



# MEDICAL TOURISM

THE RISKS AND REWARDS

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# Medical Tourism

## A Review of the Risks and Rewards

You have probably heard a news report about someone who has travelled to a foreign country to have surgery instead of waiting months for the same procedure in Canada. You may even know someone who has flown to a tropical destination for treatment at a fraction of the price it would cost for the same procedure in Canada.

Medical tourism, travelling to another country for faster or less expensive medical treatment, is becoming more common.

**According to a soon-to-be released report by Deloitte, 60% of Canadians would be willing to leave the country for medical care if it was covered by insurance.<sup>1</sup>**

It is a multibillion dollar industry that has blossomed in response to the perceived long waiting times for medical services in Canada and the lower prices for surgeries in developing countries. More people are demanding treatment sooner rather than later and are opening up their wallets to do so.

For all its benefits, medical tourism comes with a host of questions and concerns.

Questions like:

- How do you know you are getting the medical services you need?
- How can you be certain you receive the continuity of care when you return home?
- And, what legal recourse do you have in the case of malpractice?

Understanding the costs and the benefits involved with trips for medical procedures will transform potential medical tourists into better-informed consumers.

### Not a new phenomenon!

Medical tourism is really nothing new. In ancient times people traveled to the temples of Asclepius, the Greek god of medicine, or to the healing spas of Rome. In the 19<sup>th</sup> century wealthy individuals made pilgrimages to therapeutic hot springs. In the past century medical tourism primarily consisted of wealthy individuals in developing countries getting treated by the best doctors in the top hospitals of the developed world. Recently the trend has been toward people in developed countries travelling to other

countries or sometimes to developing countries for treatment.

There are no authoritative numbers to document the industry from a Canadian perspective. According to a 2009 Deloitte survey, 540,000 Americans travelled outside the United States for treatment in 2008<sup>2</sup>.

### What is driving the trend?

Globally the medical tourism market is estimated to be worth \$60 billion annually, according to the Deloitte study.

**It is being driven by three things: Quality, Access and Price.**

In Canada, where the individual's medically-necessary surgeries are largely covered by provincial medical insurance plans, access is the main consideration, followed by quality.

There are more than 60 hospitals in the developing world accredited by the Joint Commission International, ensuring they meet standards of hospitals in the developed world.

Another factor in the booming industry is that an increasing number of skilled physicians from developing countries, many of whom have trained in western medical schools, are opting to practice in their home countries rather than try to take on the process of becoming certified in Canada. India alone graduates more than 20,000 doctors annually.

Add in relatively inexpensive air travel and the ease of Googling the price of different procedures and there are strong pull factors at play. If you need help deciding where to book your surgery, there are more than a dozen medical tourism brokers in Canada to choose from to book your procedure and to arrange flights and post-operation accommodations.

**The International Medical Tourism Journal lists more than a dozen brokers at**

<http://www.imtjonline.com/medical-travel-directory/medical-tourism-agencies>

The savings, in time and money, can be substantial. The current minimum wait time for abdominal wall hernia surgery in Ontario is 46 days. Nine out of 10 patients receive the surgery within 130 days<sup>3</sup>. If you have \$3,800 (U.S.) you can get it done in Costa Rica as soon as you can get there.

In Canada abdominoplasty surgery (a cosmetic procedure better known as a tummy tuck) is not covered by provincial medical insurance plans. If you want it you could pay as much as \$8,000. In Mexico the price is \$3,500<sup>4</sup>.

Exotic tropical destinations are part of medical tourism's appeal. But more than half of Canada's medical tourists travel to the United States. The recession and the rise of the Canadian dollar have brought medical travel to the United States within reach of more Canadians. Many Americans lost their jobs (as well as their healthcare coverage) in the recession. As a result, demand for medical services has slackened south of the border.

