

Guidelines for Reducing the Negative Public Health Impacts of Medical Tourism

ÉTUDE DE CAS / CASE STUDY

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Résumé

Les voyages internationaux pour des soins médicaux, ou le tourisme médical, créent des problèmes d'éthique et de sécurité pour les patients. Des lignes directrices pourraient être développées et distribuées pour aider à répondre à ces préoccupations, mais ils peuvent en même temps sembler entériner cette pratique.

Mots clés

Tourisme médical, lignes directrices, les soins transfrontaliers, complicité, tourisme de transplantation, tourisme de la reproduction

Summary

International travel for medical care, or medical tourism, creates ethical and safety concerns for patients. Guidelines could be developed and distributed to help address these concerns, but they may at the same time appear to endorse this practice.

Keywords

Medical Tourism, Guidelines, Cross Border Care, Complicity, Transplant Tourism, Reproductive Tourism

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Conflicts of Interest

None to declare

Introduction

Medical tourism is a practice where patients travel internationally with the intention of receiving private medical care, usually paid for out-of-pocket [1]. Motivations for engaging in medical tourism are diverse, and can include cost savings, avoiding wait times, enabling access to treatments unavailable locally due to regulatory or safety restrictions (e.g., experimental treatments such as the multiple sclerosis 'liberation' surgery), lack of specialists (e.g., hip resurfacing), or legal restrictions (e.g., organ purchases, paid surrogacy) [2]. For Canadian patients, wait times and access to treatments unavailable domestically are thought to be primary drivers for pursuing medical tourism, though cost savings are also an important consideration for procedures not covered by the public system [3]. Indeed, a growing list of foreign medical institutions now provide access to quality health services for international patients, often at affordable prices.

Services obtained via medical tourism may not be of the highest quality and the most safe, and thus raise important public health concerns within Canada when patients engaging in this practice return

home. Concerns include the domestic implications of inadequate access to follow-up care, exposure to and spread of infectious disease, disruptions to continuity of care, and exposure to poor quality or dangerous treatments abroad [2,4,5]. It is thought that medical tourism can also negatively impact the health of both the patient and the friends and family members they travel abroad with, increase care costs at home through the need for follow-up care for complications, and undermine health equity by allowing patients to exit the public health care system [1,4,5].

Case

Health policy implications

Given the public health concerns associated with medical tourism, there is a strong argument for implementing risk reduction interventions [4]¹. Government and professional agencies, such as the Public Health Agency of Canada or the Canadian Medical Association, could develop guidelines for engaging in medical tourism in the safest manner possible (see [6] for a basic example). These guidelines could include suggestions that patients: 1) contact their family physicians or relevant specialists before traveling abroad in order to seek advice on treatments and arrange for follow-up care and the exchange of medical records; 2) obtain necessary inoculations before traveling abroad in order to reduce the spread of infectious disease once home; 3) learn how to address complications upon the patient's return; and 4) ensure that those traveling abroad with them as caregivers see their own doctors prior to departure for these same reasons. More ambitiously, guidelines could also: 5) rate specific countries or facilities based on quality of care; and 6) advise on procedures that present elevated levels of risk, including experimental treatments not approved in Canada.

Ethical implications

The creation and distribution of guideline statements about medical tourism by prominent Canadian health regulators and agencies raises significant ethical concerns. Rather than simply mitigating some of the negative impacts of medical tourism on public health, they might serve to raise the visibility of and legitimize this practice. First, they would increase the visibility of medical tourism, raising it as a new possibility for those who had not previously considered going abroad for care. Note that in order for these guidelines to be effective, they would need to be highly visible and easily accessed. Second, these guidelines may signal to patients that medical tourism can be engaged in safely simply by following the advice that is offered. For example, a statement that provides a checklist of actions to take may easily be confused with a path to safely engaging in this practice.

Agencies considering offering guidelines on medical tourism are faced with the ethical question of whether or not the public health goals of these guidelines will be achieved – or undermined – by distributing these guidelines. Moreover, creating guidelines raises the ethical concern that issuing agencies are *complicit* in a practice that undermines the goal of equitable access to medical care both domestically and abroad.² By providing a means of opting out of the national health care system, medical tourism offers a second tier of care abroad for those who can afford it and may increase pressure toward privatization within Canada [3]. There is the implicit risk that an issuing agency will be seen as endorsing the practice of purchasing medically necessary private care abroad, which is something that goes against the Canada Health Act, which states that health care should be accessible to all. Whereas the intention of agencies may be to make an existing practice safer, the public may internalize the message that medical tourism is an ethically acceptable practice that can be engaged in with few risks. Therefore, public health agencies are left with a dilemma: Should they

1 That is, strategies aimed at reducing the risk of harm to medical tourism participants and stakeholders. These interventions are common in response to drug abuse, including safe injection sites.

