

Regulating medical tourism

(Correspondence appearing in Correspondence section of the *Lancet*, v.376, p.1465-1466)

We were interested to read Priya Shetty's World Report examining the booming medical tourism industry in India (Aug 28, p 671).¹ The *Lancet* is to be commended for bringing attention to this issue. It is of the utmost importance that trends in medical tourism be watched closely given the implications for patients' health and safety^{2,3} and for health systems more broadly.⁴ Shetty places significant focus on the need to regulate the medical tourism industry in India. We would like to note that additional, complementary regulatory guidelines are also needed in patients' home countries. Several prominent source countries for medical tourists, such as Canada and Australia, currently have no national or regional guidelines for patients or clinicians on their involvement in medical tourism, which is concerning. Such guidelines are needed to ensure that patients' health and safety is prioritised, that adequate health-system responses are in place, and that risks to patients and others are minimised. Those aimed at patients could also incorporate some ethical buying guidelines.

Although we support the need for regulatory guidelines in India and other medical tourism destinations, we believe that such guidelines must be coupled with guidelines in source countries as part of a comprehensive and global approach. If these guidelines are developed piecemeal they risk being less effective or not implemented owing to worries that less regulated countries will develop pricing advantages.

We declare that we have no conflicts of interest.

*Valorie A Crooks, Jeremy Snyder
crooks@sfu.ca

Department of Geography, Simon Fraser University, Burnaby, BC V5A 1S6, Canada

1 Shetty P. Medical tourism booms in India, but at what cost? *Lancet* 2010; 376: 671–72.

2 Birch DW, Vu L, Karmali S, Stoklossa CJ, Sharma AM. Medical tourism in bariatric surgery. *Am J Surg* 2010; 199: 604–08.

3 Cheung IA, Wilson A. Arthroplasty tourism. *Med J Aust* 2007; 187: 666–67.

4 Turner L. First world health care at third world prices: globalization, bioethics and medical tourism. *Biosocieties* 2007; 2: 303–25.