**Medical Tourism Introduction**

People have traveled for cures in distant lands for millennia, so medical tourism is an ancient phenomenon. However, the twenty-first century version represents a far more significant trend because it is globalizing health care in general, repeating the globalization process that has affected countless industries and affected an increasing portion of populations around the world. Most important, the globalization of health care is different because “key forces” make health care abroad available to a large portion of “normal” people, not only small numbers of wealthy. Therefore, it encompasses a rapidly growing collection of medical and health-related procedures. Medical tourism is a key trend that is leading to the globalization of health care.

The globalization of health care affects the lives of numerous "participants" in health care. First, it profoundly affects patients because they can access care that is not available in their home countries, so it can have a life-changing impact on families. It is creating new industries and careers such as medical tourism facilitators. In the U.S., there is no national health system, so most people have private insurance provided by their employers as an employment benefit. Medical tourism therefore affects U.S. employers and insurance companies, some of whom are in the process of evolving their health plans. Finally, medical tourism affects providers in high cost "home" countries because it introduces new competitors, especially for certain types of procedures. In low cost provider countries, medical tourism is enabling vast new industries, often with active participation of governments. When an industry globalizes, it becomes transformed, which affects its participants in different ways.

At a fundamental level, "medical tourism" is defined by patients seeking the care of providers far away, but there are numerous terms that seek to describe the phenomenon, and their nuances are worth noting. For convenience, this study will usually refer to both with the term “medical tourism.” “Medical travel” is a term that is more related to serious health issues; these patients may do some sightseeing, but their trip is much more about improving their health significantly. It usually does not refer to elective procedures and is sometimes termed “health travel.” “Medical tourism” or “health tourism” usually denotes a patient traveling to a foreign country to seek elective medical care, which is bundled with vacation or leisure activities. Their trip is often about beautification and enjoyment.

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In addition, according to the Deloitte Center for Health Solutions, Medical Tourism is defined into three categories: "Outbound" refers to U.S. patients voyaging to other countries for medical procedures. "Inbound" means foreign patients' voyaging to the U.S. for medical care. "Intrabound" refers to U.S. patients traveling to other states within the U.S. for medical care.

**Key Forces of Globalization**

To appreciate medical tourism and the globalization of health care, it is necessary to observe that virtually every industry is undergoing globalization due to digitizing communications, inexpensive international travel and liberalization of finance. Standardized information technology in the form of the Internet, mobile phones, free Web browsers and social networks means that more people are online sharing information about an expanding spectrum of their lives. Standardized information technology enables more businesses to offer information about their products and services in forms that other people can recognize, understand and use. This inexpensive communication technologies are creating global markets and collaboration among people located around the world.

In addition, falling prices of air travel mean that it is increasingly fast, convenient and relatively less expensive to travel globally than ever before. Liberalization of financial services enables people to pay for goods around the world much more easily than ever before. The key forces increasingly make “global” common for an increasing portion of all populations of people. Because the forces affect exchange of information and communication, they affect almost all human activity, including health care.

**Business Drivers of Medical Tourism**

The Key Forces of Globalization are relatively constant and increasingly touch all regions of the world. However, there are several other health-related trends that serve to encourage the growth of medical tourism by increasing demand in developed nations. They include demographic trends as well as many aspects of the health care business and practice.

World War II was a global conflict that had a profound affect on the populations on most wealthy countries because all sent soldiers, and many died. The historical human response after wars is to have more offspring. This coincided with the maturing industrial revolution, which created rapid growth in wealth due to manufacturing and new white-collar jobs. Together, these trends produced a global bulge of population growth that is termed “the baby boom.” In 2010, the baby boomers are reaching retirement, which is driving up demand for health care. Many US providers and hospitals are already overwhelmed by the number of patients, and boomers’ increased demand is only beginning. New, offshore hospitals are maneuvering to address some of the demand. A related trend is boomers who retire abroad and do not have access to Medicare.2

The United States of America is the only country in the developed world besides South Africa that does not have a national health care system, and the U.S. system, in which private health insurance is provided by employers, is a poor performer in many measures of cost/benefit. Although U.S. health care pioneers treatments and maintains leadership in many areas, Americans pay more than twice as much on average. This adds tremendous pressure to the

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financing of health care as well as to providers’ difficulty to meeting the increasing demand from baby boomers.

The insurance business in the U.S. is globalizing. In the U.S. private health system, insurance companies serve as the payment middleman between patients and providers. They send many patients to providers, so they extract large “volume discounts” for medical services. Patients pay premiums to insurance companies, which pay providers for medical services. They create “networks” of providers to which they send patients. In this system, it is natural for insurance companies to try to use the disparities of prices for medical procedures to their advantage. They are experimenting with including foreign hospitals and doctors, with their far lower prices, in their provider networks.

Since 2007, most wealthy nations have been affected by a severe and prolonged global recession that is proving to be the world’s worst since the Great Depression of the 1930s. In the U.S., persistent unemployment hovering around ten percent has increased the uninsured or underinsured, and historically fifty percent of personal bankruptcies are caused by health care costs. Prices for medical procedures have grown at double-digit rates for many years. Patients suffering from medical ailments search for more affordable medical care.

Health care is a service industry, so health professionals account for a large part of health costs. “Emerging” nations such as India, Singapore, Thailand, Costa Rica, Mexico and others have far lower costs of living, so their wages are far lower than those in western countries. Moreover, they increasingly have modern facilities along with U.S.- or Europe-educated medical professionals who can offer medical procedures for less than half the price in western countries. As the recession continues to destabilize people financially, the relevance of medical tourism increases.

Waiting times in many western countries, especially those with national health care, are often very long for elective surgeries such as hip replacements, and waiting is minimal and costs are minimal abroad. In addition, patients waiting for transplants search for places where they will be matched with organs quickly. Medical tourist destinations typically have shorter waiting periods for appointments and organ transfers. The affordability coupled with the efficiency and timeliness helps attract patients from the U.S. and the U.K. to India, Thailand, South Africa, Mexico, Singapore, Hungry, China, and Costa Rica.

In the U.S., health care has become a business. It has largely lost the element of personal caring and connection between doctors and patients. Many patients feel that surgeons in the U.S. are not reachable, and pioneers who receive top treatment centers abroad share their experiences of personal service and feeling of connection with their doctors and nurses. Patients prefer to have a Taiwanese, Indian or Singaporean doctor whom they can contact with any questions. Combined with this, most developed nations have large immigrant populations who are predisposed to return to their countries of origin for health care.

The growth of digital social networking sites enables patients to share their stories with each other around the world, for free. Before social networking sites, it was not very easy for pioneers to share their experiences with other people who have similar problems. For example, if an aging carpenter goes to India for a Birmingham hip resurfacing procedure, and it is a very effective

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3 Health in a Suitcase, Times Online, accessed May 30, 2010, http://www.timesonline.co.uk/tol/travel/holiday_type/spas_and_lifestyle/article678124.ece?token=null&offset=0&page=1
procedure, only a small group of family and friends will hear about it, and very few of them would ever need a similar procedure. Now it is possible to find social networks that are frequented by people who have hip problems. When the carpenter shares his story there, now hundreds of people with the same problem hear about it and consider it. The same is true for negative experiences.

People in wealthy nations are increasingly bombarded with media images, and this is homogenizing national ideals for physical appearance. In the U.S., the majority of high school students have braces, for example. Everyone must have perfect teeth; it is the new standard. People not only want to look like people on television or movies: advances in cosmetic surgery make it possible for middle class people to afford cosmetic or reconstructive procedures, so it is becoming increasingly common. “Mommy jobs” are talked about constantly on mommy blogs. A mommy job usually refers to a package that includes lifting the breasts, a tummy tuck and liposuction on the hips. The costs of these procedures in Asia or South America are often one fifth or less than in the U.S. They are rarely covered by insurance in Europe or the U.S. Such elective surgeries are the prime driver of medical tourism.

Accreditation via global standards bodies is growing and normalizing definitions of quality around the world, which encourages patients to seek care from accredited providers irrespective of location. For example, in the U.S., hospitals have a de facto requirement to be evaluated periodically by the Joint Commission (JCAHO), which launched its international division in 1997 (JCI). Now U.S. patients know that JCI-rated hospitals in Thailand, India, Costa Rica or South Africa adhere to the same rigorous standards as U.S. hospitals. This diminishes the risk of seeking care abroad. Moreover, such hospitals must invest extensive time and money to achieve accreditation, so when procedures go wrong, they are highly motivated to protect their reputations. This also means screening the physicians that have privileges at their hospitals and being committed to continuous improvement. In addition to JCI, other international accreditation bodies are: Trent Accreditation (UK), Australian Council for Health care Standards International, Accreditation Canada. Moreover, each country may have its own accreditation scheme, although countries wishing to promote themselves as medical tourism destinations use international accreditation rather than developing their own.

When combined with Key Forces of Globalization, these health care drivers in the U.S., which is still the largest focus of economic demand in the world, are supporting the growth of medical tourism. However, all historical changes encounter resistance in the form of challenges, and medical tourism is no exception. The growth of medical tourism will persist as long as the key forces and health care drivers are stronger than the challenges.

**Challenges to Medical Tourism**

With all its promise, medical tourism faces significant challenges to its growth: legal discrepancies and recourse for malpractice, ethical issues, lack of standards, health dangers and

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complicated follow-up care are some if the main ones.\(^5\) In addition, inferior providers or outright fraud can result in disaster.\(^6\)

Legal issues are especially important for patients from the United States, which has the most litigious health care system in the world. Americans are accustomed to suing people and companies when they perceive that they have been wronged. However, if something goes wrong with a procedure abroad, most countries offer very little legal recourse. Each country has a very different legal system, so patients can seek legal recourse in the country in which they are treated, but this is much different from the American system. The timeliness of the court system is far slower in most cases and, even if a tourist were to win a trial (it can take ten years or more), the concept of awards of damages is vastly different. This is a major risk of medical tourism.

