

# *Surveying Medical Tourism's Potential Health Equity Impacts*

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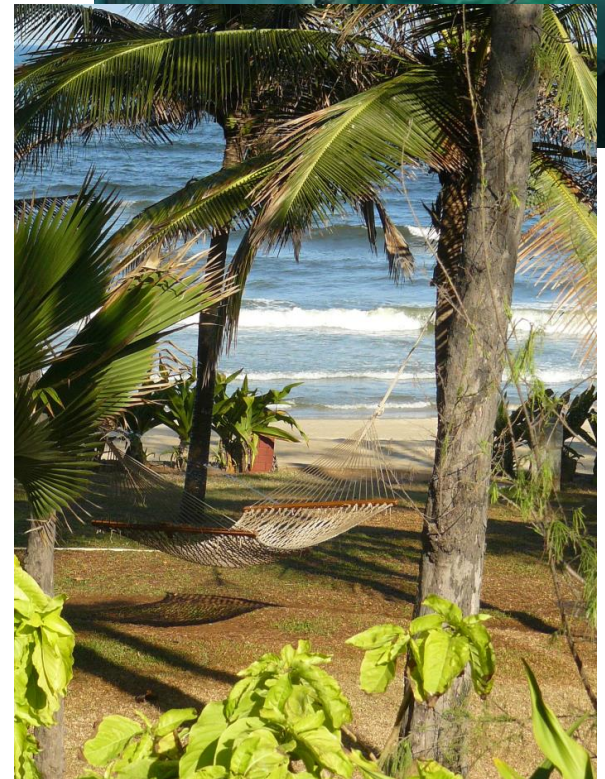
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# Overview

- ▶ **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
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# 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
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# 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?
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# 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
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# 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**



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"Robotic CyberKnife at St. Marys Of Michigan" by Communications Manager – Robotic CyberKnife at St. Mary's Of Michigan  
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# 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
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