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## “The Major Forces that Need to Back Medical Tourism Were . . . in Alignment”: Championing Development of Barbados’s Medical Tourism Sector

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### Abstract

Governments around the world have expressed interest in developing local medical tourism sectors, framing the industry as an opportunity for economic growth and health system improvement. This article addresses questions about how the desire to develop a medical tourism sector in a country emerges and which stakeholders are involved in both creating momentum and informing its progress. Presenting a thematic analysis of 19 key informant interviews conducted with domestic and inter-national stakeholders in Barbados’s medical tourism sector in 2011, we examine the roles that “actors” and “champions” at home and abroad have played in the sector’s development. Physicians and the Barbadian government, along with international investors, the Medical Tourism Association, and development agencies, have promoted the industry, while actors such as medical tourists and international hospital accreditation companies are passively framing the terms of how medical tourism is unfolding in Barbados. Within this context, we seek to better understand the roles and relationships of various actors and champions implicated in the development of medical tourism in order to provide a more nuanced understanding of how the sector is emerging in Barbados and elsewhere and how its development might impact equitable health system development.

### Keywords

medical tourism, Barbados, economic development, policy transfer, health equity, health service export, Caribbean

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In the past decade, national governments around the world have expressed interest in cultivating medical tourism sectors (1, 2). Here we refer to medical tourism as involving the intentional pursuit of privately financed medical care outside a patient's country of residence. Framed as an opportunity for both economic growth and health system improvement, marketing treatment to privately paying international patients is done in an increasing number of hospitals and health systems worldwide (1, 3). Industry newsletters such as the *International Medical Travel Journal* and *Medical Tourism Magazine* regularly publish profiles of new regions, countries, or cities looking to enter this multi-billion-dollar global industry, demonstrating a desire among governments and trade groups to enter an industry perceived to be rapidly growing.

In this article, we aim to explore how initiatives to develop medical tourism emerge in new locations by examining the sector in Barbados. By identifying stakeholders who have been actively creating and sustaining interest in the sector, we articulate how medical tourism has been championed as a viable economic and health system improvement strategy. We also seek to identify numerous "actors" who are passively implicated in the planning of and considerations informing medical tourism's growth.

This analysis contributes to the small but growing body of literature that explores how medical tourism and policies supporting the sector emerge in different contexts (3–7). Health care experts have raised many concerns about the potential for medical tourism to undermine health equity of health systems, all of which have been discussed at length elsewhere (8–10). Though in this article we are not focused on the health equity impacts of Barbados's developing medical tourism sector per se, we believe that insights gleaned from examining the stakeholders, both active and passive, involved in driving and informing its development can help identify parties that have a role to play in mitigating negative health equity outcomes and enhancing positive ones. We contend that the structure of these connections has implications for equitable and accountable policy development in internationalizing health systems.

## On Barbados: Brief Background Context

Barbados is an English-speaking, high-income, small island nation located in the Eastern Caribbean, with a population of approximately 280,000 (11). The country is reliant on trade in services, with tourism and offshore financial services being the economy's largest export sectors (12). As a small island state dependent on income from recreational tourism, one of Barbados's greatest economic challenges is its heightened sensitivity to global economic cycles (12). In light of this, the Barbadian government has identified a larger medical tourism sector as one avenue through which the country can diversify its economy and strengthen its health system (13, 14).

Barbados has a well-established public health care system that provides citizens universal access to medical services, including complex tertiary care. A range of private primary and secondary health care is also available, but tertiary care is

only provided at the public Queen Elizabeth Hospital (15). Physicians practicing at this hospital have private admitting privileges, which has contributed to its established history of participating in regional transnational care by admitting privately paying patients from elsewhere in the Eastern Caribbean (16). While private health care spending has increased over the past decade, reaching 35 percent of the total spending on health services in the country as of 2008, public spending by the Barbadian government remains dominant in the country (15).