2 These agencies may be concerned in particular if the services being used by medical tourists are not widely available to the host country population or the treatments sought are not priorities for the host population.

take action to reduce the health and safety risks of engaging in medical tourism, or focus on sending a message that medical tourism is potentially an unsafe practice that undermines health equity?

Responses to this case may depend on the type of medical tourism being engaged in by Canadians. Some forms of medical tourism are seen as being especially morally problematic. These include travel for organ transplantation where the organs are purchased in the destination country from vulnerable populations, and travel for reproductive treatments that involve paid surrogacy or the purchase of human gametes [7,8]. On the other hand, some forms of medical treatment will seem less ethically problematic from the standpoint of condoning privatisation. As dental care and reproductive treatments not involving purchased reproductive tissues are already largely privatised in Canada, guidelines for seeking these treatments overseas would not necessarily undermine the public health care system as it now exists. Treatments paid for and available within Canada's public Medicare system are likely to be the cases where the conflict in ethical values is greatest.

Questions

1. Can guidelines be crafted in a way that avoids complicity with the practice of medical tourism by Canadian patients?
 - If so, what are the ethical and practical benefits of this guideline raising public awareness and visibility of medical tourism?
 - If so, what venues should be sought to host this guideline in order for it to not be interpreted as an endorsement of the practice?
 - If not, what are other means by which patients can become informed about medical tourism and its potential risks and benefits?
2. If a guideline for patients does not explicitly speak against involvement in medical tourism, should it also raise awareness about who holds responsibility for the harms and benefits created by this practice?
 - If so, which stakeholder groups hold responsibility in causing and mitigating harms and benefits?
 - If so, how can this information be conveyed to potential medical tourists in a way that enables an understanding of their own ethical and practical responsibilities in medical tourism should they choose to go abroad?
 - If not, what are other means by which patients can become informed about their own and others' practical and ethical responsibilities in medical tourism?
3. What ethical values should be drawn upon by the developing agency when deciding whether to create guidelines for Canadian patients thinking about engaging in medical tourism?
 - How should these ethical values be determined? And must they be in keeping with the ethical values espoused by the agency that develops the guidelines?
 - Are values focused on individuals relevant as well, including autonomy and confidentiality?
 - Is there potential for ethical values to conflict with one another if the pursuit of treatment abroad by individuals threatens health equity?
4. What ethical values should patients draw upon when interpreting these guidelines?
 - In what ways should their interpretation differ based upon the procedure they are thinking about obtaining abroad?
 - Is there potential for patients' own ethical values to conflict with the ethical values espoused by the guideline?
 - In general, how much responsibility do patients have to inform themselves about the effects of medical tourism and why?

5. How can guidelines help to ensure that patient confidentiality is protected during the exchange of patient records?
 - In what ways might enabling patient confidentiality conflict with the need for the industry to share patient flow numbers and other details in order to ensure adequate public health responses in patients' home countries?
 - What stakeholders hold responsibility in ensuring patient confidentiality in this globalized health service practice?
 - How can the potential for conflict between a patient's expectations of confidentiality, confidentiality legislation in the destination country, and confidentiality legislation in the home country be resolved?
6. Guidelines may recommend the translation of medical records into other languages prior to and following travel abroad for care.
 - Who holds responsibility for paying for this translation?
 - What confidentiality risks are posed in this particular recommendation? How can they be minimized?
 - Recommending the translation of medical records implicitly implies that patients will be able to gain access to their medical records at home and abroad. What are the ethical and practical barriers they may face in achieving this?

List of References

1. Johnston, R., V.A. Crooks, J. Snyder, P. Kingsbury (2010) What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health* 9:24.
2. Crooks VA, Kingsbury P, Snyder J, Johnston R. (2010) [What is known about the patient's experience of medical tourism? A scoping review](#). *BMC Health Services Research* 10:266.
3. Snyder, J., V.A. Crooks, R. Johnston, P. Kingsbury (2011) [What do we know about Canadian involvement in medical tourism? A scoping review](#). *Open Medicine* 5(3): 139-148.
4. Johnston, R., V.A. Crooks, K. Adams, J. Snyder, P. Kingsbury (2011) [An industry perspective on Canadian patients' involvement in medical tourism: Implications for public health](#). *BMC Public Health* 11:416.
5. Crooks, V.A. and J. Snyder (2011) What Canadian Family Physicians Need to Know About Medical Tourism. *Canadian Family Physician* 57(5): 527-529.
6. Public Health Agency of Canada (2011) [Receiving Medical Care in Other Countries](#) (accessed September 25, 2011)
7. Turner, L. (2008). ['Medical tourism' initiatives should exclude commercial organ transplantation](#). *Journal of the Royal Society of Medicine* 101(8): 391-394.
8. Palattiyil, G., E. Blyth, D. Sidhva, G. Balakrishnan. (2010) Globalization and cross-border reproductive services: Ethical implications of surrogacy in India for social work. *International Social Work* 53(5): 686-700.