
Brief Communication

The Overview of Health Tourism from the Perspective of Healthcare Professional

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As far back in the Bronze ages, people visited to warm mineral springs and spas for the benefit of health. In the last decades, tourists traveled from developed countries to developing countries for medical treatments and leisure activities, especially in Asia. Although the globalization of health tourism provides timely and affordable services and attractive resorts for recovery, its ethical, legal, and social impacts should be concerned. A comprehensive plan should comprise sufficient and transparent information, including arrangement for admission to various hospitals and access to physicians in medical facilities, in addition to travel agencies, airlines, and hotel accommodations. To provide best healthcare services to foreign tourists, the quality of professional staffs in medical facilities should be considered, including sufficient manpower, expertise of physicians and nurses, and demand for special training such as linguistic communication. The trainings also consist of staff's competency, clinical experience, continuing education, and certification to assure maximal patient safety.

Key words: health tourism, patient safety, quality care

Introduction

The earliest health tourism dates back to the Neolithic and Bronze ages in Europe for visiting mineral or hot springs.¹ In the recent years, people from wealthy and developed countries travel to developing nations for the purposes of healthcare and leisure activities, especially in Asia. The terms of health tourism and medical tourism are used interchangeably in the literature. Health tourism was defined broadly as "the organized travel outside one's local environment for the maintenance, enhancement or restoration of the individual's wellbeing in mind and body".² The grow-

ing trend for health tourism is prominently consumer-driven, including patients, employers who pay the bills, and insurance companies seeking low-cost health providers.³ The globalization of health tourism and related ethical, legal and social impacts on the developing countries should be concerned.

The evolution of health tourism

As far back in the ancient era, people traveled to warm and mineral springs for the benefits of health. Traditionally, wealthy people from developing countries travel to developed nations to pursue better healthcare because of lack of advanced technology and

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poor medical treatment in their own countries. Yet, the tourists are traveling from developed countries to developing countries for healthcare around the world, particularly in India, Malaysia, and Thailand.^{4,5} The available health services include health examination, cosmetic surgery (breast, face, or liposuction), dentistry (orthodontics or reconstruction), cardiac surgery (heart bypass or valve replacement), orthopedic surgery (hip or knee replacement), bariatric surgery (gastric bypass or gastric banding), organ transplant and so on.⁶

The factors contributed to health tourism

The growing trend of globalization in healthcare is driven by several factors, including long waiting lists, expensive healthcare costs or lack of insurance coverage, alternative therapies, and other specific reasons. With regard to long waiting lists, a legal expert stated that “for urgent cases, anything beyond a month on a waiting list constitutes undue delay”.⁷ For instance, a 72-year-old patient suffering from severe arthritis was informed by her physician one year waiting period for her hip surgery. Her progressively worse hip condition had impacted her activities of daily living and quality of life. The untimely access to medical care in her country prompted her to request for an approval from her manager to receive the needed treatment abroad.

In addition, the affordability of medical costs is an important incentive of patients' decisions for health tourism. Because of high premiums of health insurance, some employers purchase low-budget plans that only provide coverage for small and limited health services. Therefore, lack of access to healthcare becomes a problem for the uninsured employees or uncovered conditions.^{5,8}

Moreover, alternative therapies such as traditional Chinese and herbal medicines can be used to cure rare diseases, such as Raynaud's disease and Sjögren's syndrome.⁹ In

addition, some individuals prefer to use traditional medicine and natural therapies, including herbs, acupressure and acupuncture for well-beings.¹⁰ Besides, for some specific reasons, a few people favor traveling overseas to receive cosmetic surgeries such as breast augmentation and rhinoplasty.¹⁰

The concerns of quality and safety

Traveling abroad for necessary medical treatment is a challenge. Concerning the demands of healthcare and potential risks, the development of health tourism still remains controversial. For the medical facilities that provided health services, they not only obtain the international reputations but also earn the benefits from foreign tourists.⁵ These facilities might overemphasize the profits to foreign tourists and underestimate the potential risks of health tourism.

Three categories of potential risks are indicated, including risk to patient's health, risk of traveling, and risk of pre- and post-operation.^{8,11} First, the patients suffering from medical diseases have to take risks for long-distant travels to obtain needed treatments. Traveling abroad may induce other health problems because of lower oxygen level in airplanes and long-hour flights to destination countries. The long-hour flight might also increase patient's physical discomfort and emotional distress.^{8,11,18} Second, if the physicians are not aware of patients' comprehensive medical conditions and perform any invasive procedures, it could endanger the patients' lives under such circumstances. In addition, the doctors may be reluctant to deal with the health problems that patients received medical procedures overseas and developed some complications after returning to their home countries. Third, the potential risk of infection resulted from health tourism should be concerned. For example, the infectious rates in the developing countries may be higher than those in the developed countries.^{3,5,8} Therefore, “Four

