

Medical tourism

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Medical tourism is defined by the Medical Tourism Association as: “Medical Tourism is where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care.”¹ The Centers for Disease Control (CDC) has a simpler definition: “Medical tourism refers to traveling to another country for medical care.”² Not surprisingly while the Medical Tourism Association emphasizes why one should consider other countries for health care, the CDC has more information about the potential downside of this decision. The very first piece of information offered by the CDC, even prior to the definition of medical tourism, is this warning in bold text: **“Receiving medical care abroad can be risky. Learn about the risks and how to minimize them.”**²

Basic statistics can be hard to find amid sales pitches. Medical tourism is not a charity business. Patients Beyond Borders is an organization that offers some basic facts with the admitted caveats that information is hard to come by.³ Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, and Turkey are listed as top destinations for medical tourism by Patients Beyond Borders.³ An older list compiled by the official magazine of the Medical Tourism Association listed India, Brazil, Malaysia, Thailand, Turkey, Mexico, Costa Rica, Taiwan, South Korea, and Singapore as their top 10 choices for Americans.⁴ Estimates of the total annual market for medical tourism are 65–87.5 billion U.S. dollars. It is estimated that about

1.9 million Americans will be medical tourists in 2019 spending an average of \$3,410 per trip, so Americans are about 10% of the world market.

The top specialties of care sought by medical tourists are cosmetic surgery, dentistry, cardiovascular procedures, orthopedic procedures, cancer therapy, reproductive services including in-vitro fertilization, weight loss surgeries including LAP-BAND and gastric bypass, imaging tests, laboratory tests, health screens, and second opinions. Cosmetic surgery is generally not covered by U.S. health insurance, so lower price is an obvious motivation. Dental care is not always available for Medicare patients, so cost becomes an issue here as well. Cardiovascular procedures and orthopedic procedures are generally covered by insurance, so the motivations are different for these procedures. Canadians, Britons, and Europeans may have very long wait times for procedures under their National Health Service programs providing an incentive for these groups to become medical tourists. Of interest, Patients Beyond Borders listed the U.S. as a top destination for medical tourists presumably due to Canadians and others seeking procedures sooner than they are available for “free” in their own country.

It is estimated that medical tourism is growing at 15–25% per year. The engine for this growth is the burden of health care regulations on domestic patients. Health care is a scarce resource. Attempts to make health care “free” will necessarily create rationing on a political basis. Those who cannot obtain politically rationed health care at any price will try to find willing suppliers outside their own country. Suppliers of medical tourism achieve windfall profits created by the regulatory burdens of domestic health care systems. So far, governments have permitted medical tourism as a source of tax revenue. As medical tourism grows, however, some people may find that they are second class patients in their own countries.⁵

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