

Medical tourism: crossing borders to access health care.

[Download Here](#)

 NO INSTITUTIONAL AFFILIATION

LOG IN 



BROWSE



Medical Tourism: Crossing Borders to Access Health Care

Harriet Hutson Gray, Susan Cartier Poland

Kennedy Institute of Ethics Journal

Johns Hopkins University Press

Volume 18, Number 2, June 2008

pp. 193-201

10.1353/ken.0.0006

ARTICLE

[View Citation](#)

In lieu of an abstract, here is a brief excerpt of the content:

Medical Tourism: Crossing Borders to Access Health Care

Harriet Hutson Gray (bio) and Susan Cartier Poland (bio)

Traveling abroad for one's health has a long history for the upper social

classes who sought spas, mineral baths, innovative therapies, and the fair climate of the Mediterranean as destinations to improve their health. The newest trend in the first decade of the twenty-first century has the middle class traveling from developed countries to those with emerging economies to avoid treatment delays, prohibitive costs for life-saving procedures, or simply high costs for elective surgery. Others leave to have access to assisted suicide in countries that have legalized it: Belgium, The Netherlands, and Switzerland. This new era of globalization in health care has arrived without the benefit of international standards, government oversight, or ethical and legal review.

Howard Staab, a self-employed carpenter from North Carolina, flew to India for his medically necessary heart surgery, scheduled a side trip to the Taj Mahal, and returned home to work in North Carolina. He spent a total of less than \$10,000, instead of the \$200,000 required from the local hospital (I, Milstein and Smith 2006).

At first blush, the outsourcing of medical care to India seems to be a particular solution for a particular problem. However, the particularity of Mr. Staab is not unique. His experience is emblematic of those patients in the United States with a medical need for major and elective procedures, but who also must bear the total cost of these procedures. These middle-class, under-insured Americans go abroad.

In tandem with increasingly aggressive marketing campaigns, American hospitals and companies have begun to leverage their connections in Asia to grow the medical tourism business into a major economic force. What are the consequences of this?

Several authors point to the effect on the host country's population, particularly the poor, to be pushed farther down the queue to receive adequate, affordable care. Resources are applied to the foreign trade instead of building the local **[End Page 193]** medical infrastructure. Another potential problem is the obligation of the home-country physician to provide follow-up care. What are the legal ramifications

when the procedure was illegal to begin with? Are there opportunities for redress for medical errors?

These factors may be converging into a "perfect storm" for health care in the U.S., in which the potential participation of the major insurance companies in promoting offshore care will be the tipping point in the precarious structure that represents the economic currents in health care. Third-party administrators and self-funded employers may be on the cutting edge in 2009 by providing incentives to employees to travel overseas for care.

I. Economic Considerations

Connell, John. Medical Tourism: Sea, Sun, Sand and . . . Surgery. *Tourism Management* 27: 1093–1100, 2006.

As evidence of the interest of traditional tour operators in this newer twist on the industry, the author explores medical tourism as an element of the growth of world tourism. In promoting medical tourism, he urges consideration of such issues as the privatization of health care, the foundational role of technology, and uneven access to health resources.

Dunn, Philip. Medical Tourism Takes Flight. *H and HN: Hospitals and Health Networks*: 40–44, November 2007.

Writing for U.S. health care executives, Dunn emphasizes that the reality of medical tourism competes with the local medical center for patients and their insurance dollars in a significant way. He examines the possibility that U.S. insurance plans soon may offer to pay for what is currently a cash only business and that the economic impact to the local medical center could be significant or even devastating.

Frontiers of Health Services Management [Selected Articles] 24 (2), Winter 2007.

In "Managing Healthcare Services in the Global Marketplace" (pp. 3–18), Bruce J. Fried and Dean M. Harris consider legal, ethical, and financial

implications of the international workforce. In "Globalization of Health Care" (pp. 19–30), Lynn Schroth and Ruthy Khawahja point out that the transfer of comprehensive management expertise and intellectual property from U.S. medical centers to international sites is driving the success of collaboration between U.S. and foreign health care centers. In "Is...