Barbados's medical tourism sector is currently very small. Beginning in 2000, medical tourists have been identified as a target market by three small, private specialty clinics, two of which are still operating. These operational clinics are the Sparman Clinic, a cardiac care provider, and the Barbados Fertility Centre, a fertility speciality center. This latter facility is the figurehead of the current sector, having been the most successful in recruiting medical tourists into its patient base (17). There have also been numerous attempts by individual physicians and investors in the past decade to develop larger medical facilities incorporating medical tourism, all of which were ultimately not realized (18). A common element to all of these ventures, regardless of their success or scope, is that medical tourism has been viewed by care providers as a mechanism for supporting their facilities beyond the small Barbadian population rather than as the sole focus of their operations (18).

In contrast to the early development efforts described above, the national government has recently begun a concerted push to attract more medical tourists and develop new health service exporters (13, 19, 20). Barbados's national foreign investment promotion corporation, Invest Barbados, has attended numerous international industry conferences organized by the Medical Tourism Association while accompanied by local healthcare providers. Policymakers also participated in a planning and promotion workshop for medical tourism in 2008, cosponsored by the Canadian International Development Agency and the Caribbean Export Development Agency, in which planning exercises to promote medical tourism alongside health and wellness tourism more broadly were undertaken (21). These planning and networking events were followed by the national government awarding the lease of St. Joseph Hospital, a derelict, publicly owned facility, to American World Clinics in 2011. This company plans to open an 85-bed hospital in 2015 that will employ a rotating roster of visiting American physicians and will primarily serve medical tourists (22). This novel "offshore" model plans to employ local health workers as well, including nurses and medical technicians. If successful, the American World Clinics Barbados facility will mark a significant change in the scale and scope of Barbados's medical tourism sector and raise a host of regulatory and resource management implications for its health system (17).

## Methods

In this exploratory study, we aimed to examine the anticipated health equity impacts of Barbados's growing medical tourism sector by consulting with local and international stakeholders. Here we conceive of stakeholders as those whose professional positions have some degree of involvement in the country's health system or developing medical tourism sector. Guided by case study methodology, which requires attentiveness to the context in which a phenomenon is occurring

(23), we conducted one-on-one semi-structured interviews and observational site visits to medical facilities in May of 2011. All stages of the study design below were reviewed and approved by our institution's ethics review board.

### *Recruitment*

Following ethical approval for this study from our institutional board, we purposefully recruited stakeholders to participate in face-to-face interviews while we were onsite in Barbados. We focused on breadth in our recruitment strategy to achieve representation from a diverse range of agencies and individuals from target sectors (public health care, private health care, government, allied businesses), as opposed to interviewing multiple representatives of single organizations. To identify stakeholders, we reviewed media coverage and the websites of organizations pertaining to health care, tourism, business development, and medical tourism in Barbados. Upon completion of interviews, participants were also asked for additional sector stakeholders to invite to the study.

Fourteen interviews were conducted onsite in Barbados, and upon return to Canada, an additional five interviews were conducted by phone. Phone interviews were conducted with individuals whose schedules could not accommodate an interview during our onsite visit or who are not located in Barbados.

### *Data Collection*

Interviews lasted between 0.5 to 1.5 hours and were conducted at a time and location of the participant's choosing. They were conducted after participants reviewed and signed a consent form indicating that anonymity would be protected. In keeping with standard protocols in Canadian-led health research, participants were given a US\$50 honorarium upon completion of the interviews to acknowledge their time and valuable contributions to this study.

To enhance consistency, all interviews were conducted by the third author. Interviews were organized using a semi-structured guide consisting of 30 questions. The guide probed for issues about: (a) participants' professional backgrounds; (b) knowledge about medical tourism in Barbados; (c) public perceptions of medical tourism in Barbados; and (d) anticipated health equity impacts of medical tourism in Barbados. Regular team meetings were held throughout the data collection period to discuss recruitment strategies and emerging findings. Through this process, it was agreed that interviewing would cease when no new target sectors or agencies for recruitment could be identified, which occurred after the 19th interview.

### *Data Analysis*

All interviews were transcribed verbatim upon completion of data collection. Transcripts were first independently reviewed by the investigators. A coding scheme was then proposed by the third author and changes were made to the scheme based on the feedback obtained from the other investigators. Coding was managed using N7, a qualitative data management program, and all coding

was done by the same research assistant in close coordination with the third author.

