Medical tourism presents opportunities and risks for patients

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Medical tourism (ie, traveling to another country for nonurgent medical care) is not a new custom. In the 18th and 19th centuries, people traveled to spas to “take the waters” as a means of improving their health and, in remote colonies and less developed countries, people have always traveled to reach clinics or physicians.1,2 Today, people travel to many foreign countries to obtain medical care and surgery that is either unavailable or too expensive to obtain in their home countries, or where receiving care in the home country requires long waiting times.1,3,4

Experts disagree on the number of people who participate in medical tourism, and an exact count of the number of individuals traveling from the U.S. to another country for medical care is hard to determine.3 Estimates in 2012 suggest the number might range from 60,000 to 85,000.3 The reported numbers are the result of interviews and a study of more than 20 medical travel destinations. The study is based on a strict definition of medical travel that excluded people who became ill while traveling, people who were accessing treatments such as massage or acupuncture, and expatriates seeking care in their country of origin.3

The fact that people are willing to travel long distances, often to third world countries, for reduced-cost health care suggests that health care in the U.S. and other developed countries has become too expensive or too inaccessible for many people.1,4 For example, 17.1% of Americans currently have no health insurance.6 Bankruptcies as a result of medical emergencies represented 60% of all bankruptcies in 2007.7 These figures help to explain why individuals travel to less-developed countries to obtain low-cost medical care.

The countries that patients travel to for medical procedures most frequently include India, Malaysia, Singapore, and Thailand.3 Types of surgery sought include cosmetic, dental, cardiac, orthopedic, bariatric, ophthalmic, and reproductive procedures, as well as organ transplants, bone marrow transplants, and stem cell therapy.3 Some individuals also travel to other countries for nursing home care and to access euthanasia.3 Some examples of the cost differences in procedures in U.S. dollars include

- heart bypass surgery, which costs $130,000 in the U.S., $10,000 in India, and $11,000 in Thailand in 2007;3
- unilateral hip replacement, which costs $43,000 in the U.S., $9,000 in India, and $4500 in Thailand in 2007;3
- spinal fusions, which cost $62,000 in the U.S., $5,500 in India, and $7,000 in Thailand in 2008.1

Advantages of medical tourism
Traveling to a foreign country can make elective surgery possible for uninsured or underinsured patients or for patients whose surgeries are not deemed urgent by their home country and thus are placed on long waiting lists.1 Some insurance companies and businesses are beginning to offer incentives for members to travel for care in an effort to reduce costs.1 Also, medical concierge companies have been created in some host countries to help patients find the right facility and surgeon to provide their care and some of these concierge companies provide case management services for patients.1
Patients often report that the care they received while undergoing medical procedures abroad was excellent, an opinion often backed up by their physicians at home. They report that their stays are longer than those allowed in their home countries (eg, patients sometimes stay 10 days or more) and that the nursing care is more personalized (eg, some patients report being assigned one or two nurses who care for the patient throughout their hospitalization, rather than a new nurse at every shift change). One analyst reported that “In many foreign clinics, the doctors are supported by far more registered nurses per patient than in any western facility and some clinics provide private rooms with a nurse dedicated to that patient 24 hours a day.”

Disadvantages of medical tourism

The biggest disadvantage of seeking care in a foreign country is that the patient may not know if the hospital, physician, and nursing staff chosen are similar in standards and quality of service to those at home. The Joint Commission has an international branch—the Joint Commission International—that evaluates and accredits hospitals worldwide, although international standards are different than those for facilities in the U.S., and this makes it difficult to determine if a facility is comparable.

From a personal and cultural perspective, medical tourism can be unsettling, especially when a person must travel long distances and is facing surgery. Patients may receive excellent care, but it may be delivered in a foreign language and culture, which adds to the stress of undergoing surgery.

Complications can result from the lengthy travel time needed to get to and return home from another country after undergoing surgery, and, while in the foreign country, patients may be exposed to unfamiliar viruses and bacteria that place them at a risk for infection. Follow-up care also can present a problem, because the surgeon and hospital are not local and physicians at home may not be willing to provide needed follow-up care. In addition, the patient has no legal means to address malpractice problems that arise from surgery.

Conclusion

Historically, insurance companies have excluded many individuals from coverage because of pre-existing conditions. In addition, the high cost charged by insurance companies to cover those individuals have made insurance, elective surgeries, and other forms of health care inaccessible to many. In response, some state governments and insurance companies are beginning to offer medical tourism as an option to help reduce costs.

The perceived need for medical tourism may also be contributing to the push for universal health care coverage and more transparency regarding health care costs. It is also thought that increased use of foreign facilities by tourists will increase the focus on the quality of care that those facilities provide and the education and certification of the providers. Depending on the political decisions made in November 2012, the health care reforms initiated by the Obama administration and recently upheld by the Supreme Court may also help to reduce costs and increase access to care in the U.S.

References