Sun, surf and scalpel

Asian countries develop their medical tourism industry

By Martina Merten

Tourists from all over the industrialized world are flocking to Asia for medical procedures. Cosmetic surgery and other operations cost a fraction of what they would at home. But there are serious side effects – and not just for the patient.

Breast enlargement or reduction, eyelid surgery, a facelift or liposuction – are all on offer at the cosmetic surgery department of Bumrungrad International Hospital in Bangkok. If one wants a nip and tuck before a vacation under the palm trees, one can find everything possible at this exclusive private clinic built in 1980. The growing number of foreign visitors in recent years shows the high demand for these services. In 2003, 800,000 people came to Thailand on medical tourism packages; in the same year, the Indian health tourism market drew 150,000 foreign patients. Countries such as Singapore, Malaysia and the Philippines are catching up fast.

What drives increasingly more patients with high-quality health systems at home to take long-haul flights to distant lands? Why are people undergoing treatment at the hands of doctors and nurses they do not know, and why are they having even complex operations such as organ transplants carried out far from home? Jade F. del Mundo, a ranking official with the Philippine Health Ministry, says the answer is obvious: Procedures in countries such as the Philippines are more cost effective. In addition, he says, the Philippines has highly trained, English-speaking medical staff. Del Mundo adds that the patient is in good hands here.

Price is indeed the main reason for the growing stream of patients from Europe, the U.S., Japan and the Middle East for treatment in Thailand, India and the Philippines. A coronary bypass operation costs more than €50,000 in the United States; in India, prices for the same operation start at around €7,000. A study by the Pacific Asia Travel Association found that a private hospital room in Thailand or India costs less than €70 per night compared to the average U.S. rate of €930. Moreover, patients in the industrialized countries often have to wait weeks for treatment. To date, there have not been any waiting lists for medical tourists.

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Some medical tourists are prepared to pay top dollar for what they get. The Asian Hospital and Medical Center in Manila, for instance, caters primarily to the wealthy, according to CEO Pamela Robinson. Their “fitness package,” consisting of a basic medical exam measuring blood pressure, a urine test and chest x-ray, costs about €1,000, without accommodation.

If the quality of care at these clinics were still shaky, they would not be attracting this kind of clientele. Bangkok’s Bumrungrad Hospital, for example, which says it treats 400,000 foreign patients per year, points to its accreditation by the Joint Commission International (JCI). The JCI is a branch of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), which accredits more than 15,000 hospitals and health organizations. Accreditation is proof of high quality in medical services and safety standards. However, its price – €80,000 – and the effort required to meet the standard deter many hospitals.

There are other deterrents although more for tourists than service providers. If complications emerge after an operation, patients are generally on their own. For most people, making a second long trip for post-operative treatment would be far too expensive. The doctor at home who is willing to take on the task of follow-up care and all its potential difficulties may as well be the proverbial needle in the haystack. Finally, hardly any health insurance companies cover procedures carried out in distant countries. Most medical tourists have to pay for their operations out of their own pockets.

Added to the post-operative risks are the ethical considerations involved. In many countries offering medical tourism, the local population has no guarantee of even basic medical services. The Philippines, for instance, spends just 2 percent of GDP on health. Forty percent of the population has no access to medicine, and for around half the population, a visit to the doctor is a luxury. India spends only 1 percent of its gross national product on public health. Every year, more than 500,000 people there die of treatable diseases such as tuberculosis and dysentery because they cannot afford a doctor.

Figures like that infuriate general practitioner Gene Alzona Nisperos, secretary general of the Manila-based Health Alliance for Democracy. He is even angrier that the Philippine government is investing in medical tourism instead of its own public health system. “Of what use is a massage center to a person who doesn’t even have a roof over his head,” he asked. But the governments are standing by their policies to develop medical tourism, pointing out that it brings in foreign revenue.

Even aid and development organizations such as Germany’s GTZ have advised countries such as the Philippines to expand their medical tourism industry, saying that the ageing populations of industrialized nations in the region, such as Japan and Taiwan, could provide a growing number of older patients confronted with rising health costs at home. Anja Gomm, GTZ project manager in Manila, said that health tourism is also a way for the Philippines to keep highly trained doctors in the country at a time when medical staff is emigrating in large numbers.

Officials at the Asian Development Bank (ADB) also say that medical tourism is a fundamentally good thing. But ADB health spokesman Jacques Jeugmans stressed that “the revenue gained must benefit the health system.” The World Medical Association is also struggling with the ethics of medical tourism. Its former president, Nachiappan Arumugam, is from Malaysia, one of the countries that has been investing in the sector since the late 1990s. Naturally, Arumugam sees it as an important opportunity because it leads to the building of modern hospitals and brings in foreign revenue. He points out that doctors whose financial problems had them considering work abroad could now find new, lucrative positions in their home countries. But when asked about the local population, Arumugam falters. “One cannot say yes or no on every point,” he admitted. “It’s as simple as that.”

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