Following the completion of coding, a meeting was held among the investigators to discuss emerging analytic ideas that would guide inductive thematic analysis of the data (24). During this meeting, the analytic framework that focused on internal/external actors/champions and is used here was identified. This framework was proposed by the second author and consensus was reached regarding which stakeholder groups fit into which of these categories. A full thematic analysis of the data using the internal/external actors/champions framework was then conducted by the first author. The analytic framework facilitated the identification of relevant, illustrative data extracts pertaining to the relationships informing the sector's development, all of which were circulated among team members in order to seek consensus on interpretation (note that quotes included here come from these extracts). In the following section, we share the findings of this thematic analysis.

## Findings

Analysis revealed a number of themes related to policies and initiatives surrounding the development of medical tourism in Barbados. Chief among these themes are the roles played by different stakeholder groups and their relationships to one another. Participants identified a number of key individuals or organizations "championing" the sector by exporting health services, creating frameworks to guide the growth of the sector, and organizing workshops and conferences to raise interest and awareness about medical tourism. Other stakeholders who factor into the current operation or prospective development of the Barbadian medical tourism sector but are not involved in actively promoting it emerged as another distinct group. Here we refer to them as "actors" who are passively implicated in sector development. A further distinction can be made between actors and champions who are "external" and "internal" to Barbados. This distinction captures whether a stakeholder is located in Barbados or internationally.

In the subsections that follow, we separately examine the respective roles of internal and external actors and champions in advancing Barbados's medical tourism sector. It is worth noting that all participants are situated in one of these four stakeholder groupings, and members of all four groupings are represented among the 19 participants — despite the fact that this framework emerged from the data and was not our sampling strategy.

### *Internal Champions*

Two groups were identified as internal champions: (a) physicians seeking to export their services and (b) the Barbadian government. The Barbadian physician community has a history of wariness when it comes to the expansion of medical tourism, with some only recently supporting its development while others remain opposed. Participants noted that some local physicians practicing in the private system have opposed a model of medical tourism in which

foreign physicians will temporarily visit the country and treat foreign patients due to a fear of increased competition for local patients, with one participant remarking: "I know [medical tourism] kind of scares local physicians" (Public Sector – Trade and Investment). However, participants also reported a strengthening of support for medical tourism among Barbadian physicians in recent years as they see an opportunity for medical tourism to enlarge the overall size of the private patient market as Barbados develops as a medical destination. One participant described this outlook in saying: "If you look at the pie as getting bigger because [medical tourism] is bringing in a bunch of people who aren't coming [to Barbados] now, which is really our target" (Private Sector – Health).

The Barbados Fertility Centre opened in 2001 and is the only medical center offering specialized fertility services in Barbados. Despite being small and specialized, the fertility clinic's success at attracting international patients was seen as a good model for a wider Barbadian medical tourism industry, as the clinic was successful in staking its long-term growth on attracting international patients. The clinic's owners have served as a source of information for domestic and international champions. It was noted that there had been multiple groups of prospective investors "that Invest Barbados have brought in [to Barbados] and usually they bring them in to meet with [the fertility clinic] because. . .[it has] walked the walk" (Private Sector – Health).

The second group of internal champions are members of the Barbadian government working to develop the sector. The Ministries of Tourism and Health, as well as the nationally owned foreign investment promotion corporation Invest Barbados, are the three agencies most regularly discussed as pushing the medical tourism sector forward. Participants reported that Invest Barbados has been a key champion, with one participant summarizing its key role by saying "much of what is happening [in medical tourism]. . .comes through them. The initial contact is through them" (Public Sector – Health). Since 2008, representatives from Invest Barbados have attended annual trade shows held by the Medical Tourism Association in order to identify potential international investors and promote Barbados as a medical tourism destination. Invest Barbados was further identified as a champion in its role overseeing the creation of a favorable taxation environment for foreign investment in the health sector.

The Ministry of Health, as head of the country's inter-ministerial Medical Tourism Task Force, has taken the leadership role in the creation and modification of regulatory frameworks to oversee the development of the sector. It was noted that the Ministry has been conscious of its role in mitigating the potential negative health equity impacts of medical tourism, with one participant summarizing: "Is there a level of service for one set of people, primarily medical tourists. . .those are questions I've heard voiced. . .to the Ministry of Health, which is the regulatory body for. . .health in Barbados, so if there's a question like that coming from the Ministry of Health then you know that the Barbados government will be looking at medical tourism very closely" (Public Sector – Trade and Investment).

