



## “FIRST WORLD SERVICE AT THE THIRD WORLD COST”-A LITERATURE REVIEW ON PROMOTING MEDICAL TOURIST DESTINATION IN INDIA

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**ABSTRACT** Medical tourism, where patients travel overseas for operations, has grown rapidly in the past decade, especially for cosmetic surgery. High costs and long waiting lists at home, new technology and skills in destination countries alongside reduced transport costs and Internet marketing have all played a role. Several Asian countries are dominant, in Medical Tourism. In Asian countries India is one of the dominant spot. Conventional tourism has been a by-product of this growth, despite its tourist packaging, and overall benefits to the travel industry have been considerable. The rise of medical tourism emphasizes the privatization of health care, the growing dependence on technology, uneven access to health resources and the accelerated economic globalization of both health care and tourism in India.

### ARTICLE OUTLINE

- Introduction
- Tourists- The Economic rationale?
- Medical Tourism Destinations in Asia
- **Importance of Medical Tourism in India**
- Research Aims and Objectives
- Data Collection Methods
- Research Results
- Study Limitations
- Future Directions.

**CONCLUSION:** “First world service at third world cost”

### KEYWORDS :

#### 1. INTRODUCTION

The term “medical tourism” isn't as luxurious as you might at first believe. While some people associate tourism with “vacations” and “trips” the term actually applies to individuals who travel to foreign countries to obtain health care that is either not available or unaffordable in their own country.

Global Competition is emerging in the health care industry. In Medical Tourism, citizens of high developed nations bypass services offered in their own country and travel to less developed areas of world for Medical care.

In a country as diverse as India, the Health care industry has capitalized on its rich cultural resource and glorious past. India has most competent Doctors, World class medical facilities and the most competitive charges for treatment.

Medical Tourism is different from traditional model of international medical travel where patients travel from less developed nations to major medical centre's in highly developed countries.

**The Emerging Market for Medical Tourism** Medical tourism is growing and diversifying. Estimates vary, but McKinsey & Company and the Confederation of Indian Industry put gross medical tourism revenues at more than \$40 billion worldwide in 2004.<sup>1</sup> Others estimate the worldwide revenue at about \$60 billion in 2006.<sup>2</sup> **McKinsey & Company projects the total will rise to \$100 billion by 2012**

#### 2. Tourists—the economic rationale?

India, Indonesia, Malaysia, the Philippines, Singapore, Thailand and many other countries market themselves as major destinations for 'medical tourism'. Health-related travel, once promoted by individual medical facilities such as Bumrungrad International Hospital and Bangkok International Hospital, is now driven by government agencies, public-private partnerships, private hospital associations, airlines, hotel chains, investors and private equity funds, and medical brokerages. 'Medical tourists' include patients trying to avoid treatment delays and obtain timely access to health care. Medical

travellers also include uninsured Americans and other individuals unable to afford health care in their home settings. Destination nations regard medical tourism as a resource for economic development. However, attracting patients to countries such as India and Thailand

could increase regional economic inequalities and undermine health equity. International medical travel might also have unintended, undesired outcomes for patients seeking affordable health care. With globalization, increasing numbers of patients are leaving their home communities in search of orthopaedic surgery, ophthalmologic care, dental surgery, cardiac surgery and other medical interventions. Reductions in health benefits offered by states and employers will likely increase the number of individuals looking for affordable medical care in a global market of privatized, commercial health care delivery.

#### 3. Medical Tourism Destinations in Asia:

The medical tourism marketplace consists of a growing number of countries competing for patients by offering a wide variety of medical, surgical, and dental services. Many of these destinations boast modern facilities with advanced technology and appealing accommodations. A substantial number of the physicians in medical tourism destinations received postgraduate training in industrialized nations, have board certification (or equivalent), and may have practiced in the country where they completed their training. Medical tourists are presently traveling to faraway countries for cosmetic surgery, dental procedures, bariatric surgery, assisted reproductive technology, ophthalmologic care, orthopaedic surgery, cardiac surgery, organ and cellular transplantation, gender reassignment procedures, and even executive health evaluations. India, Malaysia, Singapore, and Thailand are well-established medical tourism destinations that have become popular for patients seeking cardiac surgery and orthopaedic surgery. Medical services in India are particularly affordable, with prices as low as 10% of those in the United States.

