

Faith, Hope, and Trust in Medical Tourism

What is medical tourism?

Medical tourism occurs when patients travel internationally with the intention of obtaining privately funded medical care. Canadians seek medical care abroad for many reasons, including long wait times, cost, and to circumvent the domestic health system. Our research team, based at Simon Fraser University (in British Columbia, Canada), studies medical tourism from a number of perspectives.

Multiple sclerosis and medical tourism:

Multiple sclerosis (MS) is a disorder of the central nervous system with undetermined causes. Canada has one of the highest incidences of MS in the world, affecting thousands of Canadians. While there is no cure for MS, treatment for chronic cerebrospinal venous insufficiency (CCSVI) has been performed as an unproven intervention for MS, after researchers in 2009 suggested an association between CCSVI and MS. However, no randomized control trials have provided evidence for the efficacy of CCSVI treatment for the relief of MS symptoms, and recent studies have found no connection between CCSVI and MS. The Canadian government has decidedly refused to fund access to this intervention, effectively blocking domestic access to CCSVI. As a result, some Canadians with MS have decided to travel abroad in order to access this care, thus circumventing restrictions placed by the domestic system.

Key findings on research with participants who had gone abroad for CCSVI treatment:

Through our qualitative research we have identified three themes central to participant's decision to seek treatment abroad.

- Participants described a **loss of faith** in the Canadian health system, by virtue of their frustrations with the domestic health care providers and administrators who would not accommodate their desires to access unproven interventions at home. While other Canadians were able to access vascular treatments similar to those used for CCSVI for conditions not related to MS, they felt their diagnosis with MS marked them as different from the rest of the population and subjected them to inferior medical treatment. Frustration and loss of faith was primarily directed towards neurologists, who serve as gatekeepers to specialized treatment for MS.
- Participants **nurtured hope** that access to CCSVI treatment abroad could eliminate or lessen symptoms of MS, and was understood by some as the only option or last resort, even if success was far from guaranteed. In this way, staying in Canada was seen as accepting permanent loss of function from MS, and taking a chance on CCSVI was considered a rational choice. Cautionary advice from the physicians providing the intervention meant that participants largely did not believe that they would be cured of MS as a result of undergoing CCSVI treatment abroad.
- Participants **formed trust** with specific clinics and physicians in the destination countries they visited once the decision to go abroad was made. Often the professionalism and credentials of their physicians abroad remained an important element in building trust in the care they would receive. Moreover, recommendations of fellow people with MS served to instil confidence in physicians abroad.

For more information: www.sfu.ca/medicaltourism

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