One participant's comment summarizes the overall impression of the collective efforts of the internal champions of medical tourism in Barbados: "Most of the major forces that need to back medical tourism were indeed in alignment and

working together. I remember [previously there were] factions. ...between the government, the local medical community, the Ministry of Health, you know the medical school, [now] everybody is, is kind of pulling in the same direction" (Private Sector – Health).

Cooperation between these internal champions has been key to the mobilization of state efforts to scale up the medical tourism sector over a relatively short period of time.

### *External Champions*

Participants made it clear that the momentum gathering around the development of a medical tourism sector is not emerging solely from stakeholders based in Barbados. There are numerous external champions who have taken up roles in promoting the sector. External groups that are driving Barbados's interest in medical tourism include: (a) international investors, (b) the Medical Tourism Association, and (c) international development agencies. International investors were identified as important champions due to their attempts to develop new medical tourism facilities. One participant related numerous instances of investors looking to build new medical facilities in Barbados: "There are a number of North American investors. I think that the other day we had. ...some investors out of Latin America" (Public Sector – Health), indicating this group's role in stoking interest in the sector. Another clarified that "we need investors to provide the facility" (Public Sector – Trade and Investment), highlighting the critical role outside investors play in sustaining the possibility of scaling up medical tourism to Barbados. The successful bid by American World Clinics to build a large new hospital dependent on medical tourists is an example of the central role external champions are playing in expanding the sector.

The Medical Tourism Association markets itself as an international organization that exists to promote medical tourism among patients, care providers, planners, and administrators of health care. The association actively recruited representatives from Barbados to attend its annual conference each year between 2008 and 2010, with Barbados responding in kind and inviting the president of the association to present at a government-sponsored health and wellness tourism seminar in 2010. These activities highlight the influence of the connections between the Medical Tourism Association and internal champions in Barbados. This is further evidenced in a participant stating: "What [Invest Barbados is] looking at doing is establishing a, a stronger relationship with the Medical Tourism Association...as a matter of fact...Invest Barbados invited...the CEO of the Medical Tourism Association to participate in a seminar, that was like three, four, five weeks ago and it was...beneficial" (Public Sector – Trade and Investment).

It was reported that American World Clinics' interest in the St. Joseph Hospital refurbishment project arose from interactions at the Medical Tourism Association's conference in 2009, where a participant reported that members from American World Clinics "serendipitously...made contact with the Health Ministry...and one thing led to another" (Private Sector – Health).

The third external champion that emerged in the analysis was that of inter-

national development agencies, including the Caribbean Export Development Agency, the Inter-American Development Bank, the Commonwealth Secretariat, and the Canadian International Development Agency, all of which were cited as supportive of a growing medical tourism industry in the Caribbean in general and Barbados more specifically. This support took the form of commissioning or issuing reports and conferences supportive of medical tourism. For example, one participant noted: “There was a study done by Caribbean Export Development Agency maybe two or three years ago about...selling medical tourism services from the Caribbean and they had identified Canada as one of the markets where they figured the Caribbean would be successful because of the fact that Canadians are looking outside of their own country for medical services” (Public Sector – Trade and Investment).

Similarly, participants reported that the Caribbean Export Development Agency and the Canadian International Development Agency jointly funded an international conference held in Barbados in 2008. The conference aimed to raise awareness about the health and wellness tourism sector among Caribbean nations and included presentations from international consultants sharing the experiences of countries such as Malaysia and the Dominican Republic in developing their own medical tourism sectors. Barbados hosted a national conference on health tourism the following year. Developing medical tourism services was a core feature of both conferences, although it was promoted alongside less intensive health services such as massages, spas, and acupuncture. Many participants cited these meetings as key sites in the development of a medical tourism strategy for Barbados, with one participant crediting them with “...setting [the Ministry of Health] up where [they] are now looking to put a strategic plan in place” (Public Sector – Health). Another participant echoed this: “The first conference was about three years ago and then they have repeats that conference last year and then after that...these sub-committees now have...set up” (Private Sector – Health).

