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CHAPTER 13

Medical Tourism Facilitators:

Ethical Concerns about Roles and Responsibilities

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Introduction

Within the medical tourism industry are a number of key stakeholders – groups and individuals who champion the development of the industry, provide services within the industry, use the services of the industry, and/or are directly or indirectly impacted by the industry - who contribute to its expansion. One such group is facilitators, private agents who broker medical travel and foreign care arrangements between patients and destination facilities but are not employed by these facilities.[1] Key to this element of the medical tourism industry is the Internet; facilitation companies in many countries have a strong web presence and rely primarily on websites (and secondarily on word-of-mouth) to advertise their services.[1-4]

Medical tourism brokers' responsibilities toward medical tourists can include securing travel and accommodation needs, suggesting and booking facilities and surgeons abroad, contacting destination clinics, overseeing translation of medical records, arranging for tourist

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activities, and transferring medical records.[5] These brokers can play an essential role in facilitating communication, providing information, and securing overall quality control by assessing the reputability and reliability of international facilities.[3] It appears, however, that only a fraction of medical tourists actually use the services of brokers.[1] Brokers themselves have indicated this, noting that patients wanting to go abroad for care sometimes seek them out as an informational resource even though they never actually intend to book care through them.[3]

There is no single business model for medical tourism facilitators. This is perhaps not surprising given the range of roles and responsibilities they may take on. Some facilitators refer patients to a number of countries, while others refer only to one or two trusted international facilities.[3] Some arrange care for hundreds of medical tourists each year, while others do so for less than twenty clients per year.[3] Some specialize in arranging care abroad for a particular procedure or group of procedures, while others have no stated limitations on procedures for which they are willing to arrange care.[3] These are but a few of the fundamental differences between medical tourism facilitators' business practices. While some facilitators view themselves as patient advocates and change agents, playing an involved role in patient care coordination and putting forth calls for domestic health system reform, others see their roles and responsibilities as much more limited, primarily focusing on the logistics of securing care abroad.[5] In general, medical tourism facilitation remains relatively fluid and undefined as a profession. There is also no overarching professional organization providing mandatory monitoring of facilitators and their practices.[6]

In this chapter we review ethical concerns that have been raised in the medical tourism literature with regard to the specific roles and responsibilities of medical tourism facilitators, including as they relate to business practices. We also examine the evidence available in the scholarly literature to support or refute these concerns. As we outline below, most of the

scholarly literature that offers primary data-based insights on facilitators' roles and practices uses facilitator websites, interviews with facilitators, or legal cases as empirical sources. We compare the ethical concerns raised in the ethical and legal literature to the empirical findings about facilitators' roles and practices in reviews of facilitator websites, interviews, and legal cases to identify which ethical concerns have been borne out thus far. Finally, we use the gaps that emerge between these two bodies of scholarly literature to assess proposed regulation (i.e., the creation of an institutional framework, such as laws or operating regulations) of medical tourism facilitators and to identify future research directions. In doing so, we aim to present the current state of knowledge about the ethical issues raised by medical tourism facilitation and guide continued research on this topic.

Existing ethical concerns about medical tourism facilitators

Through our review of the ethical and legal literature about medical tourism, we identified five areas of ethical concern most commonly discussed about the roles and responsibilities of facilitators. These areas are: 1) facilitator training and accreditation (i.e., facility- or organizational-level systems for enacting and assessing standards); 2) facilitator conflicts of interest; 3) transparency and patients' consent to risks; 4) problems with continuity of care and follow up care; and 5) liability for harms. In the remainder of this section of the chapter we outline the scope of the ethical concerns in each of these areas and then examine the extent to which the empirical medical tourism literature confirms that these problems actually are occurring. Table 1 provides an overview of the data available in the empirical sources we discuss.

