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
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
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.
Contact

Rory Johnston
Simon Fraser University
Vancouver, Canada
rrj1@sfu.ca
www.sfu.ca/medicaltourism

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