### *Internal Actors*

There were three groups of “actors” within Barbados that commonly arose in discussions about the planning of the medical tourism sector: (a) the Queen Elizabeth Hospital, (b) the Barbadian health and wellness tourism industry, and (c) the Barbadian public.

The Queen Elizabeth Hospital factors into the conception of the current Barbadian health system among the planners of medical tourism, but is not present at the planning table itself. According to one participant, “The Queen Elizabeth Hospital...has never been engaged or asked of their opinion or discussion around whether [Barbados] can in fact embark on [medical tourism]” (Public Sector – Health). Given its critical role providing a full range of medical services to Barbadians, the hospital frequently arose in discussions of how medical tourism may impact the domestic health care market. Typically, medical tourism was viewed by champions of the industry as not being in competition with the Queen Elizabeth Hospital, but as entirely separate because medical tourism was typically envisioned as divorced from the public health system.



One participant summarized this when saying, “I wouldn’t have seen the two of them [medical tourism and local health care] related before. . .because it’s that sectionalized on this island that it would be just for tourists” (Private Sector – Health). Providers marketing to medical tourists were seen to be either offering services unavailable in the public system, as in the case of the fertility clinic, or if offering services available in the public system, serving a different patient market. Similarly, the hospital and the larger public health system were not considered as sharing the same human and public resources as medical tourism providers. Plans for large-scale medical tourism development are based on using foreign medical labor. One participant clearly articulated this outlook in saying “the expectation is that they will be using mainly. . .American physicians or international physicians” (Public Sector – Trade and Investment).

Another internal actor informing the development of medical tourism is the broader health and wellness tourism sector in Barbados. Medical tourism was perceived as a niche set of surgical, intervention-focused services within this wider sector that includes spa and recuperative holidays as well as complementary and alternative medicine. Some participants conflated the two sectors, discussing the entire “health tourism” sector as a coherent whole that Barbados is working to promote and only weakly distinguishing medical procedures. One participant explained that tourism officials perceive medical tourism as merely “a niche product or as an expansion to the tourism product that is currently offered” (Public Sector – Health). However, some participants were careful to differentiate the development of the medical tourism industry from the health and wellness sector, but still saw the success of each closely tied to the other. Overall, the notion of a strong, broad health and wellness tourism sector helped to fuel the desirability of a larger medical tourism sector in the country.

Collectively, the Barbadian public is an actor in the development of medical tourism in the country. Given the small size of the current sector, most participants perceived medical tourism as a nonissue for Barbadian citizens, one participant stating that “the notion of medical tourism doesn’t have a lot of traction or public profile” (Public Sector – Trade and Investment). However, one participant described a perception that “a lot of Barbadians feel very frustrated that the tourists get looked after better” (Private Sector – Health) and may be able to more readily access health services than locals. Actions to gain the approval of the public and manage the “optics” of medical tourism were a common goal among sector champions. Several participants suggested this goal could be achieved if potential positive impacts were emphasized in communications with the public. One participant explained that it is: “. . .more proactive on the part of government to. . .pre-empt any. . .possible challenges along those lines. . .So in all Minister’s speeches and when they record in the newspaper. . .a point was always made to reassure the public that this would be an overall benefit” (Public Sector – Trade and Investment).

### *External Actors*

Just as there are groups and individuals outside Barbados that have actively championed the development of a medical tourism sector in the country, there

are also people residing outside Barbados who have influenced this sector but have not served as champions. External actors that were described as having some stake in the development of a Barbadian medical tourism sector were: (a) medical tourists and (b) international hospital accreditation organizations.