**Table 1: Medical Tourism Destinations**

ASIA	AMERICA	EUROPE	AFRICA	OTHERS
China	Argentina	Belgium	S.Africa	Australia
India	Brazil	Germany		Cuba
Israel	Canada	Hungary		Jamaica
Jordan	Columbia	Italy		
Malaysia	Costarica	Poland		
Singapore	Mexico	Russia		
S.Korea	U.S.	Spain		
Philippines				
Thailand				
Turkey				

(Source: MedGenMed. 2007;9(4):33)

**3.1 Procedures for Which Patients Pursue Medical Tourism\***

Cosmetic Surgery, Dentistry, Cardiology & Cardiac Surgery, Orthopedic Surgery and Spine Surgery, Bariatric Surgery, Reproductive System, Organ & Tissue Transplantation, Ayurvedic Treatment & Homeopathic Treatment.

TYPES	SUB TYPES
Cosmetic Surgery	Mastopexy, Liposuction, Body contouring, Cosmetic Dentistry
Dentistry	Dental Reconstruction, Prosthodontics
Cardiology & Cardiac Surgery	Coronary artery Bypass, Cardiac valve replacement, econstruction, Stem cell herapy for heart failure

Orthopedic & Spine Surgery	Hip replacement, Knee replacement, Arthroscopy, Disc space reconstruction
Bariatric Surgery	Gastric Bypass
Organ & Tissue Transplantation	Renal Hepatic Bone marrow transplantation
Other Services	Stem cell Therapy, Lasik Eye Surgery, Medical checkup, Wide range of Diagnostic studies

(Source; MedGenMed. 2007;9(4):33 Published Online 2007 November 13)

The following are cost comparisons between Medical procedures in India and equivalent procedures in the United States and the UK:

Price Comparison with the US	US Hospitals	India	Average Savings
<b>Medical Procedures</b>			
Angioplasty	\$55,000 - \$57,000	\$10,000 - \$12,000	78% - 81%
Spinal Fusion	\$60,000 - \$62,000	\$7,000 - \$8,000	85% - 88%
Heart Bypass	\$120,000 - \$130,000	\$9,000 - \$11,000	91% - 95%
Heart-valve Replacement	\$150,000 - \$160,000	\$9,000 - \$10,000	94% - 96%
Laparoscopic Gastric Bypass	\$28,000 - \$30,000	\$10,000 - \$12,000	60% - 64%
Hip Replacement	\$41,000 - \$43,000	\$8,000 - \$10,000	76% - 80%
Mastectomy	\$39,000 - \$41,000	\$7,000 - \$8,000	80% - 82%
Knee Replacement	\$38,000 - \$40,000	\$8,000 - \$9,000	87% - 88%
Bone Marrow Transplant	\$240,000 - \$260,000	\$68,000 - \$70,000	72% - 73%
Liver Transplant	\$290,000 - \$310,000	\$68,000 - \$70,000	75% - 77%
<b>Plastic and Reconstructive Surgery</b>			
Face Lift (rhytidectomy)	\$7,000 - \$9,000	\$4,000 - \$5,000	42% - 44%
Breast Augmentation (Mammoplasty)	\$5,000 - \$8,000	\$3,000 - \$4,500	40% - 44%
Breast Reduction	\$4,000 - \$6,000	\$2,000 - \$3,000	48% - 50%
Complete Liposuction (Lipoplasty)	\$4,000 - \$6,500	\$2,000 - \$3,500	46% - 50%
Nose Surgery (Rhinoplasty)	\$5,500 - \$6,500	\$1,500 - \$2,500	61% - 72%
Gluteal Augmentation	\$8,000 - \$10,000	\$4,000 - \$5,000	50% - 52%
<b>Eye / Ophthalmology</b>			
Cataract surgery	\$1,500 - \$2,500	\$1,000 - \$1,500	33% - 40%
<b>General and Cosmetic Dentistry</b>			
Root Canal	\$600 - \$1,000	\$100 - \$150	83% - 85%
Porcelain Crown	\$600 - \$1,000	\$80 - \$100	87% - 90%
Porcelain Metal Bridge	\$1,000 - \$1,800	\$250 - \$350	75% - 81%
Dental Implant	\$2,500 - \$3,500	\$500 - \$800	77% - 80%