The protective laws in a patient’s home country are rarely enforceable in other nations, so in practice, patients who receive poor or damaging medical treatment usually have no legal recourse. Malpractice and negligence by either the individual doctor or the institution are very rarely covered under medical tourism contracts, leaving patients to fend for themselves. In connection to legal risks, health facilities treating medical tourists may lack an adequate complaint policy to deal appropriately and fairly with complaints made by dissatisfied patients.

Medical tourism may introduce ethical issues in provider countries. 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 embedded in the health care system. In Thailand, it was stated that, “Doctors in Thailand have become so busy with foreigners that Thai patients are having trouble getting care.” Medical tourism that is focused on new technologies, such as stem cell treatments, is often criticized on grounds of fraud, blatant lack of scientific rationale and patient safety. It is often difficult to differentiate between acceptable medical innovation and unacceptable patient exploitation, when pioneering advanced technologies or “unproven” therapies with patients outside of regular clinical trials. Medical tourism can also raise major ethical issues involving the illegal purchase of organs and tissues for transplantation, which has been alleged in India and China.

Choosing to have medical treatment abroad necessarily means having less information about the proposed provider, which increases the importance of accreditation, evidence-based medicine and quality assurance of the quality of the medical provider. However, it can be difficult to check the qualifications of the doctors, anesthesiologists and other specialized staff at medical facilities that are privately owned and operated.

Medical tourism also carries some health risks that locally provided medical care does not. Some countries, such as India, Malaysia, or Thailand have very different infectious disease-related epidemiology to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically with respect to gastrointestinal diseases (e.g. Hepatitis A, amoebic dysentery, paratyphoid) as well as mosquito-transmitted diseases, influenza, and tuberculosis. Local diseases could significantly weaken progress or introduce complications. In addition, travelers will be out of their element both during and after the procedure, potentially adding stress to the situation.


Depending on the extent of the surgery, traveling soon after an operation can increase the potential for complications. Long air flights increase the chance of swelling, blood clots and infection. Long flights and decreased mobility in a cramped airline cabin are a known risk factor for developing blood clots in the legs such as venous thrombosis or pulmonary embolus economy class syndrome.

Aftercare can be a significant risk to certain types of procedures from which patients require considerable time to recuperate, and it can be lengthened significantly in case of procedures gone wrong. Once the patient returns home, s/he is far from the provider of the treatment, and physicians in the home country may have a "hands off" attitude, especially when they fear malpractice. Medical accountability is confused in the case of medical tourism. To compound matters, many medical tourism packages provide very little, if any, follow-up care after treatment. The importance of aftercare varies significantly with the procedure. For example, recovery time is usually short for dental work, even when the procedure is relatively invasive. Outpatients can therefore travel, receive dental work and then spend the remainder of their time enjoying a vacation.

Lastly, as with all globalization, medical tourism depends on several industries and conditions, which may fail. The 2002 outbreak of SARS caused international business worldwide to shrink significantly because travel entailed significant risk. The September 11, 2001 attack had a similar impact on international travel. Medical tourism also depends heavily on rapid, inexpensive air travel, which depends on reasonably priced fuel. Unlike other types of international business, medical tourism requires travel: a doctor cannot operate unless the patient is in the room.

**United States Health Care Cost and Performance**

The United States is renowned for its high standards of health care—and for having the most expensive system in the world. When considering the prospect of global growth in medical tourism, the U.S. will have a major impact on the industry’s growth; therefore, understanding some of the major forces at work that increase or decrease the likelihood of the growth of U.S. acceptance of medical tourism is vital.

In 2010, the U.S. has been engaged in a prolonged political debate about the health care system, and President Obama and the Democratic Congress passed a major health care reform bill, but the country is very divided on health care. Americans increasingly realize that the U.S. health care system performs poorly from a cost/benefit perspective, which can be seen by comparing to other countries’ health systems.

The table below illustrates that Americans spend $7,300 per capita for health care every year, and the U.S. average life expectancy is 78 years old. The U.K. spends $2,992 per capita for an average life expectancy of 79.2 years old. Mexico spends $823 per capita, and Mexicans have an average life expectancy of 75.2 years old. South Korea is another emerging medical tourism destination that performs well: $1,688 per capita for an 80-year average life expectancy. This chart is a strong indication that cost/performance pressure is high in the U.S. and will probably lead to more demand for medical tourism.

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Health Care Worldwide: Per Capita Cost and Average Life Expectancy

Dollar figures reflect all public and private spending on care from doctor visits to hospital infrastructure. Data are from 2007 or the most recent year available.

Graph: Oliver Ubertini, NS Staff, Source: "OECD Health Data 2006", Organisation for Economic Co-operation and Development

Participants

Medical Tourism Providers

Health care providers supply medical services to patients, so they are essential players in the medical tourism trend. In most cases, hospital groups form “international divisions,” which specialize in treating an international clientele, and many affiliate with prestigious global medical groups such as Harvard Medical School and Mayo Clinic. They recruit physicians who have often been educated and trained in western medical schools and hospitals. They design facilities to appeal to the expectations of international patients. Providers may be government owned or private enterprises, but their growth always depends on government involvement.

The provider market gets more competitive every year, as governments fund investment in their medical capacity. Economists have long predicted that rich countries’ aging populations would strain demand on their health systems, and lower costs in provider countries offer a critical extra incentive. They all want to profit from these trends.

There are leading medical tourism providers on every continent. One example is Apollo Hospitals in India,10 which is the largest private medical provider in Asia and the third largest in the world. It has 60 departments and over 1,000 beds in hospitals in India, Sri Lanka, Bangladesh, Ghana, Nigeria, Qatar, Mauritius and Kuwait. The Chennai hospital was one of the first in Asia to earn JCI accreditation. It is also ISO 9002 and 14001 certified. It has won numerous awards. Physicians have pioneered many procedures, having performed the first Total Knee Replacement surgery as well as Birmingham Hip Resurfacing, Liver Transplant, Coronary Angioplasty, and Radio surgeries in India. Its Cardiology and Cardiothoracic Surgery Center has performed 27,000 open-heart surgeries with a success rate of 99.6%.

Bumrungrad International Hospital in Bangkok, Thailand11 is a poster child for the globalization of health care because it is so successful. It is regularly cited by reporters as a representative medical tourism site. It features 554 beds, 33 specialty centers and over 1,000 doctors. A large portion of its physicians was trained in the U.K. or the U.S. Many are board certified in the U.S., the U.K., Germany, Japan or Australia. 210 are board certified in the U.S. Bumrungrad treats 1.2 million patients per year, and conducts business in 26 languages.

Mount Elizabeth Hospital in Singapore12 is another medical tourism pioneer. Opened in 1979, it was the first hospital in Asia to earn JCI accreditation and ISO 2000 accreditation. It is known for cardiology, cancer treatment, and neuroscience and for minimally invasive surgeries (important in medical tourism since it shortens recovery time). Today it is owned by the U.S. medical corporation, Parkway Holdings, which has hospitals in Singapore, India, United Arab Emirates, Malaysia, Brunei and China.

Hospital Clinica Biblica in Costa Rica13 is the first hospital in Central America to earn JCI accreditation. It is affiliated with several U.S. medical centers, including Ochsner Medical.

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Institutions and Mount Sinai, Florida and Tulane Medical Center, New Orleans. Although private, Hospital Clinica Biblica is not for profit. It has more than 200 physicians on staff and is expanding rapidly due to medical tourism. Today it has 65 beds, and 80 are under construction. It specializes in plastic surgery, orthopedics, dentistry, bariatric surgery, ophthalmology and dermatology.

These examples show that leading medical tourism providers combine several strengths: dedicated international departments that understand the needs of international patients. Physicians that are trained and certified in the home countries of the medical tourists (U.S. patients will be drawn to hospitals with U.S.-trained doctors). International accreditation to ensure standards for quality of care. Large modern facilities feature the most modern equipment and technology. Most broaden their appeal by offering appropriate tourism options through the international division.

However, the above examples only show one side of how the globalization of health care is affecting providers. Another dimension is the international expansion of recognized "Academic Health Centers" (AHCs) such as Harvard Medical International, Mayo Clinic, Johns Hopkins and Cleveland Clinic. These renowned institutions are expanding their presences in countries with favorable medical travel infrastructures. Their professors are researching how medical tourism will affect the practice of medicine. This shows that medical tourism provides opportunities for many types of participants in health care; it is not only about low-cost country emergent competition for patients in rich countries.

As detailed in Involvement Abroad of U.S. Academic Health Centers and Major Teaching Hospitals: The Developing Landscape, leading AHCs typically follow a four-stage process when expanding abroad. Although they had long had collegial relationships with other leading medical centers, September 11, 2001 served as a catalyst to increase their activities abroad. Due to security reasons, an important portion of their international clientele was curtailed, increasing the attractiveness of international expansion.

These institutions begin international expansion by advising foreign medical schools and health centers and offering training. In certain cases, their involvement deepens when they begin offering consulting and advisory services to stage one clients. In the third stage, they offer management services, and the last stage is their ownership and direct delivery of patient care, education or research. The authors identified a small group that had been in stages three and four for several years: Cleveland Clinic, Duke University School of Medicine, Harvard Medical International, Johns Hopkins International, University of Pittsburgh Medical Center, University of Texas-M.D. Anderson Cancer Center and Weill Cornell Medical College. Other leading AHCs that were in earlier stages included: Jackson Memorial Hospital, Mayo Clinic, Memorial Sloan-Kettering Cancer Center and New York Presbyterian Hospital.

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U.S. Employers and Health Insurance Companies

In the U.S., since most people are covered under their employers’ insurance programs, employers’ attitudes toward medical tourism have a significant impact on its increase or decrease in popularity. In Europe, each country has national health care, so the state itself provides medical services. Medical tourism in Europe exists for procedures that are not covered by national health care such as plastic surgery and other elective procedures. Therefore, U.S. employers, which are facing increasing pressure to contain health care costs, may be more accepting of the concept of medical tourism.\(^{17}\) More than 150,000 North Americans and Europeans seek medical treatment overseas year after year. Small businesses, which have struggled the most to continue their health care plans in the face of spiraling costs, may be especially attracted. Employers are discussing medical tourism in executive communities such as LinkedIn.\(^{18}\)

Medical Tourism has a powerful political dimension in the U.S. because it is associated with moving jobs offshore. Many political constituencies are vehemently opposed to “outsourcing” or “offshoring” because they perceive it as a threat to “American jobs.” In addition, most Americans have never left the country, and most do not have passports. The idea of foreign travel, especially for medical care, would be upsetting for many people.

