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Decisions, Decisions: Factors that Influence a Patient's Medical Tourism Choices

Abstract

In the digital age, the amount of information and sources concerning Medical Tourism is overwhelming. Knowledge is power in an era of healthcare uncertainty. As health care options have grown in global proportions, it has become more difficult for potential patients to locate the material necessary to make informed decisions or to even know which factors to consider during their information search. Individual financial circumstances vary greatly. This paper suggests how medical tourism makes financial sense for many patients and payers. Proximity and culture play roles in that medical tourists may prefer locations that are not too far from home. Or at least don't seem quite so far because of the cultural similarities such as language and food. Medical tourists want to know that they are safe not only concerning medical care but also in their travels. Legal issues are also an important consideration as medical tourists may forego some of the rights they take for granted in the U.S. Information on medical tourism is available from government sources such as the Centers for Disease Control and accrediting organizations including the Joint Commission International. Additional organizations to include the Medical Tourism Association exist for the purpose of guiding would-be medical tourists through the process.

Keywords

medical, tourism, medical tourism, health care, advertising, marketing

Disciplines

Medicine and Health Sciences

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DECISIONS, DECISIONS: FACTORS THAT INFLUENCE A PATIENT'S MEDICAL TOURISM CHOICES

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ABSTRACT

In the digital age, the amount of information and sources concerning Medical Tourism is overwhelming. Knowledge is power in an era of healthcare uncertainty. As health care options have grown in global proportions, it has become more difficult for potential patients to locate the material necessary to make informed decisions or to even know which factors to consider during their information search. Individual financial circumstances vary greatly. This paper suggests how medical tourism makes financial sense for many patients and payers. Proximity and culture play roles in that medical tourists may prefer locations that are not too far from home. Or at least don't seem quite so far because of the cultural similarities such as language and food. Medical tourists want to know that they are safe not only concerning medical care but also in their travels. Legal issues are also an important consideration as medical tourists may forego some of the rights they take for granted in the U.S. Information on medical tourism is available from government sources such as the Centers for Disease Control and accrediting organizations including the Joint Commission International. Additional organizations to include the Medical Tourism Association exist for the purpose of guiding would-be medical tourists through the process.

Keywords: Medical, Tourism, Medical Tourism, Healthcare, Advertising, Marketing

INTRODUCTION

Definitions of medical tourism vary. The World Health Organization stated that "no agreed definition of medical tourism exists; as a result, methods applied by countries vary substantially" (Kelley, 2013, slide. 3). Organizations like the Medical Tourism Association (MTA) have one size fit all definitions. The MTA is a global non-profit dedicated to ensuring that patients receive high quality healthcare. The MTA defines medical tourism as, "where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care" (Medical Tourism Association - FAQ, para. 1). Crozier & Baylis (2014) used a similar definition in their article in the *Journal of Medical Ethics*. An example of a more limited definition that included travel within a home country was used by (Stolley & Watson, 2012, p. 2) in their medical tourism reference handbook. This paper will use the MTA's definition as a guiding source to help answer the question of which factors are considered in determining medical tourism decisions.

FACTORS

There are many reasons for a patient to consider medical tourism. The patient might have never had or has lost insurance coverage. Many health care options might not be available in the patient's home country, and the quality of health care may be lacking. The patient may also desire an experience beyond the medical procedure. Financial concerns or incentives are key reasons for the majority of consumers choosing medical tourism.

Financial

"The single biggest reason Americans travel to other countries for medical treatment is the opportunity to save money" (Woodman, 2015, p. 6). A survey of patients who had traveled to a foreign hospital found that 85% considered the cost of medical treatment to be a very important factor in his or her decision (Medical Tourism Association, 2013). The finances surrounding health care in America have changed significantly over the past several years, creating an environment that is ripe for medical tourism.