(Source: www.csmngt.com/medical2.htm)

**Thailand.** This popular destination for medical tourists **rivals India** in price and quality.

1. Thailand's large tourist industry is one reason it has a better infrastructure and less noticeable poverty than India
2. **Prices are typically not as low as in India** and Thai hospitals do not offer fixed pricing. However, food and lodging during recuperation will likely be less expensive than in India due to Thailand's competitive tourism industry.
3. Bangkok's Bumrungrad International Hospital is a world-class private health care facility built for wealthy Thais, but foreigners comprise more than one-third of its patients.

**Singapore.** English is also widely spoken in this former British colony, located approximately 1,000 miles south of Bangkok. Singapore has modern, high-quality hospitals and is home to three hospitals accredited by the JCI. **Prices are higher than in Thailand or India** but are much lower than in the United States.

**3.4 Quality and Safety in Medical Tourism:**

Faced with the choice of many medical institutions in diverse countries, medical tourists may find it very difficult to identify well-trained physicians and modern hospitals that consistently provide high-quality care. Some medical tourism agents, particularly those with backgrounds in healthcare, may be a helpful resource for patients in making appropriate choices. Accreditation by the Joint Commission International, which has accredited more than 125 facilities in 24 countries, and/or the International Organization of Standardization may provide a useful point of reference for patients selecting offshore medical facilities.

Concerns have been voiced regarding the risk of complications resulting from travel and vacation activities in the postoperative period. The management of postoperative complications that occur

after a patient returns from an offshore medical facility, and the consequent costs of this care, are difficult issues that remain unresolved.

**3.5 The Response to Medical Tourism:**

The medical community in developed countries has started to recognize medical tourism as a real phenomenon that involves the profession, practitioners, and patients. Peer-reviewed medical and health journals began publishing papers on this topic in 2006. Medical organizations have addressed medical tourism in articles and other documents posted on their Web sites. The United States Senate Special Committee on Aging held hearings on the issue of medical tourism in June 2006 and called for a task force of experts to explore the impact and safety of lower-cost healthcare abroad.

The insurance industry has become an active participant in medical tourism. In several states, Blue Cross Blue Shield sells insurance policies that enable or encourage patients to have expensive surgical procedures at low-cost offshore medical facilities. In an effort to reduce the financial burden of employee healthcare, several fortune 500 corporations are evaluating the feasibility of outsourcing expensive medical procedures to offshore healthcare destinations. Insurance provider networks are currently being expanded to include physicians around the globe, and it is anticipated that within a decade a majority of large employers' health plans will include offshore medical centers.

Insurance companies are able to use a portion of their substantial savings to offer incentives to beneficiaries willing to have care in medical tourism destinations, including waiving deductible and out-of-pocket health expenses and paying for travel for the patient and even a family member. A particularly interesting response to the migration of patients.

#### 4. Importance of Medical Tourism in India:

India is one such emerging nation whose rapidly growing market-driven economy is subsequently motivating health care change. One of the most quickly rising economic countries in the world. As the thriving business of Medical Tourism boosts the economies of the Asian neighbors (China, Singapore, Thailand, Malaysia) it is this study's premise that India may potentially develop into a key medical tourism destination within the global market of health services trade due to its recent investments in advanced medical technology and growing need for additional revenue to sustain its swelling domestic population.