Participants expressed a perception that prospective medical tourists from North America and the United Kingdom will prefer Barbados as a destination over other countries for a variety of reasons, including its English-speaking population, cultural familiarity, proximity to North America, and beaches and natural setting. One participant described the appeal of Barbados for medical tourists as: "You go to the beach with your significant other, you enjoy the restaurants, the hotels, you have your procedure... you have an enjoyable environment where they speak English" (Private Sector – Health). Several participants emphasized patients on wait-lists in Britain and Canada as one of the key target markets that will support medical tourism in Barbados. Most shared a perception that the market for medical tourism is large and growing. Thus, champions' perceptions of this anticipated market's size, composition, and demands, rather than efforts to directly consult medical tourists or incorporate more conservative assessments of the number of patients traveling internationally for care and their motivations for doing so, are shaping the evolution of Barbados's medical tourism sector.

International hospital accreditation bodies such as Joint Commission International (JCI) were discussed as actors key to the success of the industry, mainly by improving the confidence of prospective patients in their claims to high-quality standards. For example, one participant stated that: "If you don't have [JCI] certainly the American patients are not coming" (Private Sector – Health). The fertility clinic already holds this certification and other facilities are thought to be seeking it. However, one participant further explained that "one of the... issues in relation to medical tourism is the ability for you to have a facility that meets the [JCI standards]... we really don't have that [financial] capacity" (Public Sector – Health) due to the cost for both the price of accreditation and associated renovation. Some champions shared a concern that such barriers to accreditation of new and existing private health care facilities would limit the pace at which the sector could develop.

## Discussion

The findings illustrate how the idea of a "medical tourism sector" is being conceptualized and mobilized by key stakeholders involved in the development of health services export from Barbados. These findings contribute to a wider literature that provides accounts of the factors driving (or obstructing) the emergence of medical tourism in particular locations (3, 7, 25, 26), particularly those that focus on fine-resolution accounts of how the industry operates in specific places (5, 6, 27). Employing a conceptual framework that parses out the internal and external actors and champions and their relationships to the developing medical tourism sector brings forth two key points for further discussion: (a) the composition of the networks championing the development of medical tourism in Barbados and (b) the position and role of uninvolved actors whose presence frames the terms of how medical tourism is unfolding in Barbados.

## *Connected Champions*

Our analysis demonstrates how the expansion of the medical tourism sector in Barbados is primarily driven by a cluster of connected champions within the country. These internal champions are represented by two groups: government organizations and private health care providers. Narratives around the early history of medical tourism in Barbados were peppered with accounts of individual physicians' and investors' plans that were ultimately abandoned or redirected toward primarily serving locals, with the notable exception of the Barbados Fertility Clinic. This early, uncoordinated entrepreneurial activity is in sharp contrast with the interest and support provided by the government around 2008 and thereafter.

Barbados's internal champions share connections to external champions who, while not connected to one another, have collectively facilitated planning for the sector. Two of these, the Medical Tourism Association and international development agencies, have provided forums both outside and within Barbados for internal champions to connect with one another, meet with international investors and medical tourism consultants, and articulate their development strategies. These forums have disseminated particular models, including the "health and wellness tourism continuum" and the development experiences in well-known medical tourism destinations. These have subsequently been locally mobilized to structure and promote the development of the Barbadian medical tourism industry. The models were regularly referred to by numerous participants we spoke with, indicating that they were successful in focusing stakeholders on a common goal and vision. This mirrors elements of the experience of Malaysia as documented by Ormond (6), where the emergent, piecemeal medical tourism sector received sudden government attention that sought to coordinate the sector's growth.

A number of key issues arise from the involvement of disparate external champions in driving the development of Barbados's medical tourism sector. The diverse mixture of nongovernmental champions supporting the development of medical tourism in Barbados (international development agencies, regional export development agencies, and the Medical Tourism Association) suggests potential for incoherence in the kind of sector each partner envisions and thus is cultivating collectively. This is especially the case given the ongoing incoherence in the definition of "medical tourism" itself, both in Barbados and more widely. For example, exporting surgical services might be an afterthought in light of a perceived greater viability of the health and wellness tourism for one group, while surgical care is the primary focus of another. Similarly, the models mentioned as influencing medical tourism's development in Barbados represent very different health systems and socioeconomic contexts (i.e., Malaysia, India, Dominican Republic). This is especially pertinent as one of the major approaches to medical tourism development being pursued in Barbados and other Caribbean nations aims to provide foreign physicians a location from which to export their services, rather than exporting excess, established capacity in the private health sector. Both approaches, with their strikingly different implications for health worker supply, local employment, reliance on local

health infrastructure, and economic outcomes, are captured by the broad push for medical tourism. As such, the policy measures and/or lessons derived from elsewhere may not translate effectively to the Barbadian context, an issue compounded by the dearth of impartial information in much of the medical tourism sector (2). Definitional incoherence and hype-driven policy development of medical tourism has been noted elsewhere (1) and should be acknowledged by policymakers in the use of consistent, clear definitions and critical scrutiny of the available data on the scale and nature of the global industry.

