other countries rather than in Britain.

Why has this medical tourism developed?

Lunt suggests there are various factors involved:

- Low cost air fares
- Price differences in healthcare services between countries
- Favourable exchange rates
- Ease of communication via the internet
- Increasing waiting lists in the NHS
- Tightening eligibility criteria within the NHS (e.g. fertility treatment).

Activity: Take one of these treatments: dental implants, cosmetic surgery, IVF treatment and do some research on one of these treatments within the NHS and within another country.

Travelling from Britain for medical treatment

According to research by private healthcare search engine WhatClinic.com, the number of Britons undergoing procedures abroad has risen by 109% in the past two years.



Eastern Europe has the largest number of centres for cosmetic tourism. The Czech Republic, for example, has seen a 304% increase in inquiries from British individuals for nose jobs in the past year, with an average procedure costing £847 versus £3,557 in the UK.

Poland has become a popular country for those looking for breast implants where they can make considerable savings, paying an average of £1,972 instead of £3,736 in Britain.

Patients sometimes travel to save money on plastic or cosmetic procedures that wouldn't be covered by the NHS anyway, but a growing number of patients are growing frustrated with waiting for necessary medical procedures like knee replacements or hernia surgery and entering postal code lotteries for fertility treatment. By travelling overseas patients not only can have treatment much sooner, but have total control over what clinic performs the treatment and savings of up to 80%.

Evidence

In March 2015, MEDIGO commissioned a survey which asked 1000 UK residence aged 24 and older 'Did you travel to a foreign country for medical care in 2014?'

While a majority of those surveyed had not travelled abroad for medical care, nearly 1 in 10 reported that they knew someone who had medical treatment abroad in 2014. The survey results are an indication of the growing acceptance of medical travel in the UK.



Exam Hint: Using evidence in your answers will provide some support for what you are writing. Make sure you can support what you write by using evidence.

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Travelling to Britain for medical treatment

Patients don't just leave the UK for medical treatment in other countries but individuals come to the UK for NHS medical treatment.



Activity: Think about the following:

- A retired couple, living in Spain travelling back to Britain for dental treatment
- A young family travelling to the UK for specialised children's services

Make a list of the reasons why people might seek this sort of treatment in Britain.

Can you draw any conclusions about the reasons for increased medical tourism?

The reasons for people travelling to Britain for medical treatment are very similar to the reasons why Britons travel to other countries for treatment.

- Low cost air fares
- Many treatments are offered free by the NHS
- Favourable exchange rates
- Ease of communication via the internet
- Treatment not available in the country of origin.
- Some NHS hospitals earn substantial sums of money from medical tourists.

Using freedom of information requests to obtain figures from 18 hospitals, research found that Great Ormond Street children's hospital earned £20.7m from foreign patients in 2010-11; Kings earned £7.9m and the Royal Brompton earned £7.4m.

Researchers from the London School of Hygiene and Tropical Medicine and York University found that Medical tourists spent an estimated £219m on hotels, restaurants, shopping and transport in the UK.

Medical tourism and consumer choice

In late modern and postmodern societies, the growth of medical tourism also reflects the idea of patients as consumers of healthcare. No longer are decisions on behalf of the patient made solely by medical professionals – instead individuals act as consumers, making their own health choices and decisions regarding their health needs, their treatments and who should treat them.

Medical tourism also reflects people's growing interest in construction of their bodies and identities through consumption and lifestyle, leading to increased demand for cosmetic and dental surgery, as well as shifting priorities for healthcare among consumers and a desire to widen maintenance, enhancement or restoration of their physical or mental well-being. Opportunities for such medical tourism are, of course, only accessible to the more affluent groups in society.