Since 1999, the Kaiser Family Foundation (1999 & 2015) has published the Employer Health Benefits Survey. The 2015 Survey shows average health insurance premiums of $17,545 for family coverage and $6,251 for individual coverage. Employees pay an average of 29% of premium cost, which comes to $5,088 for family coverage and $1,812 for individual coverage. These costs are significantly more than in 1999, when the employee share was 27% of premium costs, or $1,564 for family coverage and $613 for individual coverage. In short, employees are expected to pay a greater percentage of a higher cost in 2015 as compared to 1999 (Kaiser, 1999 & Kaiser, 2015). Income growth has not kept pace with premium increases as average median income increased from $42,000 in 1999 to $52,250 in 2013 (Noss, 2014). Clearly, income has not tripled as health care premiums have done. To compound the issue, deductibles and out-of-pocket expenses have also increased. The exact maximum out-of-pocket (MOOP, 2015) is difficult to calculate because of plan nuances, but it should be noted that the Affordable Care Act requires non-grandfathered health plans to have a MOOP of $13,200 or less for family coverage and $6,850 for individuals. The cumulative effect of the tripling of premium costs, high MOOPs and the slow increase in median income has health care consumers searching for solutions. Another issue is that inflation has decreased the purchasing power of the dollar. According to the inflation calculator on calculator.net (2015), it would take $1.45 in 2015 to purchase what $1 would purchase in 1999. By extension, a person would need $53,770 in after health care costs income in 2015 to match the purchasing power of the $37,083 in after health care costs income in 1999. In reality, 2015 - after health care costs income is only $44,995 (for individual plans).

Figure 1. Individual Plan

	1999	2015
Income*	$40,696	$53,657
Premium Share	$613	$1,812
Max Out of Pocket**	$3,000	$6,850
Income after health care costs***	$37,083	$44,995

*census.gov

**In 1999, 13.8% of plans had a MOOP >$5,000.

***ACA MOOP for 2015

Figure 2. Family Plan

	1999	2015
Income*	$40,696	$53,657
Premium Share	$1,564	$5,088
Max Out of Pocket**	$5,000	$13,200
Income after health care costs***	$34,132	$35,369

*census.gov

**In 1999, 13.8% of plans had a MOOP >$5,000.

***ACA MOOP for 2015

Health care inflation outpaced the consumer price index on all items in each year from 2007 & 2009 through May, 2015 (Patton, 2015). Patton's Forbes article noted many causes for the increasing costs of health care, ultimately determining that competition is needed to lower prices. One factor that was not discussed as a cost variant or as a piece of the competitive landscape was medical tourism. America's Health Insurance Plans (AHIP) called the rate of increase of medical care unsustainable and offered solutions including a bipartisan approach, innovative health plans, promoting prevention and healthy living, transparency of costs and other suggestions. Medical tourism was not mentioned as one of the solutions (Rising). Many of these factors are given in more detail in the section of the AHIP webpage titled "*Reducing the Soaring Cost of Medical Care*" but medical tourism is again left out.

Some employers are already taking part in domestic (within the U.S) medical tourism. In October of 2013, Walmart and Lowe's entered into an agreement with four hospitals strategically located around the country to provide no-cost implant care, at least to the covered employee, to more than 1.5 million employees. This followed previous agreements covering some cardiac and spinal procedures with the Cleveland and Mayo Clinics.

As consumers have been asked to shoulder more of the costs associated with health care such as premiums, deductibles and out of pocket expenses, the costs for procedures have also increased. The overriding question is: "How much would actually be saved?" The International Federation

of Health Plans (IFHP) was founded in 1968 by a group of health fund industry leaders, and is now the leading global network of the industry, with more than 80 member companies across 25 countries. IFHP's 2013 price report compares the costs of many procedures across countries.

One example of the potential savings from international medical tourism is total knee replacement (TKR). A Blue Health (2015) Intelligence study of three years of independent Blue Cross and Blue Shield companies' claims data for 64 markets found an average cost of $31,124 for a TKR. Kneereplacementcosts.com states that a patient should expect to pay approximately $7,000 for a TKR in India, a popular destination for knee replacement surgery. When a patient has a TKR in the U.S., the insurance company may incur up to $24,274 in costs and the patient may incur up to $6,850 in costs. If a patient were to have the TKR in India instead of the U.S., the insurance company could offer to waive the patient's deductible and any out-of-pocket expenses and the insurance company and the patient would both save money. The specific amounts can be seen in the tables below.