International investors differed from other external champions, international consultancies and economic development agencies, as they are more directly involved in the day-to-day operations of medical tourism in Barbados. Foreign investment groups most broadly and American World Clinics specifically are significant in the combination of their powerful influence and status as foreigners. The high costs of constructing new hospitals make it very likely that small island nations will be dependent on foreign capital for large-scale medical projects to be realized. That such a powerful champion and beneficiary of the sector is positioned outside the country raises important questions regarding how its respectively limited knowledge and responsibility in the success and operation of the existing health system may impact the way it operates into the future and the degree to which economic benefits from the sector will remain locally.

### *Disparate Actors*

None of the internal actors passively influencing Barbados's medical tourism sector is involved in its planning, but they are ubiquitously present in discussions by those championing the sector's development. The perception of medical tourism as just one form of health and wellness tourism, a sector so wide as to include interventions as mild as massages to those as intensive as cancer care (2, 28), presents a troubling equivocation between treatments that demand entirely different kinds of health resources and have distinct health system impacts. This equivocation raises two risks. First, it presents the risk that the policies used to cultivate the medical tourism sector are derived from or related to the health and wellness sector more widely. This may subsequently encourage the development of medical tourism as a mere subsector of the wider health and wellness tourism industry and thereby in a manner that does not account for the unique regulatory and management challenges it poses to existing domestic medical services. Second, the lack of clarity around which health and wellness services in particular are being planned for or incentivized may result in indistinct public perceptions of what is being expanded, thereby avoiding constructive local scrutiny.

The relevance of these above concerns is demonstrated by the conspicuous omission of the Queen Elizabeth Hospital and the Barbadian public from the planning of the medical tourism sector. Champions perceived the Queen Elizabeth Hospital to be insulated from the growth of the medical tourism sector and, if anything, a beneficiary of the staff training and retention opportunities a larger and internationalized private health services sector would offer. This differed from the perceptions of participants involved in the administration

of public health care, who held serious concerns about the negative health equity impacts a large medical tourism sector could pose for local patients. Similarly, champions believed that there exists widespread public support for the development of medical tourism in Barbados and that dissent can be managed if the perceived economic benefits are emphasized in local promotion. Mirroring the lack of engagement with the Queen Elizabeth Hospital, participants did not identify any formal consultation with community members by internal or external champions to verify their perceptions. The emphasis by champions on managing public opinion, combined with the lack of clarity surrounding what specific services are being promoted by the government's interest in "health and wellness" tourism, is troubling given the sector's potential impacts on health equity locally.

The perception that there exists a large population of frustrated North American and European patients who are willing to travel abroad for culturally familiar and/or proximate care is fundamental in driving the current development of medical tourism in Barbados. It was a belief in the existence of this group and the nature of their desires, rather than a firm sense of their numbers or evidence of their actual demands, informing champions' perceptions. This is indicative of the impact that the popular imagery of (North American and European) patients traveling great distances for medical trips is playing in driving sector planning and development. This target patient population is eclipsing the proximate, regional flows that experts believe constitute the bulk of global health services export in places such as Thailand and Malaysia (1, 29), for which a regional Eastern Caribbean market of comparable scale does not exist due to its small population.

In their accounts of sector development strategy, participants articulated a close, if not mutually reinforcing, connection between international accreditation agencies and the expectations of foreign patients. Accreditation was discussed as a critical component to gaining a foothold into the international health services market, especially in meeting the demands of American patients.