#### 5. RESEARCH AIMS AND OBJECTIVES:

The current study utilized a qualitative research approach and seeks to satisfy three chief objectives in order to gain a better understanding of the viability of the medical tourism in India and its health policy implications on the presently reforming Indian Health System.

##### These Three objectives are as follows:

1. Which top elective procedures or treatment are currently being sought in India by foreign patients?
2. What are the plans of action for hospitals pursuing or interested in participating in the global medical tourism market?
3. What are the general public, health provider/professional, and political reactions and projections are regarding the development of health tourism in India?

Through a series of interviews, surveys, and literacy research, this study will evaluate the present status of medical tourism in India through identification of what forms of medical care are provided to foreign patients, the direction in which medical tourism is moving in India. Through collection of information in each of these main areas of exploration, the aims of this paper will seek to include an assessment of what barriers to entry into the medical tourism market exist for India, the unique medical services or alternative therapies that Indian providers may offer to the global health care market, and what impact that a rising medical tourism market within India may have on its domestic health care policy and provision of care. To answer the three questions will subsequently allow a more formal understanding of what policy actions involving the medical tourism sector in India that most be employed as a means of resolving existing or emerging health care quality issues in India.

#### 6. DATA COLLECTION METHODS:

Interviews will be conducted either via phone conversation or through e-mail based questionnaires. A set of four different Interviews will be drafted to address the four chief subject types to be interviewed in this project. These four interview formats include questions generated towards hospital medical professionals (MD's, nurses, technicians), hospital administrators (i.e. upper level management, directors of hospital departments), health officials (i.e. Ministry of Health officials), and foreign based medical tourism agents. Due to the lack of published data and publicly released statistics on medical tourism outcomes in India, the most appropriate means of acquiring information on India's participation in medical tourism via interviews of health care personnel. Such a method of Qualitative data collection in the form of individual opinions, experiences and projects may introduce bias into the study depending on the particular research participant. This method, however, is a more flexible means of uncovering Indian health tourism status given to the lack of access to data on health care outcomes and statistics in India- a consequence of strict government regulation of hospital information and the absence of any formal quality of care analysis within the public health system.

#### 7. RESEARCH RESULTS:

**Question 1:** Which top elective procedures or treatments are currently being sought in India by foreign patients?

Interview with several medical tourism agencies did reveal analysis-based conclusions (drawn from data sets gathered by the respective agencies) regarding what they deemed to be the most common medical tourism services around the world and in what regions patients sought such care. Such findings highlighted the top medical tourism procedures sought Internationally, which include cosmetic services (consists of 50% of all medical tourism activity), orthopedic surgery i.e. hip and knee replacement surgeries), bariatric surgery (i.e. gastric bypass, lap band), in-vitro fertilization therapy, and spinal or ankle fusion. These global medical tourism trends, although not documented in India, can nevertheless provide insight as to what services may be of

potential value in India- a critical factor when Indian hospitals are seeking to invest resource in areas with the greatest patient drawing power.

**Question 2:** What are the plans of action for hospitals pursuing or interested in participating in the global medical tourism market?

The additional revenue from international patients seeking care at the hospital in one of its "VIP Clinics" could serve as a alternative resource to provide needed funding, the necessary costs that would be required of the hospital to market itself to the global patient base, seek IMC accreditation, and staff its facilities with multi-lingual professionals would far outweigh the profits that would be derived from medical tourism. As a result, the Indian hospitals, despite boasting modern facilities, top patient case, internationally educated medical staff, and unparalleled specialized care in cardio-vascular health, does not see any incentive to invest in medical tourism in the near future and this has no plans to reach out to foreign patients or seek international accreditation (a very costly and extensive process).

**Question 3:** What are the general public, health provider/professional, and political reactions and projections are regarding the development of health tourism in India?