Several companies are experimenting with offering medical tourism options to their employees, even providing cash bonuses in many cases.\(^{19}\) These companies have often been squeezed by escalating costs and have begun to introduce medical tourism as a partial way to contain costs while maintaining health coverage. They are introducing it carefully to avoid angering or upsetting their employees. It is important to explain what the concept is and to have a few employees try it, so they can share their experiences. Finally, employers do not force employees to go offshore, but they usually offer cost incentives.

Hannaford is one such company. It introduced Singapore General Hospital as an option for hip replacement surgery to its 9,000 employees. The company pays business class plane travel for the patient and a significant other. Unlike local care, there are no copay or out of pocket expenses, and it shares the savings with the employee, up to $10,000, a limit that is imposed by the IRS. Global Choice Healthcare is another company that specializes in creating plans for self-insured employers.\(^{20}\)

IndUShealth is a facilitator that arranges health care programs for employers. They target “self-funded” employers, which assume the risk of the insurance because they collect the premium and pay for the services, often outsourcing the administration itself. IndUShealth clients are conducting pilots that introduce medical tourism as an option. They also share cost savings with

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employees. It is important to be open and honest with employees and to not remove their local care options. In some cases, offering medical tourism threatens their local providers and enables the company to drive down local fees.

Hi-Co added Wockhardt Hospitals in India to its network, and initial patients are happy with the results, and the savings.

Companion Global Health care is a subsidiary of BlueCross BlueShield of South Carolina that facilitates medical tourism in many countries, using its large network. All 12,000 employees of BlueCross have the option of using medical tourism. Three of their business clients have modified their plans to offer medical tourism options. One client has 5,000 employees.

Doctors Care is a client of Companion Global Health care that now allows its employees to use medical tourism for five procedures at 40 locations around the world. They waive the deductible and may pay travel expenses.

Blue Ridge Paper Products is a self-insured company that had planned to send an employee to India for surgery—until its employees found out about it and protested through their congressmen. Employees of the union shop felt too threatened to allow medical tourism, and Blue Ridge had to reverse its plans.

Blue Shield of California and Health Net offer treatment in Baja California for Southern California members of their plans. Called “Salud con Health Net,” the plans extend significant discounts to employees when they go south of the border for medical care.

United Group Programs Inc., a Florida health insurer, added Bumrungrad Hospital to its network of preferred providers in 2006, saving eighty percent on average on medical costs.22

These examples show that companies and employees, the people who pay for health care, are beginning to incorporate medical tourism into employee benefits. If these early programs are successful with providing comparable quality at sharply reduced costs, they will grow. Notably, insurance companies have a double incentive to experiment: they would like to save on costs themselves and they want to become better informed so they can offer new services to their clients (employers). Medical tourism can offer a “win-win” to employers and employees.

In another significant development in the globalization of health care, leading U.S. insurance companies and leading medical providers abroad have initiated pilots in which U.S. patients may select medical tourism for "in network" care.23 These pilots institutionalize medical tourism in California, Florida, South Carolina and Wisconsin. This development shows that medical tourism is not only practiced by individuals and providers, but also business and major insurance companies, which adds to the possibility that it will continue to grow. It adds to the trend of the globalization of health care. Other insurance companies offer medical tourism insurance to consumers.24

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Government is also attempting to introduce medical tourism, but conservative political groups have successfully thwarted several initiatives. West Virginia and Colorado introduced bills to offer employers in their states financial incentives if they offered medical tourism to employees, but neither bill passed.25

**Medical Tourism Facilitators**

Medical tourism facilitators or “operators” play a critical role in the growth of medical tourism because they can remove some of the uncertainty between providers and patients. This is an emerging field, and facilitators are neither regulated nor standardized, so there is considerable variety in what services they provide and how they provide them. Some facilitators have been organized specifically as medical tourism businesses, but many have origins as travel agencies and hotel groups that have added health care to traditional tourist packages.

Medical tourism facilitators make the connection between the patient and the provider, and they increasingly use popular social networks like Facebook.26 In some cases, they use a very hands-on approach to bridge cultural and linguistic gaps. Some of the services they often provide are: patient intake, assessment, provider selection, medical and enabling services selection and follow-up. Their websites range from quite medical and conservative27 to more promotional and tourist-oriented.28 They often specialize in certain procedures in particular countries, i.e. Plastic Surgery in Brazil,29 Affordable Cosmetic Surgery Prices Colombia30 or MedRetreat,31 even though this might not be obvious (see Kosansh,32 Healthbase33)

Patient intake—facilitators answer patients’ questions about whether medical tourism might be an optimal choice for the patient’s goals. Then they will let the patient know what information is required to assess the case. Based on this, the facilitator will suggest some potential provider sites.

Assessment—facilitators relay the health information to providers so that they can assess the case and recommend procedures. In some cases, the facilitator “hands off” the patient to the provider, so they communicate directly; in other cases, the facilitator is actively involved during the assessment phase.

Provider selection—the facilitator will help the patient decide what provider to choose. Some facilitators have extensive experience with former clients and can add considerable value because they know some of the surprises that can emerge. They have helped dozens or hundreds of people and develop a “sixth sense” for the patient and his/her significant others, who often accompany the patient.

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25 Ibid, pp. 6
Package and contract—the facilitator will structure the understanding between patient and provider into a package that usually includes a contract with the provider, travel arrangements and all trip details.

Follow-up—maintaining discreet and considerate contact with the patient is key to providing good client service, but this varies considerably among facilitators.

Facilitators function as brokers and can truly increase demand for providers by bringing them patients they would otherwise not have. They bring a supply of global medical care facilities to patients who otherwise would not know how to find or contact them. They increasingly self-organize in medical tourism social networks and communities. However, as brokers, facilitators are not absolutely necessary.

Most major providers market themselves directly to patients via their own representatives and websites. Finding the best provider for a knee replacement, whether the provider is in Singapore or Kentucky, is a similar process. If a patient goes abroad, there is more uncertainty in certain areas (travel, legal, quality), but still the patient must access and decide which provider will be best. Large international medical groups have their own outreach teams in target countries. These representatives function like facilitators, except they work with one medical group or network. They create relationships with insurance companies and medical groups in the target country to educate them about their services and the appropriateness for certain cases.

**Medical Tourism Patients**

People are drawn to take the extra risk of seeking treatments abroad for many reasons, but by studying medical tourism patients, it is possible to recognize several patterns. As of 2010, the greatest number of medical tourism patients by far travel for elective procedures such as cosmetic surgery. In this case, traveling offers a significant additional benefit of “coming back a new person.” Facelifts are painful and scary to look at right after the procedure is done, and isolating oneself at home for weeks is frustrating. Of course, cost differentials abroad are another key aspect of medical tourism. Dental cosmetic surgery or other procedures fall into this category.

Another significant pattern is patients who undergo duodenal switch to treat obesity. Such patients lose one half of their body weight and have vast folds of stretched out skin and muscle. This is a growing trend in rich countries, especially the U.S., and U.S. cosmetic surgeons have little experience because it is very expensive and few patients can afford it. Often insurance covers the duodenal switch, but it will not cover reconstructive surgery. One practice that specializes in this clientele is Vitoria Physicians Group in Brazil. They conduct hundreds of such procedures per year, and costs are affordable by many middle class families. This is significant: because costs are lower, such physicians have more patients and can be more highly skilled than home country physicians.

Another important category is ultra-high-cost surgeries for uninsured or underinsured U.S. citizens. They require very expensive heart surgeries to correct chronic conditions. They are responsible people who plan, learn about costs and cannot afford the procedures. Since the procedure (replacing a failing heart value) is chronic, they cannot just go to the emergency room. In these cases, medical tourism can fill the gap. By going to accredited hospitals and well-known

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surgeons, such patients can get the care they need at a price they can afford. This category has the most potential to impact U.S. health care because it introduces competition for highly specialized U.S. surgeons. However, this category will probably be impacted by the 2010 U.S. health care reforms, if they actually materialize.

A specialist group of patients wants treatments unavailable at home. One highly discussed treatment is the Birmingham hip resurfacing procedure, which is not yet approved in most of the U.S. but is very popular in India. It enables people with defective or worn hipbones to avoid having an artificial hip because it “resurfaces” the hip socket. Physicians in India are becoming well known for their successes in this area, and at costs that are far lower than hip replacements in the U.S.

For example, Howard Grace had an ailing heart that had been getting worse for years. He was diagnosed with mitral valve prolapse and regurgitation, and the family did not have insurance. The hospital worked up a $200,000 USD estimate and would not negotiate. This was out of the question for the family, who then looked into alternatives. They ended up going to India and having the procedure done for about a tenth of that figure. However, they chose India through a personal connection, and they did not select an accredited hospital, so they had some issues, even though everything resolved in the end.

Genevieve Cairn lost 420 pounds and was mass of swaying skin. Her U.S. plastic surgeon did not want to treat her excess skin, so she was forced to investigate alternatives. She found Vitoria Physicians Group, which specializes in reconstructing formerly obese patients. Her testimonial details how she feels about her new body. Costs in Brazil are significantly lower than in the U.S., and the expertise level is high.

Bob Svetlik has a floor sanding business that is physically demanding. He had developed hip problems and was told by his Wisconsin physician that he would have to have his hip replaced for around $40,000. Afterwards he should expect that he would have limited movement and have it replaced again in a few years, depending on how active he was. He went to Dr. Vijay Bose at Apollo Hospitals, where he had the Birmingham Hip Resurfacing procedure for $11,000. He has no pain and can continue to run his business.

These examples show that medical tourism can be attractive to patients with certain types of problems and goals. If most patients are pleased with their results, and the Internet makes it easier for them to share their experiences, this will increase demand for patients.