Figure 3. U.S. Scenario

U.S.			U.S.	
Cost	Insurance Co.		Cost	Patient
Surgery Cost*	$31,124			
Minus the Patient Paid Deductible/OOP	$6,850		Patient Paid Deductible/OOP	$6,850
Total Cost	**$24,274**			**$6,850**

*Blue Health Intelligence

Figure 4. India Scenario

India			
Cost	Insurance Co.		Patient
Surgery Cost*	$7,000		$0
Travel**	$5,000		$0
Total Cost	**$12,000**		**$0**

*Knee Replacement Costs **Patients Beyond Borders

Of course, a patient with no insurance would save the full difference between the cost of the procedure in his or her home country and the cost of the procedure in the destination country. Given the median U.S. income of $53,657, it would be difficult for a patient to afford a major medical procedure. It could also be the case that a person with no insurance does not have insurance because (s)he is unemployed and has no employer provided insurance. In such a case,

unemployment benefits will replace some of the lost wages, but not all, resulting in savings on health care becoming even more important.

Location

The globe is dotted with medical tourism locations. One has to look no further than the Medical Tourism Association's website to see the variety. The home page on (3/3/2016) was offering Health and Wellness Destination Guides to a diverse list of locations including Las Vegas, Jordan, Taiwan and the Dominican Republic. Another group, the Joint Commission International (JCI) is an organization that sets standards and evaluates more than 20,000 organizations around the world (JCI - About). JCI links to worldhospitalsearch.org, which offers visitors the ability to search worldwide for accredited hospitals. A search using "orthopedic" resulted in 90 locations offering services across countries including Nicaragua, Peru, Brazil, India, Indonesia, Portugal, Kazakhstan, Ireland, South Korea, Singapore, United Arab Emirates, Turkey and others. An example of recent expansion is the opening of Cleveland Clinic Abu Dhabi in May of 2015.

The level of savings varies by location. In *Patients Beyond Borders*, a medical tourism resource book, Woodman (2015, p. 7.) provided a table with costs across procedures and countries. Orthopedic (joint replacement & spinal), cardio, gastric bypass, dental and plastic surgery procedures were considered in Costa Rica, India, Malaysia, Mexico, Singapore, South Korea and Thailand. Savings varied from a low of 25%-40% in Singapore to a high of 65% - 90% in India. The savings were across the board whether the procedure was elective or medically necessary. One example is Spinal Fusion whuere the cost by country breaks down as follows: U.S., $41,000; Costa Rica, $17,000; India, $9,500; Malaysia, $17,900; Mexico, $22,500; Singapore, $27,800; South Korea, $18,000; Thailand, $16,000.

Proximity to Services

Keith Pollard (2012), CEO of Intuition Communication Ltd, which publishes the International Medical Travel Journal among other web publications, offered several insights into the issue of proximity and medical tourism in his blog. Pollard broke proximity into geographical and cultural proximity, noting important points about each. Concerning geographical proximity, Pollard warned that destinations targeting potential medical tourists more than three hours away were unlikely to succeed. Future studies should observe the origins of patients receiving care in destination hospitals such as Cleveland Clinic Abu Dhabi. Pollard also noted airport access and practical barriers such as visa requirements as factors that limit the number of medical tourists willing to select the destination.

Electronic medical records have decreased the importance of proximity when medical tourists are deciding on a destination for their procedure. In 2007, Carabello and Schult (cited in Carabello, 2011) noted the importance of electronic health records and reported that many U.S. institutions already had systems in place. More recently, Maney (2013) stated, "Health care is going digital. Electronic medical records can be seamlessly passed around the world. Wireless sensors can be put on or into patients, allowing them to be monitored from anywhere. Your doctor in Indiana could practically work hand in hand, in real time, with a doctor in India" (p. 2).

There are medical reasons that geographical proximity is important. The Aerospace Medical Association has published medical guidelines for airline travel that provide useful information on the risks of travel with certain medical conditions. Their pre-travel advice follows:

> Patients who elect to travel for medical reasons should consult a travel health provider for advice tailored to individual health needs, preferably ≥4–6 weeks before travel. In addition to regular considerations for healthy travel related to their destination, medical tourists should consider the additional risks associated with surgery and travel, either while being treated or while recovering from treatment. Flying and surgery both increase the risk of blood clots and pulmonary emboli. Air pressure in an aircraft is equivalent to the pressure at an altitude of approximately 6,000–8,000 ft. (1,829–2,438 m). Patients should not travel for 10 days after chest or abdominal surgery to avoid risks associated with this change in pressure. The American Society of Plastic Surgeons advises people who have had cosmetic procedures of the face, eyelids, or nose, or who have had laser treatments, to wait 7-10 days before flying. Patients are also advised to avoid "vacation" activities such as sunbathing, drinking alcohol, swimming, taking long tours, and engaging in strenuous activities or exercise after surgery (pp. 2-17).