With the Canadian dollar at par, or better, many Canadians have been able to book surgeries at a fraction of the prices of just a few years ago. The Globe and Mail recently reported that a Calgary man was able to book hip replacement surgery for \$18,800 last December. Two years earlier the going rate was \$45,000<sup>5</sup>. Coronary artery bypass surgery used to cost around \$100,000 but could be found for \$16,000. That's still nearly double the \$9,000 it would cost in India<sup>6</sup>.

### Is it 'Un-Canadian?'

The thought of some Canadians being able to 'jump the line' can lead to questions about fairness. After all, the equality of access to healthcare is one of Canadians' most cherished rights.

Some also argue that 'exporting' our healthcare needs to another country distorts the natural growth of their healthcare systems, especially in developing countries where the vast majority of people do not have access to primary healthcare let alone advanced surgical techniques.

But there are arguments supporting medical tourism.

While it may be that medical tourism is a form of 'line jumping' for those who can afford it, travelling outside Canada for care does not take care away from a Canadian citizen. In fact, the argument could be made that if some leave the country for care then it shortens the waiting list for others who cannot afford to.

There is also the principle of personal freedom to consider. We are free to decide how to live our lives and how to spend our money. If you decide to travel I do not have the right to stop you.

Healthcare in developing countries, meanwhile, is very different than here in Canada. The vast majority of citizens in developing countries do not have access to doctors and hospitals. It is a little too simplistic to suggest that if it weren't for wealthy medical tourists then these doctors, nurses and technicians would be treating the poor in the villages or in the slums. Attracting medical tourists helps build a modern medical infrastructure.

Then there are examples like the Narayana Hrudayalaya hospital in Bangalore, India that treats both wealthy and destitute patients, and offers a free tele-health service that connects doctors in the hospital to patients in remote areas of the country.

Whether you support it or not, medical tourism is a fact of life.

**The responsible reaction is to manage it effectively so that there are optimal outcomes.**

But before booking your procedure outside of Canada it is worthwhile to ask yourself if you really need to travel for the care you need.

### **Do you really need to travel for treatment?**

The rush to the airport should be tempered, cautions Dr. Ray Rupert. The founder and president of Rupert Case Management ([www.rupertcasemanagement.com](http://www.rupertcasemanagement.com)), a Toronto company that provides case management and patient advocacy services, advises caution before booking a medical excursion. The price you are quoted may not be the price you pay because complications can occur. You may be signed up for one procedure, but if your heart stops beating during the operation the medical team is going to resuscitate you, and the

cost will be added to the bill you wake up to.

**“You have to be careful when buying foreign medical treatment. \$5,000 for a knee replacement may sound good, but if you develop complications your costs could escalate,” says Dr. Rupert.**

Patients are experts in themselves and have access to a lot of information, but they are not the best judges of medical treatment, Dr. Rupert contends. He has built a list of 2,000 top medical doctors in Canada and the United States that he can refer patients to for second opinions.

**Oftentimes his clients are surprised to learn they can get the treatment they need in Canada with a much shorter wait than they expect.**

The waiting period may be only days instead of weeks or months. That has the obvious benefit of cost avoidance. But it also keeps patients close to home where family and friends can help them through their recovery, a benefit that is hard to measure in dollars and cents.

“My experience is that people want to be operated on close to home when they are really sick,” he says.

On several occasions Dr. Rupert has helped patients get an opinion that differs from the original diagnosis. A case in point: he had a patient come to him to get a third opinion. The patient was ready to head out of Canada for what would be his fourth back surgery. One doctor had examined him and recommended spinal decompression surgery. A second recommended decompression and the fusion of several vertebrae. Dr. Rupert referred him to an expert spinal surgeon who determined the patient’s back pain was being caused by his hip.

Instead of spending \$40,000 in the United States to have back surgery he didn’t need, the client had hip replacement surgery in Canada.

### **Other Challenges**

For those who do opt to travel outside Canada there are a few more issues to consider. One of the main challenges for the industry is continuity of care.

Patients are diagnosed by a doctor in Canada, treated by a doctor in a foreign country and then return to Canada to complete their recovery. Their Canadian doctor provides any follow-up care.