In addition, high cost countries such as the U.S. will lose competitiveness in certain procedures because their surgeons will have less experience due to their high cost. Reading patient testimonials, it is obvious that, whether the patient sought cosmetic surgery or a life-saving heart

procedure, they tend to see the results as life-changing, which makes them very eager to talk about their experiences among their friends and acquaintances. This will lead to an increase in demand.

Howard Grace’s story ended well, but his wife’s book describes some of the risks and problems they encountered, so it also serves as a warning to patients. Among patients with long-term problems and frustrations, there may be a tendency to look for a “cure” and to substitute hope for detailed research. Those patients will be more likely to experience problems. Patients can diminish risks the same way they can in the U.S.: by seeking out accredited hospitals and physicians with demonstrated track records.

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Country Reports

Deloitte's *Medical Tourism: Consumers in Search of Value*[^41] is widely cited as a well-researched recent report on medical tourism, and it lists thirteen countries whose efforts to develop their medical infrastructure are remarkable. Medical tourism is inherently very competitive, so each country that competes for the global clientele invests differently by using its unique advantages, which Country Reports shows.

Medical tourism is an emerging industry, and procedural, quality and pricing information about providers in various countries is difficult to find. Much of the information that does exist is available from medical tourism facilitators, which are hardly unbiased sources.

As cost saving is such an important factor in medical tourism, Country Reports include representative procedures and costs in various countries. The best source was Treatment Abroad's 2008 Report, which was compiled by an external research company that compared UK costs for cosmetic surgery, serious medical procedures and dental work to medical tourism sites worldwide.[^42] Each country report closes with the cost comparison tables. Treatment Abroad's study is given first, and price comparisons between United States costs for miscellaneous procedures follows. All costs are given in U.S. dollars. With respect to costs, exchange rates and many other factors impact them as well as variables such as what packages include.

All the variables aside, reliable sources validate the relative scope and scale of cost savings as well as the quality of care, which is broadly reflected by the increasing number of hospitals accredited by JCI and others. Country Reports compiles information from numerous sources and displays it to show the variety of approaches each country takes as well as points in common.

**Country Report: Brazil**

Brazil is the largest country in South America geographically as well as the most populous country in Latin America. With an estimated 186 million residents, it is the fifth most populated country in the world as well as the fifth largest country. It has one of the largest growing health systems in the world.

Brazil’s health system is believed to include 16,000 centers, including hospitals, clinics and local health facilities. All centers are staffed with over 200,000 physicians. Brazil is globally acclaimed for its cosmetic procedures. Although Brazil is primarily known for cosmetic and reconstructive plastic surgery, it built a well developed health system in all areas. A large portion of medical tourists come from the United States. Brazil’s medical packages include bilingual interpreters that accompanies patients to all medical consultations. They serve to answer any questions or confusions between doctors and patients.

[^41]: Medical Tourism: Consumers in Search of Value, Deloitte, accessed May 30, 2010
Brazilians themselves are very fashion conscious, and cosmetic surgery is very common domestically. Therefore, Brazil has a very high competence in cosmetic surgery, so it is one of the fastest growing areas of medical tourism in Brazil. Cosmetic surgery is prevalent.\textsuperscript{43}

However, Brazil lags significantly behind Thailand, India, Singapore, and other Asian nations in mounting a concerted effort to develop an "industry" for medical tourism.\textsuperscript{44} Asian governments are very active in getting various parts of their travel, medical and hospitality industries to cooperate to integrate services into seamless medical tourism. Latin America, with the exception of Mexico and Costa Rica, is less developed.

**Advantages**

Brazil has some of the most practiced cosmetic surgeons in the world, and medical centers are increasingly JCI certified. In recent years, the Brazilian real has been low compared to the U.S. dollar, which lowers the cost of already low-cost procedures.

Much of Brazil is tropical, so it can offer an exotic locale for tourists. It has many tourist destinations that may be viewed by medical tourists between doctor's visits. Such sites include: the Amazonia National Park and the Iguassu Falls. Rio de Janeiro includes many tourist attractions such as shops, restaurants, parks and spas. Brazil's beaches, dance, music and culture are well known around the world, which adds to its appeal as a tourist destination.

**Disadvantages**

The large gap between wealthy and poor Brazilians can be an issue for some medical tourists. Conditions in some areas of large cities can shock western tourists. Along with this, the Brazilian crime rate is quite high, and large slum areas are not safe for tourists to visit. It is important that medical tourists are aware of the risks of traveling and take necessary precautions.

Along with cultural adjustments, tourists, especially from the United States, must be aware of the different laws and abilities to sue. As in most medical tourism contracts, patients must sign a paper in which they forgo the right to sue in case results are unexpected.

\textsuperscript{44} Medical Tourism and Hospitality in Latin America: The Lodging Industry's Latest Nip/Tuck, Hospitalitynet, accessed May 30, 2010
http://www.hospitalitynet.org/news/4043654.search?query=%22medical+tourism%22+brazil+industry+economic+development
Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>Brazil (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>$5,250</td>
<td>$905</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>$7,613</td>
<td>$2,714</td>
</tr>
<tr>
<td>Face lift</td>
<td>$11,813</td>
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<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$1,880</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Brazil (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face lift</td>
<td>$6,000-12,000</td>
<td>$4,370</td>
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<tr>
<td>Breast augmentation</td>
<td>$8,000</td>
<td>$5,370</td>
</tr>
<tr>
<td>Liposuction (abdoman)</td>
<td>$6,000</td>
<td>$3,370</td>
</tr>
</tbody>
</table>

Country Report: Costa Rica

Every year, over two million tourists visit Costa Rica, which is known for its celebration of life. Costa Ricans believe in what they call “pura vida,” which has several translations including: “full of life,” “purified life,” and “this is living.” Since Costa Rica is so frequently visited, it is even equipped with ‘Tourist Police’ that aids tourists with directions and questions. The primary language in Costa Rica is Spanish, although many Costa Ricans speak English, especially those who work in tourist destinations like hotels. In addition, Costa Rica has a stable economy and a high standard of living compared to other Latin American countries. Unlike many other countries, Costa Rica does not have an army.

Costa Rica’s health care system is very progressive, especially in its capital, San José. The level of health care is considered one of the most advanced in Latin America. Some of Costa Rica’s most known procedures are ranked higher than procedures done in the U.S.

Every year, thousands of U.S. travelers come to Costa Rica for cosmetic and dental procedures. Costa Rica provides quality care and procedures at far lower cost than in the United States. By the early 1990s, an estimated 15 percent of all tourists that went to Costa Rica underwent some sort of medical procedure. The number of medical tourists to Costa Rica continues to increase as more Americans search for quality procedures at lower prices.

Costa Rica is primarily known for its high quality cosmetic surgeries and dentistry. More complex procedures include heart, liver, kidney and bone marrow transplants. Most of Costa Rica’s medical tourists reside in the U.S. and Canada.

Advantages

Location—Costa Rica is easily reached from the U.S. and Canada. There are many flights from Costa Rica’s major cities, and Americans and Canadians do not need visas if they are staying for less than 90 days. Costa Rica is pleasing for the ‘tourist’ aspect of medical tourism. One side of Costa Rica has the Pacific Ocean while the other has the Caribbean Sea. It has lovely beaches, green mountains, rainforests, lakes, hot springs, volcanos and rivers, with a variety of plant and exotic wildlife. Costa Rica fulfills all aspects of medical tourism. It has beautiful beaches,

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rainforests and wildlife. It offers quality care and procedures as well as beautiful weather and scenery at very low cost.

Low Cost—There are many cosmetic procedures are offered in Costa Rica that are usually about half the price than prices in the U.S. Procedures include: breast augmentation, liposuction, liposculpture, face lifts, tummy tucks, and reconstructive and reduction surgeries.

Lack of waiting—Unlike the U.S. the waiting time for procedures is much shorter and therefore attractive to patients who are waiting for kidney, liver, heart or bone marrow transplants.

Quality of Care—Costa Rica’s procedures are internationally acclaimed. The World Health Organization has high regards for the level of care in Costa Rica. Many Costa Rican doctors are trained in the U.S. and are known for their precision.

Accreditation—Costa Rican facilities are increasingly accredited. They have advanced surgical equipment and techniques. Costa Rica’s Plastic Surgery Board issues a list of acclaimed and authorized physicians.

Disadvantages

Security—Although there have not been any terrorist attacks in Costa Rica, the violent crimes that have occurred in Costa Rica are thought to be linked to terrorism. In San José, there have been attacks on tourists driving from the airport in rental cars. Tourists are also advised to be aware of all personal items, which should not be left unattended. In addition, it is important that tourists do not exhibit signs of wealth, as they might be targeted. There is a substantial amount of car theft in Costa Rica as well.

Health danger—There are a number of diseases in Costa Rica to which tourists are susceptible. In particular, malaria and dengue fever are common. It is advised that travelers try to protect themselves from bites to reduce their risk of catching mosquito-transmitted diseases.

Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>Costa Rica (USD)</th>
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</thead>
<tbody>
<tr>
<td>Porcelain crown</td>
<td>$998</td>
<td>$359</td>
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<tr>
<td>Full acrylic dentures</td>
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<td>$767</td>
</tr>
<tr>
<td>Face lift</td>
<td>$6,000-12,000</td>
<td>$3,000-4,000</td>
</tr>
<tr>
<td>Dental implants (per tooth)</td>
<td>$800</td>
<td>$400</td>
</tr>
</tbody>
</table>

Country Report: Mexico

Mexico is geographically the fifth-largest country in the Americas and the 14th largest independent nation worldwide. It spans nearly 2 million square kilometers. It has a population of about 111 million, making it the 11th most populous country in the world and the most populous Hispanophone country worldwide. It has become one of the largest growing medical tourism destinations, where many U.S. citizens travel to receive medical
treatment and go vacationing for very low cost. Mexico has many clinics that provide cosmetic procedures, dental care and obesity surgery.46

U.S. citizens, particularly those living in California, Arizona and New Mexico, travel to Mexico for medical treatment, including dentistry and plastic surgery. Mexican dentistry procedures typically charge one-fifth or one-fourth of the price American dentists charge. Other procedures are usually about one-third of the price found in the U.S. Most of the growth in Mexico’s medical tourism industry comes from U.S. patients. Mexico is very attractive to American medical tourists due to its accessibility, low prices, advanced equipment and beautiful vacation resorts.

