

Surveying Medical Tourism's Potential Health Equity Impacts

Rory Johnston

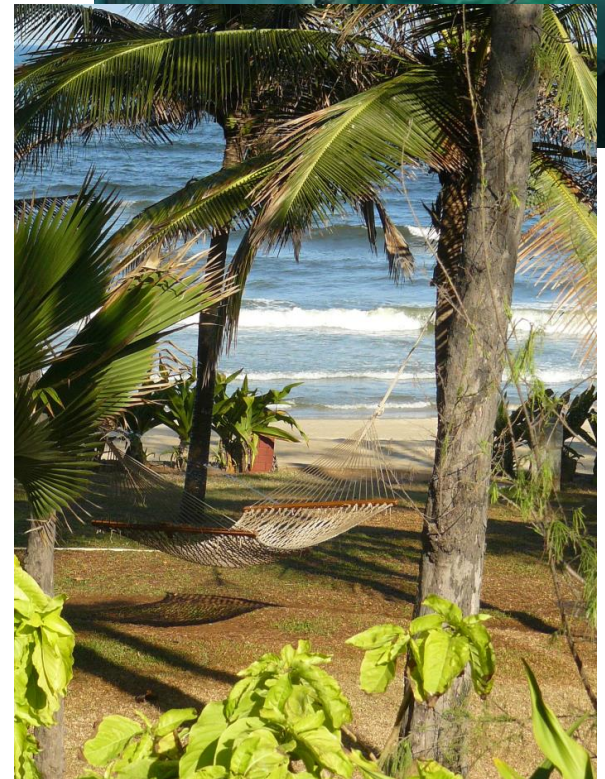
PhD Candidate
Department of Geography
Simon Fraser University

Overview

- ▶ **Background**
 - Definition
 - Rationale for Medical Tourism
- ▶ **Ethical Critiques of Medical Tourism**
 - What are Public Health Ethics?
 - Internal Labour Migration
 - Patient Safety
 - Inefficient Resource Allocation
- ▶ **Summary**

Background

- ▶ Medical tourism is:
 - privately financed
 - patient initiated
 - biomedical services (e.g. surgeries)
- ▶ Medical tourism is not:
 - publicly financed
 - systemically supported (i.e. ‘cross-border care’)
 - complementary and alternative care, health tourism more broadly



Rationale for Medical Tourism

- ▶ **Patients benefit:**
 - faster access
 - more affordable services
 - improved quality, range of treatments
 - ▶ **Health Systems benefit:**
 - incentivizes investment into infrastructure
 - increases hospital revenues
 - retains health workers, widens range of services
 - ▶ **Economies benefit:**
 - creates employment
 - generates foreign exchange
 - economic diversification
- 

Ethical Critiques of Medical Tourism

- ▶ Public Health Ethics
 - Explores questions of fairness, rights, and duties arising from issues that impact the health of communities
- ▶ Opportunities for good health must be fairly distributed, not systemically undermined
- ▶ *Who benefits from medical tourism?*

Ethical Critiques of Medical Tourism

- ▶ Internal Labour Migration
 - ▶ Patient Safety
 - ▶ Inefficient Resource Allocation
- 

Internal Labour Migration

- Distribution of **scarce** health human resources
 - **Rural to Urban Migration**
 - Hospitals and surgical facilities predominately urban
 - **Public to Private Migration**
 - Additional incentives for private practice, reducing public sector availability
 - **Clinical Relevance, Accessibility of Care**
 - Medical tourism may assist in retaining health workers locally, but for what services?
- 

Patient Safety

- **Continuity of Care**

- care is not coordinated with home physicians
- medical complications use resources of surrounding health systems

- **Unproven Medical Interventions**

- e.g. stem cell 'therapies'
- significant regulatory burden

- **International Transmission of Infectious Disease**

- hospitals prime sites of (resistant) infection
 - international patients as international disease vectors
- 

Inefficient Resource Allocation


- **Preventive Care**
 - Address root causes of ill health
 - Not readily commodified
 - Cost-effective
- **Curative Care**
 - Resource intensive
 - Lucrative
 - Inefficient at a systemic scale
- **Additional concerns arise when public resources used**



"BloodPressure2". Licensed under Public domain via Wikimedia Commons.

"Robotic CyberKnife at St. Marys Of Michigan" by Communications Manager – Robotic CyberKnife at St. Mary's Of Michigan
Photo provided by Saginaw Future. Licensed under Creative Commons Attribution 2.0 via Wikimedia Commons

Summary

- ▶ Medical tourism poses challenges for the development and maintenance of equitable, safe, and efficient health systems
 - ▶ Ethical practice demands planning, public consultation, and ongoing regulation
 - ▶ Economic benefits generated by medical tourism must not externalize costs of poorer quality, less responsive local health system
- 

The logo for Simon Fraser University (SFU), consisting of the letters "SFU" in white on a red rectangular background.

Contact

Rory Johnston

Simon Fraser University
Vancouver, Canada

rrj1@sfu.ca

www.sfu.ca/medicaltourism



CIHR IRSC

Canadian Institutes of
Health Research

Instituts de recherche
en santé du Canada

Research support provided by the
Canadian Institutes of Health Research
(Frederick Banting and Charles Best
Canada Graduate Scholarships Program)