**You need good coordination between your doctors in Canada and the destination country to ensure continuity of care. Without it your recovery can be complicated.**

The College of Family Physicians of Canada warns that the gathering and verification of clinical outcomes of surgeries performed in developing nations is “mostly nonexistent”<sup>7</sup>. A particular surgery may have the same name and follow similar procedure in Canada and another country, but without verified information on outcomes, the prospective medical tourists cannot judge if the out-of-country procedure is truly of the same quality. The college also notes that some Canadian medical tourists to India were infected by the NDM-1 superbug in 2010, raising more concerns about the industry.

Something else to consider before hopping a plane is what legal recourse you have if something goes wrong. Mistakes happen even in the developed world’s hospitals. If you travel to the United States, for instance, and your surgeon is negligent it may be somewhat difficult to bring the matter to court, requiring you to hire a lawyer and possibly attend hearings and testify. In a developing country it may border on impossible to get restitution.

### **Group plans offering coverage**

Medical tourism is on the rise despite its challenges, and group insurers have taken notice. Several companies have developed plans that allow their members access to out-of-country care. There are plans on the market that allow members to receive second opinions from specialists the world over. These experts can also direct the patient’s care if the care is delivered in Canada.

**Some plans will cover treatment in foreign countries if it is superior to that available in Canada.**

There are even specialty plans that allow plan members who are diagnosed with a covered disease to be treated at world-renowned institutions like the Mayo Clinic.

There is still the more familiar critical illness coverage. These plans typically pay a lump sum when the plan member is diagnosed with one of the covered illnesses. The payment can be used for medical treatment anywhere in the world.

### **Is medical tourism right for you?**

Medical tourism is part of the healthcare landscape. It has been for ages.

The main difference now is that more people have the means travel the world for treatment. It has the potential to speed up access to care for Canadians awaiting required treatment or to save money for those wanting elective or cosmetic procedures. Group carriers are adding coverage that incorporates medical tourism. Plan members can access top doctors in almost any specialty and receive treatment at world-class facilities, mainly in the United States.

This has opened up a world of opportunities for Canadian healthcare consumers. But medical tourism isn’t a panacea.

If you are considering going outside Canada for treatment do your due diligence. Get a second opinion before making a decision. As Dr. Ray Rupert cautions, patients are not the best judge of the medical treatment they need. This is an especially important step when you are paying out of pocket. Making sure you are getting the correct procedure performed by the proper physician is crucial.

It could be that the procedure recommended isn’t the one you really need. It could be that your diagnosis and treatment plan are right, and that the care you need is available in Canada much more quickly than you have been led to believe.

If after looking at all the facts travelling abroad for care is the best option then pack your bags. Now more than ever the world is your hospital.

- <sup>1</sup> “Canadians Warming up to idea of ‘medical tourism,’” [www.ctv.ca/CTVNews/TopStories/20110521/medical-tourism-for-canadians-110521/](http://www.ctv.ca/CTVNews/TopStories/20110521/medical-tourism-for-canadians-110521/) , accessed May 24, 2011
- <sup>1</sup> “Medical Tourism: update and implications,” [http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us\\_chs\\_MedicalTourism\\_111209\\_web.pdf](http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_MedicalTourism_111209_web.pdf)
- <sup>1</sup> These figures came from Ontario’s Ministry of Health and Longterm Care surgical wait time website, <http://waittimes.net>, on June 1. They are updated regularly.
- <sup>1</sup> The international price quotes can be found at <http://yourlifemarket.com> and the Canadian price at <http://www.plasticsurgeryinfo.com>
- <sup>1</sup> “Sold! Triple bypass surgery in U.S. for \$16,000,” Globe and Mail, Saturday, March 5, 2011.
- <sup>1</sup> According to [www.treatmentassistanceindia.com](http://www.treatmentassistanceindia.com)
- <sup>1</sup> The college outlines 10 concerns in its paper at [www.cfp.ca/content/57/5/527.full](http://www.cfp.ca/content/57/5/527.full)



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