The most popular procedures in Mexico include: cosmetic surgeries, dental procedures, heart bypass surgery, obesity surgery, cancer treatment, orthopedics and stem cell research.

Medical tourism in Mexico has sparked a strong political backlash from U.S. health care providers due to Mexico’s easy accessibility to Americans near the border, who can often drive to get care. Many American dentists and physicians are concerned that more Americans will travel to Mexico for medical care, thus causing American medical personnel to lose business. This growing trend has unsettled U.S.-based dentists who warn about rampant infections, undetected cases of oral cancer and poor quality work in Mexico. Texas legislators considered allowing health maintenance organizations to operate on both sides of the border. However, south Texas physicians lobbied hard against the changes by arguing that Texas doctors could not compete with the lower costs in Mexico. Many Mexican hospitals located in large cities are just as modern and equipped as hospitals in the U.S. Most doctors in large hospitals in Mexican cities are highly trained and speak English fluently. The best Mexican medical facilities are found in Mexico City, Monterey, Tijana, Ensenada, Cancun and Rosarita.

Advantages

Most Mexican physicians in large hospitals are highly trained professionals who speak English fluently because many trained in the U.S. before returning to Mexico. Mexican hospitals are equipped with technologically advanced equipment, and they offer an assortment of procedures at much lower prices than in the U.S. In addition, many Mexican medical personnel are U.S. board certified.

Location—U.S. patients do not have to travel for long hours to arrive at Mexican medical facilities due to the country’s proximity to the U.S., and the time difference is not very significant. Many of Mexican procedures cost between 30 to 50% of the prices in the U.S. Medicine is also much more affordable in Mexico, including brands such as Pfizer, Roche, and Bristol-Myers. Medicine typically costs 60% less than prices in the U.S.

Quality of Care—Mexico provides state of the art medical institutions and resorts, primarily for cosmetic, dental and obesity surgeries. Many Mexican facilities are comparative to those found in the U.S. and Western Europe. Mexican medical personnel are amiable, reachable, and speak English, which makes their patients feel informed and comfortable.

A report was commissioned by the Families U.S.A., a Washington advocacy organization that stated: “About 90 percent [feel] the care they had received in Mexico had been good or excellent. About 80 percent rated the care they had received in the United States as good or excellent.”

Accreditation—The Joint Commission International accredited Hospital San José for offering well-received treatments for many years and superb patient care. Doctors and nurses are highly trained, well qualified and accredited.

Benefit of traveling—Due to Mexico’s close proximity to the U.S. patients do not run as much of a risk of contracting illnesses induced by long travel. For example, patients that travel for long periods are more likely to develop blood clots, pulmonary edema and infections.

Follow-up care—Many Mexican medical facilities include recovery packages. For example, Hospital Angeles International follows up with patients to verify proper recovery.

**Disadvantages**

Quality—Not all Mexican medical facilities are on par with those found in U.S. Many standard government hospitals do not have enough medical personnel and do not receive enough funding. There are Mexican medical facilities that do not have staff that are fluent in English. It is important that Medical tourists research which medical facilities have bilingual staff and contain modern equipment.

Crime—Medical tourists should be aware of terrorist attacks that occur in Mexico in addition to muggings and robberies, particularly in Mexico City. Most of robberies happen on publican transportation areas, where pickpocketing occurs. Women travelers in particular are advised to be aware of their surroundings as the risk of sexual assault is fairly high.

Legal—Unlike medical facilities in the U.S., it is almost impossible to sue Mexican facilities and physicians for malpractice.

Health dangers—Medical tourists traveling to Mexico should be advised that there is a possibility of contracting malaria and other mosquito-transmitted diseases in remote areas in Mexico. However, the risks are much lower in the Gulf of Mexico and Pacific Ocean resorts. Patients should be cautioned about the risks of contracting dysentery and diarrhea due to impure water and food that has not been properly cooked. In order to avoid this, patients should drink bottled water and well cooked foods.

**Cost Comparisons**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Mexico (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face lift</td>
<td>$5,000-6,000</td>
<td>$2,000-2,500</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>$9,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>Tummy tuck</td>
<td>$6,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Gastric lapband surgery</td>
<td>$25,000</td>
<td>$7,500</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>$40,000</td>
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</tr>
<tr>
<td>Heart bypass surgery</td>
<td>$50,000</td>
<td>$10,000</td>
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</table>
Country Report: Dubai (United Arab Emirates)

Dubai, one of the United Arab Emirates, epitomizes the government-led model of medical tourism because the government has led investment in a completely new globally focused health care economy. Moreover, Dubai is widely considered one of the Middle East’s most attractive tourist destinations for shopping, nightlife and site-seeing. It is the eighth most visited city in the world. Tourism provides a large part of its economy since the emirate has very little oil. It has the world’s largest mall, which attracts shoppers from India, Europe, China and the Middle East. Dubai International Airport is the sixth largest in the world for international travelers.

Although in its early stages, Dubai Health Care City (DHCC) is already developing a global presence. With so little oil, Dubai government leaders realized long ago that its economy had to be built on services, so they became very successful at economic development. Dubai is the most westernized city in the Middle East. The emirate is governed by Islam, but it is more liberal in its interpretations. The government has developed a robust financial services, real estate and tourism economy, and its past success led to its sophisticated approach to medical tourism.

Sheikh Mohammed bin Rashid Al Maktoum is credited with creating the vision for DHCC, a massive complex for delivering medical care, research and education. Therefore, some of its strategic relationships are: Harvard Medical International, Mayo Clinic and Boston University Institute for Dental Research. The complex includes a JCI-accredited medical center, a medical school, a nursing school and a research facility. Under construction is the Wellness Community, which will deliver all aspects of alternative therapies, sports medicine, cosmetic services, spas and luxury hotels. It is classed as a “health care free zone,” which means that providers pay no taxes or customs duties.

As Dubai has extensive experience with real estate developments and malls, it is logical that DHCC would use a similar approach. It provides facilities in which 1,200 professionals practice within eighty different clinics. Some of the types of medical care they address are: cardiology, chiropractic, dentistry, dermatology, ENT, endocrinology, family medicine, gastroenterology, general surgery, immunology, internal medicine, neurology, obstetrics, ophthalmology, orthopedic, pediatrics, physical therapy, plastic surgery, radiology, and urology.

Advantages

Although Dubai Health Care City is still being built, several advantages can be noted. It offers world-class medical care and is located nearby European and Asian population centers. This lessens travel time to receive care. In addition, DHCC has formed partnerships with global brands: Harvard, Mayo Clinic, Moorfields Eye Hospital, German Heart Centre, Novartis, Astra Zeneca, Johnson & Johnson and others. It has achieved accreditation by JCI, and it is in the process of being accredited by Trent Accreditation Scheme (UK) and ACHSI.

Disadvantages

Although there is very little price information available, reviewing documents of DHCC and its providers show that it is a high cost, high quality model of medical tourism, more similar to Switzerland or the U.S. than India or Thailand. Its relatively high costs could be a disadvantage for middle class clientele.

Many of the hospitals and clinics in Dubai are backed or run by global brands, but the clinics themselves are very new, which adds uncertainty compared with other sites that have been operational for several years or more.

The hospitals and clinics have poor information available, which may be because the clinics are not being marketed to the same audience as most of the other sites in this study; it may also be due to an Islamic sense of discretion. It is much more difficult to discover information about services.

Cost Comparisons

Cost information for the clinics at DHCC was not available. Analyzing available information from several clinic websites, the approach is very different from other medical tourism destinations included in this study. For example, Isis – The French Clinic specializes in child health care; German Clinic specializes in obstetrics, gynecology and adolescent medicine; Mayo Clinic provides an office to intake Middle East patients for U.S. medical tourism. It provides U.S. and European institutions with the opportunity to serve wealthy Middle East clients on location rather than forcing them to come to the U.S. or Europe.

Country Report: Hungary

Hungary has attracted Austrians and Germans for many years because they appreciate its beauty, culture and lower costs. Hungary is known for its high quality medical system that costs significantly less than health care in Germany or Austria. Therefore, Hungary has become one of the top destinations for medical tourism in Europe.

It is home to the largest freshwater lake in Europe, with numerous baroque towns, rustic villages and horse markets. Most of medical procedures are preformed in Hungary's capital city, Budapest, which is also known for its Turkish thermal baths, Russian statues and the largest synagogue in the world.

Hungary is most known for dental tourism because it has more dentists per capita than any other country in Europe. In Hungary, the number of surgeons has steadily increased, which gives everyone greater access to affordable care. This has also enabled the medical tourism industry to grow over the past fifteen years, mostly driven by European clientele. Hungary offers a range of dental treatment, cosmetic surgery and elective surgery. An estimate of 50% Austrians, large amount of Germans and increasing amount of medical tourists from the UK.

Advantages

In general, Eastern Europe offers inexpensive and reliable medical, dental and cosmetic surgery. The standard of treatment is high, with most clinics employing internationally trained, English
speaking surgeons and nursing staff. Most of the surgeries are carried out in Budapest, using state of the art equipment and modern facilities. Hungary is a member of the European Medical Tourism Alliance (Eu MTI). The government health department must approve and register all hospitals and clinics. Moreover, it registers each doctor who practices at that particular clinic.