Cultural proximity is related to geographic proximity in that geographic locations often have distinct cultural differences. Pollard (2012) noted multiple practical factors that make up cultural proximity. These factors are language, religion, customs and practices, and food. These factors are practical in nature, but do not limit their potential effect on medical tourism destination selection.

Communication is key in relationship building and comfort levels with others and has the potential to make travel possible or even enjoyable as medical tourists travel to and from the destination hospital as well as to and from traditional tourist destinations. One only need to imagine a scenario in which a medical tourist struggles to communicate her needs to her physician, then struggles to order dinner from a hospital menu printed in an unfamiliar language, only to go hungry when unfamiliar food arrives. Advice for navigating these cultural differences abound. One such source, independenttraveler.com, offers some common sense suggestions in their article "Eating Abroad: The Cultural Resonance of Food" (Hewitt). Suggestions include matching the timing/rhythm of meals with the destination culture, being willing to try new foods but not going too big all at once, and understanding the cultural relevance of food in the region in which you will be traveling.

Some medical tourists may enjoy trying cultural cuisine and others may find trying new foods an unwelcome necessity. Regardless, pre and post-surgery nutrition can ease recovery, shorten hospital stays, and reduce complications (Webb, 2015). Given the importance of nutrition, perhaps pre or post-surgery is not the time to experiment with new foods that may be upsetting to the medical tourist's psyche or digestive system.

In addition to physical needs such as food, medical tourists may also have spiritual needs. Khan and Alam (2014) suggested that rather than minimizing religious differences, and countries such as Saudi Arabia embrace the variances.

> The unique position of the Kingdom in religious and archaeological history, as well as its political stability give it advantages over competitors in the field. Having learnt lessons

> from the achievements of neighbouring (sic) countries, it is now time for the Kingdom of Saudi Arabia to be motivated and initiate a well-planned, long-term strategy for the medical tourism industry (p. 261).

Selection Criteria

Potential medical tourists can do their own research as they search for a good location match or use service agencies that will help them find appropriate matches for their needs. At a minimum, potential medical tourists should research the service agencies they may use. Whether a medical tourist intends to make her own decisions or seek the help of a service agency, the individual or agency will share similar criteria.

Medretreat has specific criteria for selecting host countries:

> In selecting these destinations, we took several important factors into consideration. First and foremost, we selected countries with the most established, most experience and highest quality in the global medical tourism sector. Next we selected countries that are investing immense resources into building up their medical tourism infrastructure. This means that in addition to their health care facilities and technology, they also have built advanced transportation and communications systems. Then we reviewed their healthcare standards, professionalism and quality of their doctors (Medtreat – FAQ, para. 7).

Medretreat gives certain reasons why the consumer should select various countries for procedures including - the most established, most experienced and highest quality in the global tourism sector. Additional standards for selection are to choose countries that are investing immense resources into building up their medical tourism infrastructure to not only include healthcare facilities and technology, but also advanced transportation and communications systems. Additionally, the healthcare standards, professionalism and quality of their doctors should also be taken into account. Besides the recommendations of Medretreat there are many supplementary factors that go into this decision. The intensity of the procedure whether it is necessary (life threatening or cosmetic) can also play a role. The fact that this industry is referred to as medical tourism implies that many would be consumers use these trips for fun as well as for procedures. Destination (how much fun you can have in the area) as opposed to more serious factors could also be a driving factor. Even for the more serious surgeries a person may want to have a last hurrah, in a dream location – just in case the surgery goes bad. A dream location may also include the local amenities - like the quality of hotels to include food and beverage. The policies and laws of the government as well as the friendliness of the local population may also be a big factor. Leading back to - is this really a tourist type place or does the medical consumer have to worry about a lot of unsavory outside factors. In Harsimran & Singh's 2011 study "Exploring the Factors that Affect the Choice of Destination for Medical Tourism" the respondents listed five things in order of importance that the medical tourism consumer may take into account - medical facilities and services, local primary doctor's recommendation, and governmental policies and laws were among the most important choices. While less important were hotels and food/beverage quality and general tourism supply (p. 322).

