

## Medical Tourism's Impacts on Health Worker Migration

### 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.

### Health worker migration and medical tourism:

Health worker migration involves the movement of health workers across international borders and can exacerbate health human resource shortages and health inequities. Medical tourism advocates argue that it can stem the international out-migration of health workers by providing relatively well-paying jobs and improved working conditions in the private health sector. However, critics note the potential of medical tourism to shift health workers from the public to private sector. In these ways, the practice of medical tourism can have far reaching impacts on the global distribution of health workers and global justice.

### Key findings on medical tourism's impacts on health worker migration:

Our research reveals five patterns of medical tourism-driven health worker migration:

- **Long-term international migration:** Many large medical tourism facilities in the Caribbean face a staffing problem as they are unable to meet health worker needs through the domestic population alone. In this way, facilities must import doctors, technicians, and nurses from abroad, and rely on the local population for administrative and support positions. However, flows of health workers to the Caribbean have the potential to exacerbate health worker shortage and 'brain drain' elsewhere.
- **Long-term diasporic migration:** Medical tourism is promoted as potentially encouraging the return of domestic health workers who have migrated abroad to practice and the success of some medical tourism facilities is predicated on this flow of migrant workers. Foreign trained health workers are able to bring with them training experiences that may be unavailable in the Caribbean, potentially leading to new training opportunities and exposure to new medical techniques for local health workers.
- **Long-term migration and black sheep:** Some medical tourism facilities and health workers seek out and lobby for regulatory environments most accommodating to their specific plans and needs, allowing developers to operate facilities that would not be permitted in jurisdictions with more stringent regulations. However, this may leave destination countries with problematic procedures and personnel, as well as potentially cause harm to patients and the destination's reputation.
- **Short-term migration via time share and patient-provider dyad:** As opposed to long-term patterns of health worker migration, some health workers practice abroad through a 'time share' model, where they purchase the right to practice for a part of each year in an off-shore medical facility. Other times, health workers travel abroad with their patients for the duration of treatment. In this case, nurses, technicians, and other workers are largely staffed from the domestic population. The irregularity of this model may limit the potential for training opportunities for domestic workers, and may be potentially disruptive to domestic training activities.

For more information: [www.sfu.ca/medicaltourism](http://www.sfu.ca/medicaltourism)

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