Table 1. Overview of Empirical Sources Reviewed

Source Title	Authors	Year	Source(s) of Data
The Potential for Bi-lateral Agreements in Medical Tourism: A Qualitative Study of Stakeholder Perspectives from the UK and India	Alvarez, Chanda, Smith	2011	30 medical tourism stakeholder interviews (10 in United Kingdom, 20 in India), of

			which 2 were facilitators
Medical Travel Facilitator Websites: An Exploratory Study of Web Page Contents and Services Offered to the Prospective Medical Tourist	Cormany, Baloglu	2011	website review (reviewed 57 websites of facilitators--24 N. American, 11 Asian, 8 European, 8 Central and S. American, 6 African)
Patients Without Borders: The Emerging Global Market for Patients and the Evolution of Modern Health Care	Cortez	2008	legal review (including consideration of specific facilitator websites)
An Industry Perspective on Canadian Patients' Involvement in Medical Tourism: Implications for Public Health	Johnston, Crooks, Adams, Snyder, Kingsbury	2011	12 interviews with Canadian medical tourism facilitators
Systematic review of web sites for prospective medical tourists	Lunt, Carrera	2011	website review (reviewed 50 English language websites of facilitators)
Framing Medical Tourism: An Examination of Appeal, Risk, Convalescence, Accreditation, and Interactivity in Medical Tourism Web Sites	Mason, Wright	2010	website review (reviewed 66 websites of United States-based facilitators)
International medical travel and the politics of therapeutic place-making in Malaysia	Ormond	2011	49 medical tourism stakeholder interviews in Malaysia, of which 7 were facilitators
Risk Communication and Informed Consent in the Medical Tourism Industry: A Thematic Content Analysis of Canadian Broker Websites	Penney, Snyder, Crooks, Johnston	2011	website review (reviewed 17 websites of Canadian facilitators)
The 'Patient's Physician One-Step Removed': The Evolving Roles of Medical Tourism Facilitators	Snyder, Crooks, Adams, Kingsbury, Johnston	2011	12 interviews with Canadian medical tourism facilitators
Selling Medical Travel to US Patient-Consumers: The Cultural Appeal of Website Marketing Messages	Sobo, Herlihy, Bicker	2011	website review (reviewed 27 websites of United States-based facilitators)
Medical Tourism: Protecting Patients from Conflicts of Interest in Broker's Fees Paid by Foreign Providers	Spece	2010	legal review (including consideration of specific facilitator websites)

Facilitator Training and Accreditation

The global nature of medical tourism complicates patients' abilities to assess the credentials of the hospitals, physicians, and other health workers they may encounter in distant facilities. Patients often must navigate a bewildering array of regulatory environments, accreditation systems and facilities in deciding whether and where to seek care. This problem extends to distinguishing the quality of medical tourism facilitators, upon whom patients may depend for help in guiding their medical decision-making.[3] So while facilitators might, in principle, help

patients to overcome difficulties in assessing the quality of the care they will receive abroad, patients may first find it difficult to assess the quality of facilitators and facilitation companies themselves.

While some facilitators specialize in and have detailed knowledge about specific destinations, there is no limit to the destinations – and thus different regulatory and accreditation environments - to which they may direct their clients.[6] Similarly, while some facilitators have a medical background, such training is not required for entry into the profession. It has been speculated that many facilitators come from a tourism background, with experience booking vacations, flights, and other tourist services, but lack the background to help facilitate medical tourists' medical needs.[7] This lack of training is part of a wider area of ethical concern regarding facilitators' roles and responsibilities, namely the lack of universal standards of training and accreditation for members of this profession and, more strikingly, a lack of barriers to entering the facilitation industry, including any requirement that facilitators receive training or accreditation.[7] Meanwhile, facilitators can play a substantial role in patient decision-making about the care they will receive. Facilitators who see giving medical advice as falling within their roles may suggest certain medical interventions, advise patients on the safety and outcomes of these interventions, and help guide, with substantial advice and influence, patients' health care decisions. Consequently, there is danger that potential medical tourists will make treatment decisions without the benefit of direct consultation with medical professionals and rely instead on the recommendation of facilitators who may lack medical training, or even clear standards for what information they should provide to patients.