The Medical Tourism Association (MTA) is another significant source of information. "The MTA is a Global Non-profit association for the Medical Tourism and International Patient Industry. The MTA works with healthcare providers, governments, insurance companies, employers and other buyers of healthcare - in their medical tourism, international patient, and healthcare initiatives…" (Medical Tourism Association - About, para. 1).

For those doing their own research, as written earlier in the paper, the Joint Commission International offers a website to search for hospitals by country or specialty (World Hospital Search). Depending on the location of the hospital, potential medical tourists can also check for accreditation from Accreditation Canada, QHA Trent Accreditation, and the Australian Council for Healthcare Standards.

According to an August 2015 article on healthydietbase.com the top 5 most popular medical tourism destinations are Thailand, Mexico, United States, Singapore and India respectively. The reasons for these countries being the top medical tourism destinations vary. Sometimes it has to do with the cost. For Thailand the cost is one factor but another is privacy. Thailand is most popular for rehabilitation treatments. Mexico is popular because of proximity and familiarity of the culture. The United States popularity has to do with the perception that it has the best facilities and healthcare professionals in the world. Thus, leading to the U.S. receiving the most medical tourism visitors for complicated procedures. Singapore receives many medical tourism visitors for cancer treatments. It is known as being very technologically advanced based on the government investing $300 million in biotechnology research. India rounds out the list mostly because of the cost. It is "worth noting that most hospitals in India are not internationally accredited. Only top private hospitals in the country offer excellent services in the aforementioned procedures" (para. 9).

Obviously convenience can also be a major factor. For non-life threatening procedures including dentistry, convenience may be the number one factor. At about an hour's drive (or closer) from the U.S. border there are many Mexican Towns that specialize in dental work. These procedures in Mexico can cost about two thirds less than the U.S. Additionally, many of the Mexican towns that cater to the dentistry trade have local laboratories - so turn around for bridges and crowns can be within the day. In the U.S. it can take weeks to receive the laboratory necessities. Dental practice in Mexico has become so sophisticated that many patients' dental trips are arranged online, well in advance (NPR - A Reason to Smile).

Another tourism aspect that could account for the willingness of a patient to travel are the phases of the family life cycle within the consumer behavior field. According to Fratu (2011) in her article "Factor of Influence and Changes in the Tourism Consumer Behaviour (sic)" consumer behavior is influenced by many aspects including social factors. Elements within social factors include culture and family. These factors are important because they help define an individual. The following table breaks down the effect of the Family Life Cycle on Tourism Consumption.

Table 1. The Influence of Life Cycle on Tourism Consumption

Family life cycle phase	Income	Inclination towards tourism
1. Single	Modest	Strong
2. Young couple without children	Rising	Medium
3. Young couple with children under six years	Decreasing	Very weak
4. Young couple with children at school	Rising	Weak
5. Mature couple with children to support	Stable	Medium
6. Mature couple without children to support	Maximum	Very strong
7. Old couple in activity	Stable	Strong
8. Retired old couple	Modest	Very strong
9. Retired single	Modest	Weak

(Frantu - p. 121)

In Harsimran & Singh's 2011 study "Exploring the Factors that Affect the Choice of Destination for Medical Tourism" the Authors report that 73 percent of their respondents do online research to gather information on medical tourism. Within this study's sample 10 percent asked their primary physician's opinion and 8 percent asked their family's and friend's opinion. Interestingly - promotional material was not deemed very important for the consumer, to include brochures, video tours and hospital testimonials. Together all the promotional material accounted for about 8% of the information collected concerning medical tourism. In the same study the factors that were considered for seeking out of the country medical care were; success rate for my-type-of-procedure performed 65%, number of my-type-of-procedure performed 17%, complication rate for my- type-of-procedure performed 10%, country of destination 7%; and relative ease of travel 1%.

The type of procedure plays a major role in deciding which country a consumer will visit for their medical needs. It would make sense that the more complicated the procedure the more thought goes into the planning of its treatment. The success rates of the procedure are paramount for not only the facility that is performing it but also overall rates for the specific type of procedures. If success rates are low there is a high chance that complications will arise after the surgery is performed. This leads the consumer in a precarious position. For that matter even if the success rates are high and complications arise - what is the customer to do? Extended stays at the foreign location add to the cost of the trip. Depending on how long the recipient of the surgery has to stay the savings may be erased. In another scenario if complications arise upon arrival home - what are the options? Within the local medical community there is a possibility that the patient could be turned away because of liability, as well as the fact that the procedure was performed in another country. In the U.S. doctors are not required to take patients unless the doctor is on hospital staff and the issue is life threatening.