**Disadvantages**

Hungary does not yet have any JCI accredited hospitals. Its cost savings are less than other medical tourism destinations.49

**Cost Comparisons**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>Hungary (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>$5,250</td>
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</tr>
<tr>
<td>Breast augmentation</td>
<td>$7,613</td>
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<tr>
<td>Face lift</td>
<td>$11,813</td>
<td>$3,421</td>
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<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$3,136</td>
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<td>Porcelain crown</td>
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<td>Full acrylic dentures</td>
<td>$1,750</td>
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<tr>
<td>Dental implants/Branemark</td>
<td>$3,500</td>
<td>$1,447</td>
</tr>
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</table>

**Country Report: South Africa**

South Africa is cofounder of the African Union, and its economy is the largest within the group. It is also a cofounder of the United Nations and is known for its richness in different religions, cultures and languages. In the constitution alone, there are eleven recognized languages. Although English is regularly spoken in professional and public circumstances, it is only the fifth most common language spoken. South Africa is a very rich country, and it has more European and Indian influences than any other African nation.

South Africa has a reputation for cosmetic surgery.50 Since South Africa is such a diverse country, it is very accommodating to European and American travelers, who do not suffer from as much of a culture shock as from other medical tourist destinations. For many years, South Africa has been known for its advancement in medicine, starting in 1967 when the first human heart transplant was accomplished in Cape Town. Tourists from the U.S. and the U.K. can navigate easily around South Africa since all road signs are written in English. In addition, most South Africans from the commercial world speak English.

Most of the medical travelers to South Africa come for more than medical procedures. It appears that the number of vacation-surgery patients is increasing. Many people come to South Africa to relax, receive plastic surgery and be pampered in spas and hotels.

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After cosmetic surgery, South Africa is known for dental services. The most popular procedures have been breast augmentation surgery, reduction surgery, facelifts, liposuction, eye surgery, fertility ministrations, ear surgery, rhinoplasty surgery and dental services.

Many medical tourists originate in Germany, Italy and the UK. The greatest influx of patients come from the U.K. and the U.S. due to South Africa’s low prices.

**Advantages**

South Africa continues to be a prime medical tourist destination due to its highly trained physicians and alluring climate as well as low cost, and the phenomenon is informally known as “scalpel safari tourism.”¹ Most patients stay for the diverse tourist activities that it has to offer.²

Low cost—Many medical tourists are attracted to South Africa due to its affordable price. Prices for medical procedures in South Africa range from one half to two thirds of the price in Europe and the U.S.

Quality of care—South Africa is known for its highly trained physicians in its major cities. Travelers are suggested to receive treatment in larger cities instead of rural areas, which are less developed. Large city pharmacies are quite westernized and provide a variety of medications. South Africa offers affordable medical tourism packages with beneficial exchange rates.

Tourist attractions—The country has sunshine throughout the year, extraordinary scenery, and numerous wild animals in native habitats. These attractions, combined with the lower costs for treatment attract thousands of travelers. Many health care providers and private clinics in South Africa have realized that their country’s tourist attractions can have a positive impact on the recovery process for their patients and encourage both post-operative relaxation and exploration.

**Disadvantages**

Most visitors to South Africa stay in the country without experiencing theft or violent crime, but the possibility of becoming a victim exists. In urban areas such as Johannesburg, violent crime, including armed robberies, carjackings and muggings, is all too common. Visitors are advised to be on guard and aware of their surroundings at all times, and to avoid walking alone after dark in urban areas that are not frequented by tourists.

Aftercare—The British Association of Aesthetic Plastic Surgeons (BAAPS) website warns of some people needing further treatment in the UK due to “surgical complications” after operations abroad, including South Africa. A 2007 BAAPS survey found that over 80 percent of British plastic surgeons had seen complications in patients who had embarked on surgical holidays abroad. One of the causes was “being prematurely discharged from care.” 44% of surgeons who took part in the survey had seen patients who had their surgeries done in South Africa.

Health danger—Most of South Africa is malaria-free, but low-lying areas in Limpopo and Mpumalanga provinces carry a risk throughout the year. Rural coastal areas of KwaZulu-Natal

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are also at risk. In all areas where malaria is prevalent, the risk decreases in the months of June to September. Visitors are advised to take preventative measures.

### Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>South Africa (USD)</th>
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</thead>
<tbody>
<tr>
<td>Breast augmentation</td>
<td>$7,613</td>
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<td>Face lift</td>
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<td>$5,338</td>
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<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$6,120</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>South Africa (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast augmentation</td>
<td>$8,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Rhinoplasty (nose reshaping)</td>
<td>$6,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

### Country Report: India

India is the largest democracy in the world. It is a land of variations, where you can find diversity in landscape, climate, food, clothing, language, religion, culture and tradition. Medical tourism has a long history in India. Plastic surgery originated in 3500 BC in ancient India. Aside from Chennai, the main hub for cosmetic surgery in India is Chandigarh, home to several clinics dedicated to plastic surgery.

India is also home to some of the world’s fastest-growing medical infrastructure. The greatest concentration of medical facilities is found in Chennai, though other major cities such as Delhi and Mumbai have ample medical infrastructure of their own. Chennai (formerly Madras) is considered the hub of medical tourism, attracting up to 40 per cent of all patients. The Indian health and medical industry is large and boasts some well-developed infrastructure, particularly in big cities that support the wealthy classes.

India’s medical tourism industry is growing very fast. Experts project annual growth as high as 30 percent in the coming years. India’s medical tourism sector is expected to experience an annual growth rate of 30%, making it a Rs. 9,500-crore industry by 2015. Estimates of the value of medical tourism to India go as high as $2 billion a year by 2012.

These services include advanced cardiology and cardiovascular surgery, orthopedics and joint replacement surgery, bariatric & minimally invasive surgery, cosmetology, oncology and neurology amongst others. Among these specialties, cardiology is at the forefront.

Hip resurfacing is one of the leading procedures sought in India. Specialists here are trained in the Birmingham technique, a specialized procedure that has received unparalleled international praise. Birmingham hip resurfacing is largely unavailable in the US.

Clinics typically specialize in a particular field or a specific elective operation such as dental work, cosmetic surgery and minor orthopedic operations.

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Some of the most common plastic surgical procedures include nose reshaping, breast surgeries, body contouring, liposuction and tummy tucks, all of which cost about 10 percent of the price tourists would normally expect to pay in the US. Botox, fillers and face-lifts are also available in India. Tourists come from the UK, the United States, Canada, Australia, New Zealand, Middle East, Africa and India.

The most popular treatments sought in India by medical tourists are alternative medicine, bone-marrow transplant, cardiac bypass surgery, eye surgery and orthopedic surgery. India is known in particular for heart surgery, hip resurfacing and other areas of advanced medicines.

**Advantages**

Aside from the high quality of care available in India, the country also fosters a high level of enthusiasm often overlooked in Western hospitals. Indians are proud of their country’s leading role as an international health care provider, which is reflected in medical staff attitudes.

As hospitals expand and new clinics are built, India is increasingly able to offer world-class facilities, including private recovery suites and personalized care at affordable prices. Annual growth is projected to be 30 percent in the coming years.

Hospitals are staffed with competent English speakers, as English has been one of the country’s official language since independence. Visitors have few problems communicating with their doctors and nurses.

The favorable exchange rates between India and western countries mean that patients can afford treatments that would only be available to the wealthy at home.

India is the cheapest of any of the world medical tourism destinations, while being the equal of the other major destinations in terms of quality of staff and equipment. With many brand-new state-of-the-art hospitals and western trained doctors.

The lack of waiting lists in India is especially attractive to those suffering from grave illnesses such as cancer or heart disease. Many countries have developed links for speedy treatments in India for their nationals because in these countries one has to wait for extended periods to undergo operations.

The remarkable success of the medical tourism field means hospitals are able to attract first-rate doctors and nurses. Many mistakenly assume that any accomplished physician would leave India in search of a career in the West. Instead, many of the world’s leading doctors are found right here in India. In addition, many government-sponsored programs send students overseas to study at prestigious universities, requiring them to return and perform a few years’ domestic service in return.

Ten Indian hospitals carry JCI accreditation.

Medical services do not stop as soon as the patient returns home. Medical tourism bureaus will ensure that the patient’s physician at home has a full record of the discharge notes including details of the surgical procedure undertaken, X-rays, MRI scans etc. from the Indian hospital to ensure the follow up care and any physiotherapy is integrated.
Disadvantages

As with other medical tourism destinations, quality varies considerably, and medical tourists should not neglect due diligence. While there are many world-class hospitals and physicians, others can be inexpensive and low quality. In addition, due to the heat and difficulty traveling in some areas, it can be difficult to enjoy tourism after significant operations.

As with other tropical destinations, North American and European tourists can be susceptible to tropical diseases. In large cities, crime can pose a significant danger. Legal protections against malpractice are less than many tourists are accustomed to: although India’s legal system is built on English law, the system works very slowly, and awards pale in comparison to the U.S. Finally, for North American and European tourists, India is far away, so aftercare can be an issue if complications develop once they have returned home.

Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>India (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip resurfacing</td>
<td>$15,750</td>
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<tr>
<td>Hip replacement</td>
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<td>Liposuction</td>
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<td>Face lift</td>
<td>$11,813</td>
<td>$3,750</td>
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<tr>
<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$3,001</td>
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<tr>
<td>Porcelain crown</td>
<td>$998</td>
<td>$133</td>
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<td>Full acrylic dentures</td>
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<tr>
<td>Dental implants/Branemark</td>
<td>$3,500</td>
<td>$963</td>
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</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>India (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bypass</td>
<td>$30,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Liver transplant</td>
<td>$300,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>$20,000</td>
<td>$3,000</td>
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<tr>
<td>Radiography therapy</td>
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<tr>
<td>Dental implants (per tooth)</td>
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<td>$900</td>
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<tr>
<td>Laser tooth whitening (per tooth)</td>
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<td>$120</td>
</tr>
</tbody>
</table>

Country Report: Malaysia

Malaysian health care is noted for being one of the best worldwide. The Malaysian state of Penang is the fastest growing medical tourism site in Malaysia, particularly due to the government’s great investment in instituting private institutions for cosmetic surgery. Malaysia has only recently been unified as a state in 1963. The more westernized regions of Malaysia were previously known as British Malaya until 1946. Later, it was known as the Malayan Union. However, large resistance led it to be reconstructed and named the Federation of Malaya in 1948. It finally received independence on August 31, 1957.
The government in Malaysia has been upgrading Malaysia to be known as a prime medical tourism destination. Both intensive care and preventative care are provided. Organizations, such as the Association for Private Hospitals of Malaysia, are looking to expand medical tourism, with much success. According to a recent survey conducted by the Malaysian government, the number of medical tourists to Malaysia has increased to 341,288 in 2007. In three years, the growth rate of medical tourists has increased by about 30%. In another recent survey by the Government has stated that the foreign patient market is worth about RM 90 million. In the first nine months of 2008, the earnings produced by medical tourism were about RM 25 million from more than 282,000 foreign patients.