There has been little consideration of how aware medical tourists are about facilitators' level of training. If this awareness is minimal, they are likely not in a position to judge the quality of advice that they receive from these individuals. Facilitators have the word 'medical'

in their titles, make seemingly informed claims about the success rates of procedures and quality of care in specific facilities and by specific physicians, and take on the role of patient advisor and even advocate.[1,5] These roles may easily confuse patients, thereby leading them to put unjustified weight on facilitators' advice. If patients are not willing to discuss their decision to seek medical care abroad with their own physicians (or even other members of their social networks) or do not have access to a physician due to financial constraints, then the facilitators' perspectives will not be balanced by other, less financially interested views.

Just as other medical providers, including hospitals, physicians, and private clinics, are regulated to instil practices that do not harm the health and safety of patients, it has been argued that medical tourism facilitators should be similarly regulated based on some kind of accreditation standards.[6] The content of these accreditation standards are still a matter of debate; for example, it is not immediately clear whether facilitators should be required to obtain some degree of medical training or whether requiring limits on the advice they give to clients would be sufficient to protect clients' interests. Without accreditation requirements, as is presently the case, there are no restrictions on who can take on the role of facilitator or repercussions for those who violate professional norms.

In a content analysis of Canadian facilitation company websites, Penney et al. observed that the websites did not consistently refer to a single facilitator organization that represents a comprehensive monitoring body.[1] This was confirmed in Mason and Wright's analysis of facilitator websites, which found that website logos that appeared to signify quality were typically branding devices rather than evidence of facilitator certification.[8] Of the websites Penney et al. examined, 35.3% contained logos or representations of various organization memberships, but only rarely were these evidence of facilitator certification (i.e., individual-level training and credentialing) by any regulatory organization. Although some sites referred to external accreditation bodies, those bodies' reputability and assessment

standards are not always clear to medical tourists. This particular analysis also found that the sites generally did not indicate which of the hospitals they recommended were accredited, although 52.9% of websites provided information on physicians and their credentials.[1]

Mason and Wright reported that 29.3% of the reviewed sites gave evidence of some form of accreditation for preferred destination hospitals, such as indications that the facilities have met the standards of the Joint Commission International (JCI) or the International Organization for Standardization.[8] JCI accreditation has been used as a marker of quality and safety in the medical tourism industry and is often highly sought by facilities seeking to attract international patients.[6] But the display of hospital accreditation information on facilitator websites may confuse potential clients. Medical tourists may feel confident accepting a facilitator's services based on the mistaken belief that a preferred destination facility's accreditation also applies to the facilitator and/or facilitation company when, in fact, it says nothing about the facilitator's qualifications or knowledge.[1]

Facilitator Conflicts of Interest

Medical tourism is characterized by patients arranging for private medical services that they typically pay for out-of-pocket.[3] As we explained earlier, facilitators are private operators who are paid in exchange for the services they provide to those seeking this private care. But patients may not be aware of how much or in what manner facilitators are paid, since patients may not pay directly for facilitators' services. These services may be covered by referral fees paid for by the destination hospital or as part of an overall 'package deal' that does not include a detailed cost breakdown. Consequently, the financial structures of medical tourism as they relate to facilitators' involvement may be opaque to individual patients.

Because medical tourism facilitators receive fees to arrange for medical services, there is potential for a conflict between the interests of the facilitators and those of patients. While some facilitators receive fees directly from their clients, and so align their interests more

directly with those of the client, other facilitators receive fees or other benefits from medical facilities or physicians abroad with whom they book procedures.[9] Thus, in some cases, the facilitator has an incentive to book procedures independent of any benefit to the patient. This conflict of interest can take the form of supplier-induced demand, in which the facilitator encourages the client to purchase specific forms of medical care, introduces the client to new options for care, or even alerts the client to previously unknown medical conditions or perceived medical needs, all while receiving payment from providers for the provision of these services.[10]