Consumer Patient Knowledge

Consumer information in the Medical Tourism field is growing. More and more resources are available to the potential users of these services. The problem is knowing which information is credible. Many organizations are marketing themselves. Other organizations are creating top medical tourism destination lists. This creates trustworthy issues. For a lot of these lists it is very difficult to determine who is creating the list. Additionally, it can also be difficult to track down

the real owners of these sites. One of the tell tales that the site may not be legitimate is that the lists, as well as other information is not dated.

The use of the internet has also expanded more reliable avenues to gain information / knowledge. The rise of consumer review sites has helped potential customers gain knowledge. While not all of these reviews are accurate - it is hard to fake hundreds of reviews. One shot magazine articles are also, for the most part credible. Other trustworthy sources for information on the internet stem from news outlets and government backed sites. One more source of credible information is the insurance companies. As medical tourism consumers continue to search out more information the credible sources will rise in popularity.

Safety

The expertise of the primary doctor in some cases is developed abroad. Many doctors start out in other countries and come to more developed countries to get additional training. The pilfering of doctors from other countries during their training can be problematic for the medical tourism industry. Doctors studying at the more developed countries are often exposed to some of the newer techniques and equipment. While the original intention is to go back home after the training, many do not. The reasons they stay vary. One of the main reasons these doctors stay in the host country is because of the standard of living. It is very hard to move to a place temporarily that has a lot of amenities to include necessities like running water and then give that up to go back home. Additionally, basic freedoms and fear of the uncertain political climates also comes it to play. Salary and how well they can live in the developed country also has to have a big impact.

Writing from a strict medical point of view - procedures acquired in a more developed country may not translate to a less developed country. The equipment, and facilities may not be available in some countries. Training in the latest methods does very little good if these techniques cannot be performed, because of outdated equipment. Another issue that may arise is that in some of these countries locals are not given access to these newer procedures, sometimes because of status, other times because of cost. This is a problem because one of the main motives for a doctor to travel to another country to study advanced techniques is so they can share these procedures with the locals. If they are not allowed to share these processes there is no or little incentive to go back to the home country. This also has the potential to be very dangerous for the doctor as well as the medical tourism consumer. The perceived status of foreigners because they can afford the procedures may very well create a hostile environment to say the least.

The Centers for Disease Control and Prevention (CDC) offers advice for medical travelers. The hazards paint a grim picture as they warn of shared needles, counterfeit medication, antibiotic resistance, tainted blood and blood clots. The CDC website also offers advice for limiting the just-noted risks. The advice is basic and general, and includes working with a local (home country) medical professional before and after the trip, making sure you have considered the legal implications of receiving treatment in a foreign country, checking on the credentials of the hospital and physicians that will be providing your care, and making sure that any activities not related to your care are permitted after surgery.

The CDC has developed the following cautionary list of things to look out for. The specific risks of medical tourism depend on the area being visited and the procedures performed, but some general issues have been identified:

- Communication may be a problem. Receiving care at a facility where you do not speak the language fluently increases the chance that misunderstandings will arise about the care.
- Doctors may reuse needles between patients or have other unsafe injection practices, which can transmit diseases such as hepatitis and HIV.
- Medication may be counterfeit or of poor quality in some countries.
- Antibiotic resistance is a global problem, and resistant bacteria may be more common in other countries than in the United States.
- The blood supply in some countries comes primarily from paid donors and may not be screened, which puts patients at risk of HIV and other infections spread through blood.
- Flying after surgery increases the risk for blood clots (CDC - Medical Tourism. para 3).