The globalised health industry poses a range of challenges to the functionalist view of medical professionalism such as doctors' code of ethics designed to protect the interest of patients; their commitment to altruism, putting the interest of the patients first; their scientific integrity, providing healthcare on the basis of need; and an absence of bias in medical decision making. According to functionalists, these

underpin the trust involved in the doctor-patient relationship, and justify the high status and pay of doctors. However, this is increasingly undermined in the international medical profession by financial conflicts of interest arising from the way the medical profession is influenced by pharmaceutical and medical technology industries, and its roles in clinics catering for affluent medical tourists. This reflects the way that health is increasingly perceived as a matter of private consumer choice, in which commercial interests determine whose health is profitable for investment and whose health is not.

Criticisms of medical tourism

Although there may be many benefits attached to seeking treatment in other countries there are also some concerns:

Lack of regulation in many countries means standards fluctuate around the world. In the UK, a surgeon's performance is strictly monitored, with routine training and independent yearly appraisals. A surgeon must be registered to perform cosmetic surgery specifically, be a fellow of the Royal College of Surgeons and, in order to be considered 'highly qualified', should have carried out in excess of 5,000 major operations.

A survey by the British Association of Aesthetic Plastic Surgeons (Baaps) revealed the number of patients reporting complications after treatment abroad is on the increase. Three out of five Baaps members reported a rise of at least 25%-35% during the past five years.

Lunt et al. point out that patient follow up by health providers is rare among medical tourists. There is insufficient management of complications and lack of post-operative care. This could lead to increasing burdens on the NHS, dealing with complications arising from overseas surgery.

Medical tourism could lead to people being offered potentially illegal treatments.

Medical tourism could have harmful effects on health systems and lead to the development of two tier healthcare. The rich are able to shop around for the treatment they want/need and waiting lists or lack of access to treatment for the poor.

In poorer countries, many of which operate systems of private healthcare, catering for medical tourists from the developed world may distort local health services which become more focused on meeting the health care needs of medical tourists rather than catering for the needs of their own population. This can also affect local health professionals, who might find it more financially advantageous to them personally to move from poorly paying public sector provision towards a more highly paying private healthcare sector catering for medical tourists. This can increase inequalities, as local people face inadequate local healthcare as medical talent is sucked away towards more profitable medical tourism.

Skountridaki (2014) suggest that the internationalisation of private healthcare and medical tourism has made some doctors into business people, competing with each other to sell services in a lucrative global healthcare market, driven by a self-interested search for profit. She suggests that this profit motive could conflict with the professional code of ethics. Self-interest rather than the interests of others, may become doctors' prime motive for practicing medicine, and healthcare becomes available on the basis of ability to pay instead of healthcare needs. The most successful doctors may become not those with the best medical results, but those who are most successful at promoting their services in the global healthcare market.

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The UK Government are concerned about the amount of money that non-paying health tourism costs the NHS. It is estimated that the cost to the NHS for providing free medical treatment for visitors working or studying in the UK totals £1.4bn a year and the cost of 'health tourists' who had travelled with the intention of getting free treatment, said to cost the NHS between £70m and £300m.

NHS waiting lists are already long and these will only increase with the increase in medical tourism.

Should the NHS offer services to medical tourists rather than just UK residents?

Activity: Using the information above, take a look at both sides of the argument here and add some points to each side of the table below.

Benefits of medical tourism	Disadvantages of medical tourism

Write a brief conclusion based on the points you have written.

You can use this table for revision.

Exam Hint:

1. Outline three reasons why the medical profession may be losing power and influence over their patients. You could include: patients having more choice over their bodies and lifestyles, globalisation, patients being more knowledgeable
2. Evaluate the view that globalisation is having a significant impact on medical tourism.
 - You should look at the positive aspects of medical tourism as a result of globalisation e.g. more choice, less cost for patients, shorter waiting times
 - You should look at the negative aspects of medical tourism as a result of globalisation e.g. increasing burdens on the NHS, dealing with complications arising from overseas surgery, potentially illegal treatments, development of two-tier healthcare.

For any question that asks you to evaluate, you must always write a conclusion