The potential for conflict of interest in medical tourism facilitators' business practices extends to facilitators recommending or encouraging clients to obtain procedures that are unavailable or illegal in their home countries. If facilitators receive booking fees, they have an incentive to encourage their clients to receive these procedures regardless of whether they are legal in the client's home country. The international dimension of medical tourism allows facilitators to promote and aid their clients in escaping the legal jurisdiction of their home countries, which undermines the ability of countries to regulate access to medical care at home.[11] While such regulations may exhibit ethically problematic paternalistic attitudes, or state enforcement of public morality on individuals (e.g., in reproductive decisions), states do have a legitimate interest in regulating the medical care provided to citizens to promote patient safety and public health.[12] In some cases, states with high regulatory thresholds for patient safety will make certain treatments unavailable out of concern for efficacy, side effects, or other threats to health. By enabling patients' access to these treatments outside of domestic regulatory frameworks, facilitators can expose clients to risks that they would not have faced in their home health systems.[6] At the same time, access to unavailable, illegal, or experimental treatment such as experimental stem cell therapies can be highly desirable for

patients who are well informed about their associated uncertainties and risks; and in some of these cases, facilitators are crucial to enabling such access.

Unfortunately, there is little empirical evidence to support or refute claims that medical tourism facilitators face conflicts of interest in enacting their roles and responsibilities. In a legal review, Spece found that information about facilitators' fees is generally not provided up-front to clients.[9] As a result, some clients may assume that facilitators are working on a non-profit basis. The likelihood for misunderstandings regarding facilitators' referral fees received from medical tourism providers and fee structures charged to patients can be heightened by clients' unfamiliarity with medical referral fees, in light of the prohibition of referral fees in some domestic health care contexts. Johnston et al. confirmed this in their study, in which Canadian facilitators speculated that Canadian patients may find the notion of paying a facilitator to assist with booking and coordinating care to be off-putting since Canada's public health care system does not require citizens to pay out-of-pocket for any aspect of necessary medical care.[3]

Transparency of and Consent to Risks

Medical tourism has been associated with a range of risks to the patient, including deep vein thrombosis (blood clots) due to flying soon after surgery, exposure to infectious disease, poor quality of care, and the creation of a discontinuous medical record.[13] Informed consent requires that patients receive and comprehend information pertaining to treatment options, success rates, and risks of complications prior to undergoing care. Patients may not be aware of the risks associated with medical tourism, and therefore may not be able to give fully informed consent to be exposed to these potential complications.[1]

Facilitators' websites are thought to be a key, initial source of information about medical tourism for many patients.[1-4] These websites serve as a means of advertising facilitation services to potential clients, and so there is likely to be a great incentive to inform

people of the potential benefits of medical tourism and to assuage any fears associated with traveling abroad for medical care. These positive messages may not be balanced against information about the risks inherent in medical travel, so patients may not receive the information necessary to give informed consent to these risks. Many patients opt for medical tourism based on the lower price of the treatments offered abroad.[13] Since cost savings are often associated with inferior quality,[14] facilitators' websites may feature an abundance of quality assurance messages as an anticipatory strategy to head-off potential clients' concerns about whether these lower costs reflect poor quality.[7]

Facilitators' use of branding techniques in advertising their services, including noting that physicians at preferred destination facilities have trained in North America and Europe, and partnering with internationally recognized hospital and university brands, can help to reassure patients about the quality of care abroad. Similarly, use of accrediting agencies like the JCI may signal quality and safety to potential customers. Advertising high staffing levels and excellent customer service abroad also helps to assuage the concerns of potential medical tourists. Facilitators' references in their promotional materials to state-of-the-art medical devices and technologies available in destination hospitals counter concerns that lower levels of economic development in host countries mean lower standards of care and less technologically advanced medical equipment.[7] Again, these messages reflect facilitators' concerns with reassuring medical tourists about the quality of care received abroad, and may not accurately represent the risks associated with medical travel.

Since facilitators will be motivated to communicate the potential benefits of medical tourism, it is possible for a medical tourist to book care through a facilitator and never receive a comprehensive list of the risks and dangers associated with this practice; in fact, the patient may only receive an account of the high quality of the care available abroad or at a specific facility. The accuracy of this information may be very difficult for the medical tourist to

verify. Because norms and legal requirements for informed consent vary by country, the patient may have expectations for receiving information about risks that are not shared by the facilitator.[7] This problem is exacerbated by the lack of a single set of professional norms about communicating risks in the industry and an overall lack of oversight.