What You Can Do

- If you are planning to travel to another country for medical care, see a travel medicine practitioner at least 4–6 weeks before the trip to discuss general information for healthy travel and specific risks related to the procedure and travel before and after the procedure.
- Check for the qualifications of the health care providers who will be doing the procedure and the credentials of the facility where the procedure will be done.
- Make sure that you have a written agreement with the health care facility or the group arranging the trip, defining what treatments, supplies, and care are covered by the costs of the trip.
- Determine what legal actions you can take if anything goes wrong with the procedure.
- If you go to a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and other people who are caring for you.
- Obtain copies of your medical records, which should describe any allergies you may have.
- Prepare copies of all your prescriptions and a list of all the medicines you take, including their brand names, their generic names, manufacturers, and dosages.
- Arrange for follow-up care with your local health care provider before you leave.
- Before planning "vacation" activities, such as sunbathing, drinking alcohol, swimming, or taking long tours, find out if those activities are permitted after surgery.
- Get copies of all your medical records before you return home (para 4).

Non-governmental organizations are also concerned with people seeking healthcare outside of U.S. borders. “The Organization for Safety, Asepsis and Prevention (OSAP) is a growing community of clinicians, educators, researchers, and industry representatives who advocate for safe and infection-free delivery of oral health care” (OSAP - About, para. 3). In addition, OSAP offers a Traveler's Guide to Safe Dental Care that suggests multiple ideas and specific steps for travelers to take to avoid needing dental services while out of the country. The International Society of Aesthetic Plastic Surgery (ISAPS) tells potential medical tourists to make a plan and then notes specific issues, such as selecting a surgeon - that should be included in such plans.

Safety issues are frequently noted and often with specific advice concerning actions that medical tourists should take to ensure their wellbeing. Legal and insurance issues are also noted, but it seems as if with less specificity. The OSAP guidelines do not have legal references and the ISAPS guidelines ask three insurance related questions that people considering plastic surgery outside of the U.S. should answer:

1. Will your medical insurance cover your procedure outside of your home country?
2. Will your medical insurance cover you back home if you have complications?
3. Does your procedure qualify for ISAPS complication insurance? If so, is your surgeon willing to purchase it? (ISAPS - Fees, Financing, and Insurance, para 8).

As the medical tourism industry matures, peripheral industries have developed, including the insurance industry. The International Medical Travel Journal website features specific insurance providers that offer coverage for medical tourists. An ad on the site for Medical Travel Shield, United Kingdom notes, "The policy covers treatment in a hospital, clinic or surgery which is recognized (sic), registered and regulated by the relevant local government health authority or its equivalent body" (para. 3). In another ad for Seven Corners, Inc., USA notes, "Travel insurance that addresses the unique needs of the medical tourist. Specifically, how will complications after your treatment be paid for abroad or once you return home" (para. 4). This type of insurance fills a hole in the medical tourism industry as it alleviates a worry that may have prevented people from traveling for medical care.

Legal Limitations

In 2008, the American Academy of Orthopedic Services warned surgeons and patients about the liability implications when something goes wrong outside of the U.S. (Lundy, 2008). Patients were warned of risks such as infectious diseases and differing accreditations standards and told that "Medical liability laws also vary significantly among countries. Patients who are considering elective surgery abroad should not assume that they will be afforded the same legal protections against medical negligence as they receive in the United States (para. 11)." The article also noted a new insurance product, "The 'Patient Medical Malpractice Insurance' is considered 'first-person' insurance because the patient purchases the policy before traveling. Claims are handled without attorneys in accordance with U.S. laws and customs and are paid in U.S. dollars (para. 13)." Insurance is especially important given potential legal limitations. In 2009, the American College of Surgeons stated "Patients should be aware that many of the means for legal recourse available to citizens in the U.S. are not universally accessible in other countries (para 8).

A more recent source, Patients Beyond Borders (Woodman, 2015) includes a letter from Dale Van Demark, a partner with McDermott Will & Emery LLP, summarizing the legal concerns of medical tourists. Medical tourists will have a difficult time suing a foreign provider in a U.S. court and/or in the country of the medical provider because of jurisdictional limitations. Collecting on a judgment is not likely even if a court finds in a medical tourists favor. In case a medical tourist thinks that using a medical travel company offers legal protection, Van Demark concludes by noting that it would be difficult to sue because of the need to establish a close relationship between the medical provider and the company organizing the medical travel. Cohen (2015) addressed the concerns of U.S. physicians considering referring patients to care outside of the U.S. (OUS). Some

U.S. physicians may be worried about referral liability. Referral liability is when a physician referring a patient to a second physician is held liable for the actions of the second physician. Cohen concluded that referral liability is rarely established in the U.S. and would likely be even more difficult to establish in cases involving physicians OUS. This is both an advantage and disadvantage for patients seeking a referral to an OUS physician. The potential advantage being that U.S. physicians may be more willing to refer patients to OUS physicians knowing they are not likely to be held liable for the actions of those physicians. The disadvantage being that patients are left with limited recourse should something go wrong while under the care of an OUS physician.