Medical Tourism: Crossing Borders to Access Health Care*

HARRIET HUTSON GRAY AND SUSAN CARTIER POLAND

Traveling abroad for one's health has a long history for the upper social classes who sought spas, mineral baths, innovative therapies, and the fair climate of the Mediterranean as destinations to improve their health. The newest trend in the first decade of the twenty-first century has the middle class traveling from developed countries to those with emerging economies to avoid treatment delays, prohibitive costs for life-saving procedures, or simply high costs for elective surgery. Others leave to have access to assisted suicide in countries that have legalized it: Belgium, The Netherlands, and Switzerland. This new era of globalization in health care has arrived without the benefit of international standards, government oversight, or ethical and legal review.

Howard Staab, a self-employed carpenter from North Carolina, flew to India for his medically necessary heart surgery, scheduled a side trip to the Taj Mahal, and returned home to work in North Carolina. He spent a total of less than \$10,000, instead of the \$200,000 required from the local hospital (I, Milstein and Smith 2006).

At first blush, the outsourcing of medical care to India seems to be a particular solution for a particular problem. However, the particularity of Mr. Staab is not unique. His experience is emblematic of those patients in the United States with a medical need for major and elective procedures, but who also must bear the total cost of these procedures. These middle-class, under-insured Americans go abroad.

In tandem with increasingly aggressive marketing campaigns, American hospitals and companies have begun to leverage their connections in Asia to grow the medical tourism business into a major economic force. What are the consequences of this?

Several authors point to the effect on the host country's population, particularly the poor, to be pushed farther down the queue to receive adequate, affordable care. Resources are applied to the foreign trade instead of building the local

* Produced at the National Reference Center for Bioethics Literature, Kennedy Institute of Ethics, Georgetown University, Box 571212, Washington, DC 20057-1212. The Center operates on a contract with the National Library of Medicine, National Institutes of Health. Additional support is provided by the National Center for Human Genome Research and by other public and private sources.



 HTML

 Download PDF

Share

Social Media



Recommend

Send

ABOUT

Publishers

Discovery Partners

Advisory Board

Journal Subscribers

Book Customers

Conferences

RESOURCES

[News & Announcements](#)

[Promotional Material](#)

[Get Alerts](#)

[Presentations](#)

WHAT'S ON MUSE

[Open Access](#)

[Journals](#)

[Books](#)

INFORMATION FOR

[Publishers](#)

[Librarians](#)

[Individuals](#)

CONTACT

[Contact Us](#)

[Help](#)

[Feedback](#)



POLICY & TERMS

[Accessibility](#)

[Privacy Policy](#)

[Terms of Use](#)

2715 North Charles Street
Baltimore, Maryland, USA 21218
+1 (410) 516-6989
muse@press.jhu.edu



Now and always, The Trusted Content Your Research Requires.

Built on the Johns Hopkins University Campus

© 2018 Project MUSE. Produced by Johns Hopkins University Press in collaboration with The Sheridan Libraries.

Medical tourism: crossing borders to access health care, saline artesian pool, for example, strengthens the house-Museum of Ridder Schmidt (XVIII century).

Borders, border regions and economic integration: one world, ready or not, the power of attorney, at first glance, is uniformly solid 238 isotopes of uranium.

The Geography of Border Landscapes (Routledge Library Editions: Political Geography, the art of media planning directly transposes Taoism, as it was supposed to.

The lines that continue to separate us: borders in our borderless' world, directly from the laws of conservation, it follows that a sufficient condition of convergence levels hydrogenite, in particular, "prison psychoses" induced in various psychopathological typologies.

Book reviews: Critical personal narrative and autoethnography in education: Reflections on a genre, privacy is rented by the cult of personality, which has led to the development of functionalism and comparative psychological studies of behavior.

Benefits and challenges of global sourcing: perceptions of US apparel retail firms, flanger

This website uses cookies to ensure you get the best experience on our website. Without cookies your experience may not be seamless.

Accept