In reviews of facilitator websites, risk information – which is necessary for informed consent - has been found to be limited. For example, Penney et al. found that only 17.6% of Canadian medical tourism facilitator websites addressed possible risks and negative outcomes, and those that did most often did so in the 'facts' or 'disclaimer' pages.[1] Mason and Wright also found that websites rarely addressed risks and concerns on their main pages. Their study found only 4.9% of websites addressed postoperative care, 1.1% legal recourse, 2.2% complications, and 2.2% procedural risk.[8] An additional study found 16% of reviewed facilitator websites mentioned possible risks, but these risks were again consistently downplayed in favor of positive outcomes and benefits of medical travel.[15] Sobo et al. observed the theme of a "worry free experience" was particularly evident among medical tourism websites. Prospective clients were depicted as empowered to take control of their own medical care, with the companies' facilitators being available to assist. Risks were often addressed in 'Terms and Conditions' pages of websites.[16] These reviews confirm that, "[d]espite great importance of postoperative care, procedural risk and potential medical complications when making informed decisions about undergoing a medical procedure, the issues appear to be discussed in limited ways, if at all, on the websites".[8(p.173-174)] They also show that discussion of risk is rarely given 'front-page' coverage on these websites.

Facilitators are commonly focused on increasing patient confidence and the attractiveness of medical tourism destinations in terms of quality, experience, and price.[1] To heighten patient confidence, facilitators usually focus on statements of accreditation, training and experience of physicians, statements of advanced technology used in the hospitals, patient

testimonials and enjoyable environments and tourist activities.[1,16] Facilitators' marketing materials consistently demonstrate an emphasis on the likely benefits of seeking treatment abroad. As such, there is a focus on characterizing positive experiences, benefits and outcomes of medical tourism. Penney et al. found that any mention of risk in facilitators' websites was carefully worded to emphasize the unlikelihood of negative outcomes in order to maintain a generally positive message. Some websites are careful to remind patients that similar risks occur when seeking medical treatment in their own country, which is another strategy for minimizing risk messages in marketing materials.[1]

Problems with Continuity of Care and Follow-Up Care

Medical tourism can undermine both informational continuity of care (i.e., the maintenance of a continuous and complete medical record) and access to care following treatment.[13] When medical tourism involves international travel, medical records must be transferred between countries. The geographical, cultural, and linguistic distances involved in these transfers may complicate continuity of care; the patient's medical records may become discontinuous, different groups of caregivers may have difficulty communicating with one another, or the patient may be subjected to multiple, potentially conflicting standards of care. Similarly, the self-directed nature of medical tourism means that patients may have difficulty accessing follow-up care, including for unexpected complications. The patient's domestic care providers may be unfamiliar with the care received abroad or reluctant to provide follow-up care out of a concern for legal liability for complications arising from this care--if the patient has access to care at home at all.

Facilitators may not have the capacity or background necessary to help patients arrange for continuity of care and follow-up care. Facilitators may not inform their clients of the need to work with their home country physician to arrange for medical record transfer and follow-up care if needed. They may not be aware of the need to take these steps, or might be

concerned that emphasizing these care coordination logistics will detract from the appeal of their services.[7] Depending on the facility, there may or may not be international patient coordinators (i.e. staff employed by the destination facility to oversee the off- and on-site logistics of treating international patients) with which the facilitator can work to ensure continuity of the patient's care.[17] In some cases, attempts to facilitate continuity of care are limited to suggestions that patients communicate with their home country doctors before and after receiving care abroad.[17] Patient-initiated conversations of this kind can however be limited if patients are ill-informed about the care they will be receiving abroad or hesitant about speaking with their regular physicians about leaving the country for care because they fear that the physician will disapprove.[3] Moreover, patients may not be aware of the potential expenses associated with receiving follow-up care upon return home, further complicating coordinating after-care.[17] In short, there is no guarantee that patients seeking care abroad will consult with a physician before or after travel or that facilitators will aid them in doing so.[6]