Procedures/specialties (what is the country mostly known for? i.e. Hungary dentistry) Malaysia is most known for its Cardiovascular procedures, cosmetic surgery, dental procedures, eye surgery, general surgery, orthopedic surgery and transplant surgery

Malaysia draws medical tourists from around the world. Malaysia's renowned facilities attract patients from all over the globe.

Advantages

Costs—Malaysia is known for its quality of care as well as the affordable price of extensive procedures. Many visitors select Malaysia for medical care due to its immense affordability. Along with affordable prices, programs for recuperation periods are also available.

Quality of Care—Medical facilities have highly trained physicians that are fluent in English, making it easy for patients to communicate with their doctors. Malaysian specialists are known worldwide for their advanced training. It is also easy for tourists to travel to Malaysia, since it serves as a major transport sight in Asia.

Accreditation—Accreditation in Malaysia is a work in progress. Private institutions are monitored and licensed by the Malaysian Ministry of Health, which evaluates based on Malaysia’s national accreditation health care scheme (MSQH). Many of Malaysia’s hospitals are pursuing international health care accreditation from JCI and others. Examples are: Malaysian hospitals International Specialist Eye Centre, Penang Adventist Hospital, Gleneagles Hospital Kuala Lumpur.

Disadvantages

Crime—While Malaysia has numerous choices in affordable procedures, travelers should be alerted to the terrorism activity occurring in Malaysia and other areas of Southeast Asia. Travelers ought to be advised about areas which are particularly dangerous, such as Sabah in the east. There are risks that travelers may be kidnapped.

Health dangers—Travelers should be advised that there are risks of contracting dengue fever as well as hepatitis A and B. Other diseases spread by mosquitoes are also common, although the risk of contracting malaria is quite low. In addition, Dysentery and diarrhea can occur to travelers who consumed impure water or certain foods that have not been properly cooked.

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## Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>Malaysia (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposuction</td>
<td>$5,250</td>
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<tr>
<td>Breast augmentation</td>
<td>$7,613</td>
<td>$3,308</td>
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<td>Face lift</td>
<td>$11,813</td>
<td>$3,063</td>
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<tr>
<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$3,903</td>
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<tr>
<td>Porcelain crown</td>
<td>$998</td>
<td>$194</td>
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<tr>
<td>Full acrylic dentures</td>
<td>$1,750</td>
<td>$1,313</td>
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</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Malaysia (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac procedure</td>
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<tr>
<td>Abdominoplasty (tummy tuck)</td>
<td></td>
<td>$4,000</td>
</tr>
<tr>
<td>Face lift</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td></td>
<td>$4,000</td>
</tr>
<tr>
<td>Collagen injection</td>
<td></td>
<td>$800</td>
</tr>
<tr>
<td>Liposuction</td>
<td></td>
<td>$3,600</td>
</tr>
</tbody>
</table>

## Country Report: Singapore

Singapore is a distinctive country, which allows it to stand apart from other medical tourism destinations. It is located on the southern tip of the Mayan Peninsula and is only 85 miles north of the equator. It is the smallest country in Southeast Asia and the only Asian nation that speaks English as a primary language. Singapore became a colony of Britain in 1824, and Britain contributed to making it significantly more developed and westernized than its neighbors. Globally, Singapore is the fifth wealthiest by GDP (PPP) per capita and is the 23rd wealthiest in the world by normal GDP per capita.

Singapore is ranked as the sixth best health system in the world according to The World Health Organization. It is even recognized for having a higher health system comparing to the United States and Canada.

It is estimated that over 400,000 patients flock to Singapore for surgeries every year. Hospitals and clinics in Singapore are used to treating foreign patients. Listed below is the average number of medical tourists on official surveys: 210,000 patients in 2002, 230,000 in 2003, 320,000 in 2004, 374,000 in 2005 and 410,000 in 2006. It doubled in five years.

Popular medical procedures include hip and knee replacements and cardiac surgeries. Singapore has a number of hospitals and clinics that provide cosmetic surgery. For example, there is a specific clinic in Singapore that specializes in breast surgery while others provide laser hair removal, liposuction and rhinoplasty. Other popular surgical procedures are: orthopedic surgeries, cardiac surgeries, and cancer treatments. Alternative medicine, such as acupuncture and herbal treatments, are also offered in Singapore, given that there is a significant Chinese population. In addition, there are many spas and health resorts in the clean cosmopolitan city.

The majority of Singapore’s medical tourists come from the US and the UK. There are growing companies that organize medical tourist travel packages to Singapore. In addition, there are a
number of patients that arrive from neighboring countries, such as Indochina and
Malaysia. There is also a growing number of patients coming from the Middle East and Greater
China.

Advantages

Singapore is recognized for its cleanliness, both as a country as well as in medical facilities. It is
known for its high-grade level of hygiene in public establishments, such as spas, hospitals and
restaurants. It is cosmopolitan country where getting around is easy. Long an English colony,
Singapore includes English as one of its official languages. Unlike many other medical tourist
destinations that require interpreters that go between patients and medical staff, all of
Singapore’s medical personnel are fluent. Patients traveling to Singapore are not as likely of
experiencing a culture shock as they would from other medical tourist destinations. Singapore is
highly urbanized and westernized, and allows patients to make an easy transition.

Quality of care—Singapore is known for its modern equipment and renowned surgeons, many of
whom have studied in the US. Since English is a primary language in Singapore, patients have
the opportunity to speak to the medical staff without the need for an interpreter. If guests get sick
while staying in Singapore, they are well taken care for. In addition to high standards of care,
Singapore is equipped with many spas, beaches and forests. There are many recuperating
institutions as well.

Accreditation—All of Singapore’s health institutions are monitored by the Singapore Heath
Promotion Board, the Singapore Laboratory Accreditation System (SINGLAS), the Singapore
Accreditation Council (SAC) and the Ministry of Health. In addition, many health institutions
are authorized by international regulation organizations. The medical staff at hospitals and
clinics are also monitored by the Singapore Medical Council, the Singapore Nursing Board, the
Singapore Dental Board, the Pharmacy Board and the Laboratory Board.

Medical implements are monitored by The Health Sciences Authority and the Singapore
Accreditation Council. In 2006, it is recorded that 29 hospitals and specialty centers are equipped
for specifically treating medical tourists. Such centers received global accreditation from the
Joint Commission International (JCI), the ISO and the OHSAS.

Benefit of Traveling—Singapore is known for being quite cosmopolitan and clean. There are
remarkable oriental styled restaurants and ornamentation. Singapore even has a Chinatown and
Little India. Little India in particular is known as the best place to enjoy curry outside of India
itself. There are also renowned Hindu temples, beaches, parks and forests.

Disadvantages

While Singapore’s price for procedures are much cheaper than those in the US, it is still
considerably more expensive than Thailand and India.

Singapore’s climate is quite hot and humid, which may be disagreeable to some travelers.

The prices for transportation and other accommodations is more expensive than other Asian
countries.

56 Medical Tourism Singapore, Discover Medical Tourism, accessed May 30, 2010,
http://www.discovermedicaltourism.com/singapore/
It can be difficult for travelers from Europe and the US to adjust to the time difference.

### Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Singapore (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bypass</td>
<td>$30,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Liver transplant</td>
<td>$300,000</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

### Country Report: Thailand

Thailand is a kingdom, a constitutional monarchy with King Bhumibol Adulyadej, the ninth king of the House of Chakri, who has reigned since 1946, making him the world’s longest-serving current head of state and the longest-reigning monarch in Thai history. Thailand has also attracted a number of expatriates from developed countries. The country’s official language is Thai. It is primarily Buddhist, which is practiced by around 95% of all Thais. Thailand experienced rapid economic growth between 1985 and 1995 and is a newly industrialized country with tourism, due to well-known tourist destinations such as Pattaya, Bangkok, Phuket and Chiang Mai, and exports contributing significantly to the economy.

Thailand has been very aggressive in establishing itself as a premier international medical tourism destination. Thailand is one of the world’s preferred destinations for all types of treatment including medical, cosmetic and dental procedures. Thailand has all but established itself as king of the castle when it comes to international medical tourism. Bangkok has the most advanced medical tourist infrastructure in Thailand, with the likes of the world-renowned Bumrungrad Hospital, which itself sees 1,000 foreigners a day.

The number of medical tourists is ever expanding. Medical tourism has been a growing segment of Thailand’s tourism and health-care sectors. In 2005, one Bangkok hospital took in 150,000 treatment seekers from abroad. In 2006, medical tourism was projected to earn the country 36.4 billion baht.

Medical tourists come to Thailand for a wide range of procedures and treatments: alternative medicine, cosmetic surgery, dental care, gender realignment, heart surgery, obesity surgery, oncology, orthopedics. Treatment ranges from major surgery and plastic surgery to dental surgery and extensive check-ups. LASIK eye surgery and allergy testing and treatment are also popular. Treatments for medical tourists in Thailand range from cosmetic, organ transplants, cardiac, and orthopaedic treatments to dental and cardiac surgeries. Treatments also include spa, physical and mental therapies.

Many North Americans make up to three trips over the period of a year to receive extended dental surgery, and still come out saving significant amounts of money. Bumrungrad treated approximately 55,000 American patients in 2005 alone, a 30% increase from the previous year. Hospitals in Thailand are a popular destination for other Asians. Bangkok Hospital, which caters

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to medical tourists, has a Japanese wing, and Phyathai Hospitals Group has interpreters for over 22 languages, besides the English-speaking medical staff. When Nepal Prime Minister Girija Prasad Koirala needed medical care in 2006, he went to Bangkok.