Countries still have significant differences between their legal systems so, as noted previously, insurance companies have stepped in. A Google search of "Medical Tourism Insurance" conducted on 7/7/2016 resulted in 8,130,000 results. Sites such as Travel Insurance Review offer suggestions to medical tourists. Insurance can help patients mitigate financial losses suffered in cases when medical treatments outside of their home countries have a poor outcome whether the poor outcome is due to natural causes, medical errors or even malpractice. In a sense, insurance fills the legal void when injured or unsatisfied patients cannot gain legal recourse. Filling this void may help sway some patients toward becoming medical tourists, but potential medical tourists should fully consider the issue in that financial losses may be reduced or even eliminated but the literal and figurative physical and emotional scars resulting from ineffective medical procedures will remain.

Host Country Considerations

Host countries have legal and ethical issues that relate to the care received by medical tourists within their borders. Of course, these issues will vary according to the host country. The European Union (EU) Directive for Cross Border Healthcare approved certain, limited, rights to treatment across country borders. It is beyond the scope of this paper to delve into the specifics of the rights and limitations of patients traveling across borders for care, however, it should be noted that the spirit of the directive is to avoid allowing medical travel to the degree that inbound patients are a detriment to the care of patients originating in the home country. There are specific steps such as obtaining prior authorization that help organize and possibly limit medical tourism within the EU.

Developing nations seeking to increase revenue within their country may not have those same regulations in place and may, in fact, create problems rather than solutions for their local populations. Badulescu & Badulescu (2014) pointed out issues that could be faced by countries receiving medical tourists. The spread of contagious diseases could occur as people suffering from these diseases are invited into the country and interact with local people who are caring for their medical and tourist-related needs. Money spent on the medical infrastructure is limited to facilities serving medical tourists, ultimately reducing advanced treatment opportunities for local patients. And of course the majority of the economic benefits are realized primarily by socio-economic elites. Chee (2010) noted that there is an emerging shortage of health care professionals as medical tourism grows. Exacerbating the issue is the migration of current health care professionals from public hospitals serving the local population to private hospitals serving medical tourists.

Credibility

When looking up credible information on the internet the medical tourism consumer should be wary of where the information comes from. To help determine if the website is legitimate the following things should be taken into account:

1. Is the material dated?
2. Is it a private website?
3. Is the website created and maintained by a medical tourism organization?
4. Do the articles have authors?
5. Does the website ask for you to pay for information?
6. Within the articles are there quotes from credible sources or individuals?
7. Is the site associated with a reputable organization? Ex: American Medical Association, American Academy of Orthopedic Surgeons.

For the most part if the information seems too perfect it is probably suspect. It is always a good idea to find more than one source to help verify the advice. As implied throughout this paper the beauty of the rise of these additional information sources is that there are many avenues for self research - don't forget to utilize all of them. In this relatively new world of Medical Tourism the old adage of "Buyer Beware" is especially important.

CONCLUSION

There is a strong financial incentive for medical tourism and it is likely to get stronger as the population ages. As health care costs including insurance premiums, deductibles and the care itself continue to increase a financial case can be made for those without insurance, as well as those with insurance. The health care industry is increasingly becoming a global marketplace. Factors such as easily accessible electronic health records, expansion of treatments (not usually available in a potential medical tourist's home country because of scarcity or legal availability) add to its attractiveness. Concerns beyond cost also come into play as medical tourism is considered. Proximity, both geographic and cultural are factors that require potential medical tourists to conduct research. Conducting research will also reveal the general reputation of hospitals in destination countries as well as the specialities of these hospitals (orthopedics, oncology, cardiovascular care, etc.). Safety and legal issues must also be researched and it is likely that a medical tourist will not have the same legal rights in destination countries as they have in the U.S. Various sources are available to gather information on these criteria to include the Centers for Disease Control, the Joint Commission International, and the Medical Tourism Association.

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