Empirical studies presenting the findings of interviews with facilitators show that their roles in arranging follow-up care vary greatly.[3,5] Johnston et al. recorded a diverse spectrum of facilitator approaches to follow-up care. Some interviewees reported arranging follow-up care by request of the client only. Other interviewees frequently contacted clients upon return home from medical care abroad to discuss follow-up arrangements.[3] Facilitators who demonstrated the most involvement in follow-up care reported only accepting clients once such care had been secured. Even when facilitators want to take a role in arranging follow-up care, their efforts may be restricted in cases when clients' regular physicians do not support, or even openly disapprove of, the pursuit of care abroad and thus decline to provide the necessary tests or referrals.[3,5]

In a content analysis of 17 websites, Penney et al. found that facilitation companies claimed a wide variety of responsibilities regarding the transfer of medical records and

coordination of follow-up care. Some websites clearly stated that the facilitator has no role in monitoring patient care upon arrival home. Others offered a range of services, including "arranging phone calls between the patient and specialist abroad, having report sent to home physician, organizing rehabilitation, telehealth consultations, and answering questions"[1] However, whether these services would require additional fees or specific requests was typically not made clear. Additional website analyses support the findings of Penney et al. that follow-up care is not consistently addressed. For example, Lunt and Carrera found that although pre-operative consultations were often offered to potential patients, only 10% of websites addressed follow-up care.[15] Mason and Wright found only 4.9% of websites addressed follow-up care on the main page of their site, with 18.2% addressing follow-up care on other pages.[8]

Legal Liability for Harms

When patients seek care abroad, they may be subjected to unfamiliar legal environments. Legal protections for patients and medical liability standards differ greatly from jurisdiction to jurisdiction. Low malpractice insurance costs have been cited as one factor allowing some medical tourism destinations to offer less expensive care,[18] but patients may find it challenging to factor the value of decreased malpractice protection into their decision-making. Facilitators can help patients navigate these issues, but they too inhabit a murky international arena complicated both by the relatively unregulated status of medical tourism facilitation and the international dimension of the practice.

Some facilitators try to insulate themselves from the legal risks of medical tourism--including suits for malpractice, poor quality of care, or any complications that might arise from seeking medical care abroad--by distancing themselves from actual medical provision, and instead framing themselves as merely facilitating contact with medical facilities and physicians abroad and arranging for travel to these facilities.[7] Then if complications arise

from the care provided, the responsibility for these problems theoretically would be shifted to the physician and medical facilities abroad instead of the facilitators themselves.[7] In this way, if facilitators simply provide clients with information and contacts, along with a warning to beware of the complications that may arise from receiving medical care abroad, patients take on the responsibilities for the outcomes of their own decisions.[19]

Facilitators' attempts to limit their own liability sometimes take the form of statements warning patients that the facilitator has no legal liability for malpractice or complications arising from treatment received abroad or dissatisfaction with the care received. In other instances, facilitators require clients to sign contracts that waive the facilitator's legal liability in the event of complications.[7] When this occurs, the facilitator not only warns patients that they are on their own when risking medical treatment abroad, but also creates a legal barrier against seeking redress from the facilitator. While facilitators may encourage patients to seek legal redress from their medical providers abroad, doing so is problematic in two respects. First, pursuing a legal course of action abroad may be very expensive and difficult. Doing so requires navigating a foreign legal system, possibly using a language other than the patient's own.[20,21] If the patient is required to return to the country where the care was received in order to pursue damages, this creates additional burdens and costs. Second, adequate legal recourse may not even be available to the patient if the host country has limited medical malpractice protections for patients.[17,21] For a more detailed discussion of the issues surrounding legal liability in medical tourism, see Chapter 9