**Advantages**

Thailand is one of the world’s top tourism destinations, so it is long accustomed to receiving foreign travelers. English is spoken widely in large cities, especially at private clinics that will interest tourists looking for treatment. Although quality is high, travel and procedure costs will usually be lower than the price of the procedure in North America. In addition, Thailand has much to offer the tourist, so it will certainly remain a favorite medical tourism destination for a long time to come.

Thailand’s prices are a bit higher on average than India’s, with the main advantages being a better overall tourist experience and more bundling of services. Thailand is known for its masterful dentists. Many North Americas make up to three trips over the period of a year to receive extended dental surgery, and still come out saving significant amounts of money. Restaurants, although relatively inexpensive, are sanitary, and food borne illness is rare.

With the popularity of Thai hospitals, you would think the main hospitals would have long waiting times. The reality is, however, that you can register online with the likes of Bumrungrad Hospital, research and select the doctor of your choice, choose an appointment date and time, and be in and out in next to no time. The level of service in Thailand’s best private hospitals is second to none, with high staff numbers and quality equipment, meaning shorter waiting times for everything from the simplest of procedures right up to the most complex surgeries. The medical care at these private establishments is of a high standard, with well-trained, certified staff and state-of-the-art equipment.

**Disadvantages**

While most medical practitioners in Thailand are experienced and well qualified, there are some doctors whose reputations can be less than ideal. Medical tourists should shop around to make sure they are getting the best treatment possible and that the price is not the only consideration.

Virtually all doctors in Thailand’s best private hospitals will have had some training in the US or Europe and can speak fluent English. This is also so in the best government-run hospitals, while specialist clinics employ bilingual Thai staff.

Many Thai physicians hold US or UK professional certification. Bumrungrad International hospital states that many of its doctors and staff are trained in the UK, Europe and the US.

More and more hospitals are being accredited by JCAHO (the Joint Commission on the Accreditation of Health care Organizations) Bumrungrad Hospital annually cares for upwards of 400,000 foreign patients, and many of its staff are accredited in the US and the UK. This was also the first hospital in Asia to seek international accreditation. Bangkok General Hospital is second in line, treating 150,000 foreign patients every year. Thailand’s top private hospitals and clinics, of which most are located in the capital, are internationally accredited (ISO 1900-2000) In addition to the ISO accreditation of the major hospitals, Samitivej and Bumrungrad in Bangkok have also received Joint Commission International (JCI) accreditation. Specialist clinics, including laser eye clinics and dental clinics, are also found in tourist areas around the country and many come with ISO accreditation. Many Thai physicians hold US or UK
professional certification. Bumrungrad International hospital states that many of its doctors and staff are trained in the UK, Europe and the US. Bumrungrad International was accredited most recently in 2005 by the Joint Commission.[104] Some of the country’s major hospitals have also achieved certification by the International Organization for Standardization’s ISO 9001:2000. However, ISO 2000 is not an accreditation scheme.

Thailand and Southeast Asia have three seasons, and it is critical to choose the right time of year. The rainy season can be unpleasant when city streets flood. The summer season can see very high temperatures, humidity and pollution. Serious political problems dog the country since 2008, including mass demonstrations and the complete closure of major airports, have made travel to Thailand less appealing than in the past, and the US State Department has issued a travel alert for the country.

Dengue fever has been on the rise in recent years in urban areas, so mosquito repellent is important.

### Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>UK (USD)</th>
<th>Thailand (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip resurfacing</td>
<td>$15,750</td>
<td>$11,421</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>$14,000</td>
<td>$9,244</td>
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<td>Liposuction</td>
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<td>Breast augmentation</td>
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<td>Face lift</td>
<td>$11,813</td>
<td>$5,028</td>
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<tr>
<td>Abdominoplasty (tummy tuck)</td>
<td>$8,418</td>
<td>$3,764</td>
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<td>Porcelain crown</td>
<td>$998</td>
<td>$306</td>
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<td>Full acrylic dentures</td>
<td>$1,750</td>
<td>$562</td>
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<tr>
<td>Dental implants/Branemark</td>
<td>$3,500</td>
<td>$1,794</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Thailand (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary angioplasty</td>
<td>$41,000</td>
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<tr>
<td>Breast augmentation</td>
<td>$10,000</td>
<td>$3,000</td>
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<tr>
<td>Hip replacement</td>
<td>$24,000</td>
<td>$10,000</td>
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<tr>
<td>Spinal fusion</td>
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<td>Coronary bypass</td>
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</tr>
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<td>Dental implants</td>
<td>$3,500</td>
<td>$2,400</td>
</tr>
</tbody>
</table>

### Country Report: The Philippines

The Philippines is actively contending for Asia’s medical tourism customers, and the country has many advantages. Americans are a major portion of Asia’s customers due to the U.S.’s high health care costs, and the Philippines and the U.S. have a history of strong relations. Many Filipinos have lived in the U.S., and extensive travel exists between the two countries. This provides a pool of Filipino doctors that have been trained in the U.S. who find it attractive to return home to be near their extended families. It makes it more likely that naturalized Filipinos (and their offspring) who are now American citizens will consider having procedures in
The Philippines. The Philippines is a beautiful tropical country, which adds value to the “tourism” part of its value proposition. It has been famous for many years for tourism, as a tropical paradise.

Its health care costs are very low when compared to the U.S. and the U.K., and new hospitals are springing up in Luzon and Davao, which are close to beautiful beaches. They provide plastic surgery, hip and knee replacements, eye surgery, organ transplants and dental care. Cosmetic surgery procedures are: face lifts, rhinoplasty, abdominal tucks, liposuction and breast augmentation.

The capital, Manila, has been the focus of medical tourism traditionally, but the government has seen the opportunity and has been investing in building state-of-the-art hospitals in other large cities that are near famous spas such as Luzon and Davao.

In Manila, the Asian Hospital and Medical Center is affiliated with Bumrungrad Hospital in Bangkok. It is competent in complex procedures such as bone marrow transplant, chemotherapy, bypass heart surgery and radiology. Filipino nurses are known worldwide for their hospitality and high levels of personal services.

The government is committed to building a robust medical tourism industry, and it is pursuing accreditation by the JCI for its hospitals, which helps to define standards of care. The government has spent vast sums of money to install internationally revered standards of care in its hospitals, and all of the most modern technology can be found here. Spa resorts and stunning beaches provide the ideal place to recuperate after operations and other procedures.

Advantages

Costs are very low, and the quality of the facilities and medical staff is high. Many hospitals have the latest medical technology. Private hospital rooms are similar to five star hotels. The staff has excellent English language skills.

Disadvantages

The plane ride to the Philippines is very long, which is important to someone with a medical or health problem that makes them uncomfortable anyway. Weather can make convalescing more difficult as the Philippines is a tropical country. Crime is common in some parts of the large cities.

Cost Comparisons

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD)</th>
<th>Philippines (USD)</th>
</tr>
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<tbody>
<tr>
<td>Bypass</td>
<td>$20,000</td>
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<tr>
<td>Kidney transplant</td>
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<td>Liposuction</td>
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</tr>
<tr>
<td>Dental implants</td>
<td>$3,500</td>
<td>$500</td>
</tr>
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</table>

Conclusions

In the twenty-first century, the ancient practice of medical tourism is evolving into the globalization of health care that is analogous to increasingly integrated travel or banking systems: "OnePeople OnePlanet OneHealth." Where medical tourism has been traditionally practiced by few wealthy patients, current trends suggest that it may become increasingly common for much larger portions of populations. As with other globalization trends, however, medical tourism entails significant risks and disadvantages that participants must overcome if it is to continue to expand. For example, it is dependent on inexpensive, fast air travel, government and legal support and continued development of safeguards such as standardization of quality. In addition, interruption of international travel due to terrorism or pandemic, a prolonged significant rise in travel cost (due to fuel cost) or political conflict could sharply curtail medical tourism.

By reviewing participants' and countries' experiences with medical tourism, it is clear that it will expand in very specific areas of health care, but most health care will remain local. Medical tourism can be advantageous for certain types of procedures and situations: high-cost non-emergency medical procedures such as transplants, heart operations and hip replacements enable patients to have care at a fraction of the cost at home. Elective procedures such as cosmetic surgery and dental work are also high cost in the home country, and patients benefit from recuperating abroad where they do not encounter people they know.

Despite threats and risks, medical tourism can offer significant benefits to all participants even though there are risks as well. Providers in low-cost countries gain access to patients, and their governments are building multimillion-dollar industries. Moreover, established western Academic Health Centers are expanding their presence and profits by affiliating with talented and relatively inexpensive hospitals in India, Thailand, Dubai and many others. Emerging countries are investing considerably in their medical tourism industries, and these investments may not pay off unless medical tourism continues to grow.

Some U.S. employers regard medical tourism as a way to continue to offer health insurance to their employees at a significantly lower cost, but this trend is only at the pilot stage. Like other new developments, medical tourism will succeed in some areas and fail in others. If employers' successes outnumber failures, the portion of employers offering medical tourism will certainly grow. U.S. employers have faced rapidly increasing health care costs for years, and an aging American society will only increase costs further, so employers are highly motivated to explore medical tourism. In other high cost countries with national health systems, governments also have an incentive to experiment with medical tourism because they also have aging populations and limited capacity to treat them.

U.S. insurance companies have a double incentive to try medical tourism. Many of them are large employers that would like to reduce their health care costs. Even more important, medical tourism gives them the opportunity to create new health insurance policies for their clients. New policies often carry the possibility for increased profits because they are new.

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The medical tourism facilitator represents a new business for a firm and a new career for an individual. Individuals with medical and/or international travel and linguistic skills can combine their skills in new ways. Facilitators depend completely on the success of medical tourism.

Patients will have more options to access health care, even though they can face higher risks when choosing health care abroad than at home. Some patients report that medical tourism has changed their lives because they could not get the health care they needed in any other way that would not exhaust their savings.