Ds” were suggested for selecting an optimal medical facilities as follows.¹³

The “four Ds” indicate the criteria for assessment of quality in the medical facilities outside their countries, including (1) Domain: the facilities and infrastructure are well maintained and updated; (2) Doctors: the doctors and nurses are credentialed and fully trained; (3) Data: the facilities use what kinds of statistics for quality of healthcare; and (4) Disaster and death: the data of morbidity and mortality are available to the patients and brokers.^{11,13}

Since the medical facilities in each destination utilize different methods to collect data, there are inconsistent standards or indicators for reporting the facility’s statistics and quality of healthcare. The insurance companies, brokerages, employers, and employees are unable to compare the quality of facilities around the world. Therefore, the medical tourism association (MTA) has started a “Quality of Care Project.” This project created a single method for collecting data and led the international hospitals in the world to work together. The information are posted on the website which allows people to compare the quality of care and provides transparency of the reporting data in relation to these international hospitals.¹⁴

The impacts of health tourism

Ethical impacts

With regard to ethical impacts, medical tourists travel abroad to utilize healthcare services and occupy the limited hospital beds in destinations. Directly, health tourism might influence the local population to access medical treatments and deprive of the human rights to health services. Indirectly, this situation would cause potential harm to the destinations because overemphasizing tertiary care may influence the primary care of local population in these developing countries.¹⁵

In addition, a comprehensive ethical assessment for the medical tourists is important

such as cultural, religious, economic, and political factors of the countries involved in health tourism.¹⁶ Cultural diversity, linguistic communication, and medical jargon may become a problem, even with the assistance of interpreters.¹¹ Moreover, a potential risk for health tourism is the ignorance of traditional ethical values for patients' continuous care and follow-up. The consequent complications gradually developed after patients received medical treatments abroad and returned home.¹⁵ These complications, adverse events and post-operative care may become the responsibilities of healthcare system in the patients’ own countries.¹⁷

Legal impacts

The legal standards and regulations for informed consents are different across the countries. How much information provided to foreign tourists in the medical facilities is unclear. Lack of available legitimate resource to foreign tourists is another legal concern.⁵ Most developing countries that provide health tourism rarely have well-established malpractice laws. In such circumstances, when patients suffer any injuries from the medical treatments in foreign countries, they may have little recourse to the local courts and no access for litigation and financial compensation.^{3,4,11}

Social impacts

In order to provide best healthcare services to foreign tourists, the quality of professional staffs in medical facilities should be taken into account, including sufficient manpower, expertise of physicians and nurses, and demand for special training such as linguistic communication. The training also consists of staff's competency, clinical experience, continuing education, and certification to assure maximal patient safety.⁸ In addition, a comprehensive assessment related to the cultures, customs, religions, educations, and socioeconomic status for medical tourists is also important.¹⁵

The proactive strategies

Over a decade, many hospitals apply for the accreditation of the joint commission international (JCI). The organization of JCI is to assess the quality of health care in medical facilities around the world. The headquarter was established in the United States and expanded regional offices in Singapore and Dubai. Another institute named international standards organization (ISO) is also used to evaluate the standardization and certification. The accreditation of JCI and/or ISO indicate that the medical institutes are approved to provide healthcare services with international quality.⁵

A biennial report of medical tourism index (MTI) between 2016 and 2017 revealed that the overall MTI score of Taiwan was 66.28 which ranked the 20th destination around the world. The average overall scores and top destination scores in different regions are shown in Table 1.¹⁹ The Medical Tourism Magazine even reported that Taiwan is one of the top 10 destinations for medical tourism. With the advanced technology of medical treatments, patients can save approximately 40% to 55% of healthcare costs in Taiwan comparing to the costs of similar procedures in the United States.²⁰

There are some well-developed hospitals in Taiwan which can offer high-quality health services such as liver transplant, joint replacement, fertility and reproductive medicine,

cosmetic surgery, robotic (Da Vinci) surgery and health examination as well.²¹ Meanwhile, in order to provide international healthcare services to foreign tourists, a comprehensive plan should comprise sufficient and transparent information, including the arrangement for admission to various hospitals and access to physicians in medical facilities, in addition to travel agencies, airlines, and hotel accommodations. However, the roles and responsibilities of healthcare professionals are becoming complicated in this fast changing world. Establishing mutual trusts and reducing possible risks are critical in the development of health tourism.¹⁵

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Table1. The average overall scores and top destination scores in different regions.

Regions	Average overall score	Top destination score (Destination)
Americas	64.48	76.62 (Canada)
Europe	63.5	71.90 (Germany)
Middle East	63.4	67.54 (Dubai)
Asia	63.19	73.56 (Singapore)
Africa	57.51	62.20 (South Africa)

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