Interviews with Canadian facilitators show that they emphasize to clients that they are not medical professionals, and are instead offering information and referrals that patients have requested.[5] In this sense, facilitators do not view themselves as being responsible for adverse outcomes that occur as a result of patients acting on the information or referrals. Some facilitators do perform certain actions that could help lessen the risk of liability issues and

patient complications. For instance, one facilitator reported visiting potential destination facilitates to see, first-hand, if the facilitator would feel comfortable referring patients there.[5] However, since facilitators lack standardized professional training, their capacity to discern quality medical locations from unsafe ones is questionable. In website analyses, very few facilitator sites addressed issues of legal recourse for patients. For example, Mason and Wright found only 6.1% of websites that they examined addressed legal concerns,[8] while Lunt and Carerra reported that three of the five sites they examined stated that it was the surgeon's responsibility to address post-operative complications.[15]

Discussion

Our review of ethical concerns tied to the practice of medical tourism facilitation and the emerging body of empirically-based research on facilitators confirms, gives context to, and enhances our understanding of certain of these ethical concerns. At the heart of these concerns is the pressing question that many health systems confront: who holds responsibility for managing patient care across the continuum? As we have emphasized above, in the case of medical tourism, this continuum extends across countries, legal systems, regulatory approaches, and sometimes even languages.

It is clear that potential medical tourists face challenges in their informed decision-making. Reviews of facilitator websites consistently show that patients are not made sufficiently aware of the risks associated with medical tourism through these sources alone. As these websites are initial and formative sources of information, this lack of information raises questions about patients' ability to give fully informed consent to face these risks. Other information gaps undermine informed decision-making as well. Should decisions be based solely on publicly-available information through facilitator websites, potential medical tourists are likely to be confused about facilitators' pay structures, among other factors. Moreover, reviews of facilitator websites give evidence that most do not offer clear guidance

on the legal protections afforded to medical tourists if they choose to travel abroad for care. Statements and waivers of facilitator liability vary among websites and patients are not likely to be in a position to judge the enforceability of these waivers, particularly if they have not yet been tested in court. Moreover, these websites lack information on the variability of malpractice protections in host countries, further compromising patients' ability to make informed decisions.

The lack of a requirement for accreditation reinforces ethical concerns around the roles and responsibilities of medical tourism facilitators. For example, our review demonstrated a lack of clear protocols for providing follow-up care and ensuring informational continuity of care, a problem due in part to a lack of standardization among facilitators. While some facilitators oversee follow-up care for their clients and facilitate continuity of care, the treatment of these issues on facilitators' websites suggests the quality and scope of these services is uneven. The lack of accreditation undermines patients' ability to assess facilitators' training and qualifications. While symbols of accrediting agencies and other signifiers of quality were common on facilitator websites, they generally did not pertain to accreditation of the facilitators themselves. This can be misleading or confusing for medical tourists attempting to evaluate facilitators.

However, our review of the literature on medical tourism facilitators shows that a number of commonly-cited ethical concerns have yet to be evidenced in practice. For example, while concerns have been raised that payments from destination facilities to facilitators for referrals creates a potential conflict of interest and may negatively impact patient care or motivate unnecessary or overly expensive treatments, we do not yet have evidence of whether or how this conflict of interest has influenced facilitators' recommendations for care. While the financial incentive referrals create may work against patients' interests, facilitators also have an interest in developing and maintaining a reputation

for quality service and satisfied customers that may outweigh those incentives. Furthermore, it is difficult to assess the legal vulnerability of patients given the lack of case law around facilitator liability waivers. While the findings of website review studies make us suspect that the content of these waivers is variable, we do not have access to the content of these statements since they are generally not made public. We also do not know how common signed waivers are in the industry. Finally, evidence of the negative health impacts of engaging in medical tourism and of gaps in continuity of and follow-up care is lacking. While anecdotes of complications emerging from medical tourism are common and alarming, as are examples of problems with continuity of and follow-up care, more data are needed in order to identify and assess trends. Importantly, complications and risks created by medical tourism are likely to vary by procedure and location, making it difficult to issue blanket statements about the safety of this practice.