The physician patient culture in India is markedly different from that generally accepted in most western nations. Unmaintained hospital facilities, inadequate hygiene standards, and hospitals systems based on efficiency rather than patient centeredness; explained how these behaviors and methods are now deeply entrenched in Indian Health care delivery and incompatible with westernized expectations of healthcare by visiting patients.

The opportunity for the rise of medical tourism in India would rest entirely within the private health sector. The government is currently too busy with the current Indian health care reform to invest any resources in medical tourism; "the former government health official proclaimed when asked what role the Indian government may have with respect to promotion or regulation of medical tourism in India. Therefore the Indian government's involvement in medical tourism is projected to be minimal and essentially a non-priority in comparison to India's other pressing health care difficulties that the nation is addressing in its present health care reforms process.

Evidence, gathered from the array of interviews conducted on health care professionals in both the public and private health care arenas, as well as that from government officials and global medical tourism agencies; indicate the following findings.

With the pressing need for additional revenue to cover hospital budget deficits as a result of insufficient government funding, some public hospital professionals believe that medical tourism is a innovative means of funneling foreign revenue into the domestic offers of the Indian public health sector. With such aid, the public health sector could thus distribute the funding to subsidize more care for its domestic patients, (especially those seeking care from more rural or impoverished regions of India), invest in more advanced health care technology and equipment (i.e. PET scanners and MRI's) and conduct much needed facility maintenance operations (clinics, examination rooms, and waiting areas throughout many Indian public hospitals commonly fall into disrepair and are never re-furnished, remodeled, or repainted after their initial construction.

- In comparing the views of the interviewed health care operations and consulting group as well as those of US or UK based medical tourism agencies, there is a general consensus that present day India is still hugely unprepared to become a major provider in the international medical tourism market in the near future. Such is chiefly due to the significant barriers in the form of lack of English speakers amongst medical staff, a culture of health care delivery that is strikingly non-western (provider centered hospital systems rather than patient centered), and medical facilities that oftentimes do not give just representation of the level of surgical and technical skill conducted within its walls (through urban public hospitals are widely known to have the most superior surgeons and physicians throughout the nations, these some hospitals are often poorly maintained and never renovated). These are all key features that compose what most medical tourism patients deem to be crucial factors that shape their choice of health care provider overseas.

## 8. Study Limitations:

Due to the widespread lack of documentation throughout the Indian public health system, interviews with directors and provider based in public hospitals could provide no quantitative evidence or statistics on number of procedures per year provided to foreign patients or what the most popular services sought by international patients were

## 9. Future Directions:

With the lack of quantitative information regarding the existence of medical tourism in India, this study provides a preliminary qualitative overview of what current procedures patients from abroad are seeking or are likely to seek in India. How Indian hospitals are preparing or investing in medical tourism projects; and what predictions and opinions the Indian public and those in health professional field or in government have in terms of India's likely stance on medical tourism in the future.

## 10. CONCLUSION:

### 'first world service at third world cost'

- India has gained the status of being the most preferred destination among people and patients for Medical Tourism in Asia.
- With a wide variety of treatments offered at the hospitals, state-of-art infrastructure and a league of eminent doctors the Hospitals of Asia have gained much popularity within a short duration of time.
- Having a Medical Tourism in Asia is an experience quite distinct and highly satisfactory. The medical tourists are taken care of by experts and the treatments provided are of world class standards.

In Asia, India is popular amongst medical tourists for a number of reasons. Aside from providing high-quality medical care for low prices, the area is relatively easy to access and boasts a temperate climate year round. Visitors will be able to communicate easily with their doctors and the public and will have the finest amenities available.

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That is strikingly non-western (Provider centered hospital system rather than patient centered), and medical facilities that often times do not give just representation of the level of surgical and technical skill conducted within its walls (though urban public hospitals are widely known to have the most superior surgeons and physicians throughout the nation, these same hospitals are often poorly maintained and never renovated). These are all key features that compose what most medical tourism patients deem to be crucial factors that shape their choice of Health care provider overseas.

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