

Seeking Surgery Outside Canada

Two-day conference debates pros and cons of bypassing medicare

By Tamara Baluja, The Province June 28, 2010

Faced with a long wait time for that surgery you need? Lots of people are opting to skip the line, save money on their operation and take a vacation — all at the same time.

Medical tourism is a rapidly expanding health industry, says health geographer Valorie Crooks, who has examined some of the ethical issues involved in crossing borders to access health-care services.

Crooks shared some of her observations at a Simon Fraser University conference last Thursday and Friday on the ethics of medical tourism.

Organizers Crooks and colleague Jeremy Snyder, a bioethicist, brought together about 70 researchers, industry representatives and experts in health policy.

“We wanted to look at why and how Canadians go abroad for surgery and what kind of ethical issues they should be concerned with,” Crooks said.

Several industry representatives argued off the top that medical tourism might not be the best term for the emerging trend.

“We need to think of it as global medicine,” said Jana Alexandrova, director of marketing at Assiser, an insurance provider for foreign patients in Spain.

“Medical tourism” merges two contradictory ideas, Alexandrova argued. “Medical” indicates the involvement dedicated health professionals, while “tourism” carries a more flippant undertone of recreation and fun, she said.

“It’s a pairing that doesn’t make sense,” said Alexandrova, who argued that her company maintains an ethical business by charging the same prices to both foreign customers and Spain nationals.

One person in the audience asked if medical tourism takes away healthcare from impoverished people in the Third World countries.

“No, that’s not the case — because there aren’t enough medical tourists to take up all of a surgeon’s practice,” said Yasmeen Sayeed, president of Surgical Tourism Canada, which provides medical tourism to those heading for South Asia.

“Even though it is a growing business, doctors are still treating local patients [too].”

Sayeed argued that medical tourism offers benefits for the host country. She said her company often receives donations to send back to India from medical tourists. Others have expressed interest in adoptions from South Asia, she said.

* What drives medical tourism?

In a bid to understand the driving force behind medical tourism and to compare standards in healthcare practice, Crooks and Snyder’s team of researchers looked at promotional material presented at a medical tourism trade show in Toronto last year called India: Medical Tourism Destination.

“You always hear in media and academic literature that it is cost that is driving medical tourism, along with shorter wait times” said Rory Johnston, who presented the team’s findings to last week’s gathering.

“But if you look at the analysis, cost, surprisingly, was not mentioned very often,” Johnston said. “It’s not very prominent as a marketing message.”

The majority of the pamphlets focused on the quality of care, Johnston said.

“When I told them I was going to South Asia for surgery, my relatives thought I was crazy. They said, ‘you’ll be cremated along the Ganges,” Johnston said, reading a quote from one of the pieces of promotional literature.

The team concluded that the promised of high-quality care was central to promoting medical tourism to low-income countries.

“That’s because you have to break stereotypes,” said Yasmeen Sayeed, president of Surgical Tourism Canada, which provides medical tourism to India.

“It’s not easy to resolve this idea of snake charmers and cows on the streets with top-of-the-line healthcare all in the same country,” Sayeed said.

Canadian consumers, who have access to public health care, are less focused on cost and more on quality of care, she said.

On the other hand, American consumers who have to cover their own medical care are usually more concerned with costs, she added.

* Findings on Medical Tourism

The typical medical tourist is Caucasian, elderly and middle-to-upper class.

Studies are showing that the younger and more underprivileged a woman is, the further she will have to travel to get an abortion. Domestic travel to urban centres, such as Vancouver, Edmonton and New York City, is often necessary for abortion tourism.

About 99 per cent of Surgical Tourism's clients are Caucasian.

tbaluja@theprovince.com

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