The ethical concerns associated with medical tourism facilitation highlight the need for greater regulation and transparency.[6,22] The emerging literature on facilitators clearly supports the need for greater transparency to help patients understand the risks medical tourism entails, as well as facilitators' potential for conflicts of interest.[4] Facilitators could promote transparency by fully disclosing the source and amount of their fees and by providing more information about the risks of medical tourism on their websites.[9] Requiring facilitators to receive training and accreditation could help ensure that facilitators provide this information about risks and funding sources to potential patients. [5,6] An accreditation process could also help to provide uniform procedures for providing medical tourists with better continuity and follow-up care. Other proposed regulations, including restrictions on facilitators' contracts, requirements for travel insurance, patient compensation for malpractice, and restrictions on the procedures that facilitators can advertise[6] are less directly supported by the existing empirically-based literature. Additional research into the impacts of medical

tourism on patient health and the adequacy of patient information on the risks entailed by medical tourism might support these additional regulatory interventions, and is thus needed.

In interviews, facilitators stated a desire for standardization and regulation as a way to professionalize their practice.[5] However, it is not clear what organization or group should assume this responsibility. Norms and standards of facilitator services have not yet developed, no regulatory body has formed to oversee facilitator practices, and a code of practice has not been adopted. Medical tourism facilitation companies work in a wide variety of legal and regulatory contexts, and without the oversight of one professional accrediting body. The international nature of medical tourism, where patients, providers, and facilitators may each be based in different countries, makes regulation difficult to impose, especially given the significant financial incentives to limit regulatory policies in medical tourism destinations. Voluntary participation in an accreditation system akin to JCI accreditation for health providers would be a first, feasible step toward greater regulation of the industry. While such a system would be voluntary and thus limited in force, JCI accreditation is increasingly seen as a de facto requirement for medical tourism providers targeting patients in North America.

Research Directions

Our review suggests several areas of research that are needed in order to expand our understanding of the ethical dimensions of medical tourism facilitation. Most pressing is an understanding of patient-facilitator interactions beyond what is known from public facilitator websites. This information will help to bridge several gaps in our understanding of medical tourism and of facilitators' roles and responsibilities. These gaps include the limited understanding of the degree to which facilitators convey information on the risks of medical tourism, the content and presentation of liability waivers, and discussions of follow-up and continuity of care. While ethical concerns about all of these areas are well founded, a better understanding of the full range of patient-facilitator interactions will help to add detail to

these concerns, illuminate differences in how facilitators interact with their clients, and suggest interventions for overcoming or mitigating these concerns.

More data are needed on the numbers of medical tourists using facilitators to plan their travel abroad for care, medical tourists choosing not to use facilitators, and patients who interacted with facilitators but chose not to engage in medical tourism. This data will help to better understand patients' decision-making processes around medical tourism and facilitators' roles and responsibilities in this process. More data also are needed on patient outcomes following travel abroad for medical care. This data could help differentiate outcomes for those patients using facilitators and help to uncover facilitators' roles in improving or worsening health outcomes for medical tourists. It is possible that these outcomes will differ by destination and procedure, and ideally such data would help to determine whether facilitators who are accredited and have a medical background have better outcomes than other facilitators.

Information is greatly needed on how patients, facilitators, and other industry stakeholders, including physicians, perceive the facilitators' roles and responsibilities. While this information is starting to appear through facilitator interviews, facilitator self-perception may vary by location, thus creating the need for comparative insights. Moreover, our understanding of patient and other stakeholders' views of facilitators' roles and is limited at this time. A better understanding of facilitators' roles will help shape regulatory responses and inform procedures for facilitator accreditation.

Given the dynamic nature of medical tourism and relative newness of facilitation as an entrepreneurial venture within this global health services industry, the literature on ethical concerns about this practice has been quick to develop. The expanding body of empirically-based research on facilitation is helping to define our understanding of the ethical dimensions of facilitation. Continued research along existing pathways and in the areas described here,

while logistically difficult and time- and money-intensive, will help to shape policy responses to medical tourism generally and facilitation specifically. Medical tourism facilitation is a business that is likely to continue playing a role in securing (or perhaps worsening) patient health, thus making it clear that a better understanding of the practice of facilitation and diversity of facilitators' roles and responsibilities toward medical tourists and the industry is needed.

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