

Chapter 25

The Growth of Medical Tourism: Recent Trends and Issues

Jerry Eades
University of London, UK

ABSTRACT

In the late 2000s, the author wrote a summary paper on the rise of medical tourism. That paper discussed the rapid growth of interest in medical, health and wellness tourism, especially since 2003. The medical tourism industry has a long history, but this massive growth is a new phenomenon. The important factors are: the changing distribution of medical services and technologies; the growth of interest among both local medical practitioners and travel agents; the packaging of tourism and medical services as a single product; and, most significantly, the availability of the Internet to disseminate information them, creating a global market. The present chapter considers first the burgeoning literature on medical tourism. Second, the processes of development in countries becoming the main players in the international provision of medical services are discussed. Third, the chapter looks at the debates surrounding the rise of medical tourism in the developed countries.

INTRODUCTION

In the late 2000s, I wrote a summary paper on the rise of medical tourism and the role in it of the Internet, particularly in providing access to information on forms of treatment available in the global market (Eades, 2010). In this, I argued that there had been a rapid growth of interest in medical, health, and wellness tourism, especially since 2003, and this was reflected in the exponential growth of references to it in the world's press (Hall, 2013b, p. 6). While the medical tourism industry has a long history (for a survey, see Connell, 2011, Chapter 2; Botterill, Pennings, & Mainil, 2013), but this massive growth is a new phenomenon due to various factors: the changing distribution of medical services and technologies; the growth of interest among both local medical practitioners in different parts of the world and travel agents; the packaging of tourism and medical services as a single product; and, most significantly, the availability of the Internet to assemble and to disseminate information on these new products, creating a global market. The various web sites disseminating information on medical tourism

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can be broadly divided into three types: those that offer instant access to information on a wide variety of medical services in a number of different countries; sites organized within particular countries, promoting their own versions of the industry; and sites relating to particular types of treatment.

These in turn can be divided into:

- Treatments for chronic conditions related to aging, such as joints (especially hips and knees), and dentistry;
- Treatments for life-threatening conditions related to vital organs such as the heart, liver or kidneys, often involving transplants and other procedures which treatment may not be available for patients locally;
- Optional treatments such as cosmetic surgery; and
- Less intrusive and specific treatments involving massage, aroma, diet, and hot or cold water treatments which may have little clinical effect, but which may improve the patient's feelings of wellbeing.

The last of these is a distinct sector of the market, and has been well discussed elsewhere (Erfurt-Cooper & Cooper, 2009). Here I focus mainly on the first three, which could be labelled "medical tourism".

The main focus of media attention has been *international* medical tourism, driven by high costs and long waiting lists in the patients' countries of origin, coupled with the adoption of advanced medical technologies in countries with lower labor costs and the falling cost of international transport, particularly by air. On the plus side, patients may get cheaper or better treatment in exotic locations, but on the negative side, the treatment may be less rigorously regulated than in the patients' own countries, and legal redress is much more difficult to obtain when things go wrong (Bookman & Bookman, 2007). The tourist destinations are well aware of these problems, and the best of them have made serious efforts to improve the products and services provided: many of the doctors have been trained in leading medical schools in the developed countries, and some governments have provided extensive investment, technology and infrastructure, given that they see the promotion of medical services and tourism as important strategies for economic development. The most successful include the newly industrialized countries of East and Southeast Asia such as South Korea, Singapore, Malaysia and Thailand, and countries with developed tourist industries close to developed countries with significant demand, such as Mexico, Malta, Turkey and Israel. In 2006, the market for patients looking for surgery abroad stood at US\$60 billion, and this was expected to rise to US\$100 billion by 2012 (Brearton, 2008).

However, not all countries have embraced medical tourism as a source of income, and these, paradoxically, include some of the countries with the most highly developed medical services. The United States, with its medical private medical sector, and world class hospitals, continues to attract top-end tourists for whom money is no object, even though the costs of treatment are among the highest in the world. At the opposite end is the United Kingdom, where medical services for most people are provided by the state. With an aging population, the British government has been trying to reduce costs and increase efficiency through outsourcing and privatization since the 1980s, and these efforts have been particularly marked in the wake the financial crisis and efforts to cut the fiscal deficit. As a result, medical tourism has turned into something of a *moral panic*: medical tourists are seen as competing for scarce resources with the local population and some sectors of the media have adopted the issue as a crusade (Davis, 2013). Their wrath has been particularly directed at migrants from Europe, particularly from newer member countries of the European Union such as Romania and Bulgaria. Thus the issue of

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