Whether Americans are flocking overseas for medical care remains a question. One estimate put the number at 150,000 in 2006,1 jumping to 750,000 in 2007.2 Nevertheless, the popular press continues to devote articles to this phenomenon that may very well be creating the market.

The Lure

The lure of medical tourism for patients is the ability to obtain services for relatively cheap cost, which can help uninsured and underinsured Americans gain access to care; allow richer patients to get services quicker; or enable private health plans to arrange “bargain care” elsewhere for their insured patients. This has fostered a thriving industry in some countries, and the lay press has found such outsourcing a source for attractive stories—“recovering from a medical procedure while lying on a palm-swept beach, relaxing by the hotel pool, or shopping for terrific bargains sounds good.”3

Just a few years ago, medical tourism was depicted as care associated with an exotic vacation or with an attendant spa recovery postsurgery. Yet escalating medical costs began to make the travel portion seem reasonable for those who were denied access at home. Travel sections of newspapers featured pleased uninsured working and poorer patients who received a much-needed operation at a mere fraction of the US cost. Major publications (eg, New York Times, Los Angeles Times), generally in states bordering the Pacific Rim and Latin America, published stories accompanied by advertisements for touring agencies, and thus began the fledgling middleman industry that generated attention to medicine overseas.

The Los Angeles Times ran articles first examining medical tourism, later denoting its growth, and then marking it as a trend. Articles appeared in Arkansas, Tennessee, Washington, and other states removed from the nonstop airplane routes, as the public gradually became acquainted with travel for healthcare. Fox, CNN, and CBS’s “60 Minutes” ran segments on people traveling for services. Forbes and the Wall Street Journal focused on the business aspects of the phenomenon, as middlemen aggressively marketed it to consumers, employers, and insurers.

“Hot destinations” came into the spotlight—Singapore, India, Thailand, Mexico, Costa Rica, China, and more. And the base broadened. Europeans opting out of their national health systems, along with wealthy clientele from the Middle East and other regions, were identified as medical tourists. The Internet further facilitated clever marketing campaigns by private providers seeking to service the burgeoning international market.

Cheaper care for dental services, cosmetic interventions, and specialty pharmacy began to be proffered in travel packages to lure patients to providers who arranged “customer care” in luxurious hotels, touting huge savings for “quality care.” Inroads into “bargain surgery” in modern facilities with advanced equipment were made. Lower-cost facelifts, hormone therapy, and the like now appeal to “aging cohorts” in the developed world.

Many of the private hospitals across Asia have English-speaking and American-trained staff, who now can deliver organ and bone marrow transplants, orthopedic, oncology, cardiovascular, and more hi-tech and complex care. In 2007, Forbes’s article “Open-Heart Surgery—90% off!” highlighted the differences in cost and quality of care between the United States and other countries.4

Thus, the media caught the fancy of comparative costs as a way to promote access to affordable healthcare for Americans, including small businesses. The Financial Times and San Francisco Chronicle covered the 2008 Deloitte study, which found that almost 40% of Americans would travel abroad for care, provided that quality appeared comparable with that in the United States.5 People with private insurance were more likely to consider traveling.

In the medical literature, a discussion amongst payers and providers has begun concerning medical tourism. A 2006 New England Journal of Medicine article warned that “American physicians who are concerned about the growth of this phenomenon have two

Dr Salmon is Professor of Health Policy and Administration, School of Public Health, University of Illinois at Chicago, IL.
choices: they can denounce and attempt to restrict it, or they can lead and more actively support efforts by others to speed the discovery and uptake of more efficient domestic healthcare delivery methods."

Policy Concerns

Doubts about patient care quality abroad and potential safety issues emerged in the popular press before the professional literature. Can quality be assured? What about complications when returning home? Will follow-up care at home be available? What is the legal recourse in nations without malpractice laws or "a culture" of suing doctors? A series of cautions is clearly needed for an unregulated medical tourism industry.

As the hubs for foreign care are investigated, assurances on such concerns are hard to come by. The US-based Joint Commission International accredits more than 140 hospitals overseas, with a doubling of that number projected in 2 years. But this is by no means a complete safeguard to a botched surgery. Location analyses of provider destinations are necessary, along with specific reviews of providers, the host of entrepreneurial middlemen making travel arrangements, and even the motives and diligence of new US insurers and employers who are looking for potential savings from sending their insured members overseas.

AlterNet raises a concern that medical tourism may pose competition to the US healthcare system: "The problem with turning to medical tourism as an answer to healthcare problems goes beyond personal stories and into the realm of hard policy. There are lots of stakeholders that are eager to trump up medical tourism as a silver bullet for healthcare costs....[Some suggest that] since insurers and employers can pay less to cover procedures, the US healthcare system will benefit greatly from medical tourism."

It will be interesting to see how US payers respond to all this. And how the US government and others react to this emerging phenomenon will be critical. Tourism is a trade that is under World Trade Organization consideration. Siphoning off the wealthy to posh concierge care in private health systems overseas and leaving a subpar public sector for the poorer masses pose ethical dilemmas. At a time of rising global epidemics, for developing nations to neglect regulatory directions to preserve and protect their public health is a concern.

The lay press' attention to medical tourism has helped to create a new market, spurring entrepreneurial enterprises stateside to facilitate it, as well as setting up a host of private providers overseas to capitalize on this nascent trend. This phenomenon has also provoked issues that force us to reflect on the impact of globalization at home and abroad.

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