The existence of JCI was thus seen as a (perhaps *the*) key facilitative actor in determining the successful development of the medical tourism sector because it was widely believed that care providers would be uncompetitive without accreditation. Some participants further tied this popular perception to the developmental strategies disseminated by external champions in their conferences and reports. This pressure to adopt JCI accreditation over other routes of certification mirrors the Malaysian experience, where hospitals seeking to market themselves as medical tourism destinations were originally required to first receive JCI accreditation (29). This perception among medical tourism stakeholders of the importance of international accreditation in gaining access to the American market helps to explain the self-reinforcing popularization of the JCI brand in particular. Future research must seek to provide impartial assessments of the clinical relevance and rigor of international accreditation and its process, given the critical role it is performing in shaping development and planning of the medical tourism sector (30).

## *International Parallels in Medical Tourism Development*

The findings demonstrate some parallels with Ormond's (6) work on medical tourism policy in the Malaysian context. The Barbadian experience parallels Malaysia's, where internal champions such as the Ministry of Health frame public hospitals and the public health care system as first and foremost a public good, to be maintained and insulated from erosion by the private market (6). Public-sector champions in both contexts maintain a similar confidence in the ability of medical tourism to operate within existing domestic private health systems without leeching resources from the public health system. However, unlike Malaysia and other established medical tourism destinations, Barbados's example provides a sharp departure from the idea of medical tourism as a "feather in the cap" of the existing health system and an indicator of the high quality of care available locally (6, 31). Instead, medical tourism in the Barbadian context is moving toward an offshore model where foreign providers care for foreign patients and operations are financed by foreign investment. In choosing to locate itself in Barbados for the regulatory, cost, and aesthetic benefits, and intending to insulate itself from the existing Barbadian health system, the American World Clinics project specifically and the growing medical tourism sector in the Caribbean more broadly raises pressing questions about the different modalities of medical tourism and how they might impact the health systems to which they are inevitably connected.

## *Implications for Future Research*

Future research examining the emergence of medical tourism in other locations can benefit from developing similar profiles of industry "actors and champions" in order to identify the particular contextual dynamics driving and shaping the expanding interest in medical tourism. This wider understanding can help delineate both the relationships and the dynamics responsible for the expanding global interest in medical tourism and the particular concerns informing its composition and developmental trajectory across different jurisdictions. More concretely, such research can identify the significance of external groups such as the Medical Tourism Association, international investors, and (inter)national aid/economic development organizations in popularizing medical tourism and their interactions with domestic champions in negotiating and advancing one another's interests.

The conceptual framework of internal/external actors/champions is a useful structure for thinking through how interest in medical tourism is prompted and maintained in locations previously unassociated with the phenomenon. However, since data collection for this study, some of the prospective sector development plans discussed by participants have not been realized. In particular, the American World Clinics hospital project has yet to break ground, despite recent reports that the project is proceeding (32). As such, this type of analysis can thus be read as a time capsule that captures the dynamics driving medical tourism in a particular place at a particular time. This must be kept in mind for others endeavoring to use this type of framework in research examining the medical tourism sectors in other countries.

## Conclusion

This study of the medical tourism sector in Barbados demonstrates that distinct groups of stakeholders are shaping this sector. Internal and external champions are taking active steps to promote the development of medical tourism in Barbados, most centrally in the cooperation between the government and international investors, agencies, and trade groups. The perceived expectations and demands of internal actors such as the public health sector and Barbadian public are intersecting with external actors such as medical tourists and accreditation groups and, consequently, shaping the kind of planning being advanced by sector champions. The interactions between these actors and champions demonstrate that the development of medical tourism is highly context-specific and is greatly influenced by local history, culture, government, and health system development, among other factors. Nonetheless, certain external champions, such as international trade groups, development agencies, and accrediting agencies, will have an influence on medical tourism development across most contexts.

This study and the existing academic research on medical tourism raise concerns that medical tourism development may take place against a background of assumptions that may not be borne out in practice. Primary among these assumptions are that the market exists for a much larger medical tourism sector and that this sector will not negatively impact the existing public health sector. As we have demonstrated, an array of parties is informing and sustaining these perceptions in the development of medical tourism in Barbados and, without doubt, other nations as well. Improving our understanding of the interactions between these actors is imperative to accurately understanding, and thereby better informing and critiquing, this development globally.

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