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Medical Tourism: The Role of Communication Regarding Risks and Benefits of Obtaining Medical Services Abroad.

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Medical tourism: The role of communication regarding risks and benefits of obtaining medical services abroad

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The ever-increasing globalization of healthcare has led to a greater number of consumers using the World Wide Web for the purpose of accessing health information and medical services that transcends international borders (Kangas, 2010; Lunt, Mannion, & Exworthy, 2012; MacReady, 2007; Snyder, Crooks, Adams, Kingsbury, & Johnston, 2011). When faced with the high cost of health care or limited treatment options in the United States, more and more Americans are looking to developing countries to obtain a variety of health-related services, including cosmetic surgery, dentistry, diagnostic testing, fertility treatment, and major surgeries such as heart valve operations and organ transplants (Dalstrom, 2012; Snyder et al., 2011; Sono, Herlihy, & Bicker, 2011). The number of people buying health-related products and accessing health information and medical services in developing countries via the Internet is increasing (Lunt, Hardey, & Mannion, 2010).

According to Turner (2010), in the United States, popularization of medical tourism is related to social inequalities, loss of employer-provided health insurance, rising premiums for health insurance, limited public funding of health care, and lack of access to affordable health care. Turner (2010) also contends that the United States, due to its large and growing population of uninsured, underinsured, and people struggling to pay rising health insurance premiums, has become a leading target market for foreign medical facilities seeking international customers. In contrast to these motivators, patients from countries with less restricted health care, such as Canada and the United Kingdom, can choose to travel to foreign countries for immediate medical attention as an alternative to the long wait periods of nationalized health care systems (Boyle, 2008).

Bookman & Bookman (2007) note additional elements of this demand result from (1) *demographic factors*; we, as a human species are living longer; (2) *medical factors*; we are also experiencing increases in non-communicable disease development requiring the assistance of more medical specialists and/or elective procedures; and (3) *economic factors*; individuals with economic

resources such as disposable income and/or portable health insurance are contributing to the growth rates of medical tourism; and *social factors* such that people know more about the world today, they are willing to travel, and can use the Internet to fulfill their health needs.

A key driver of medical tourism is consumer use of the Internet for gaining access to health-care information, including exposure to medical tourism advertising. Recently released data from Pew's 2013 Health Online poll found 72% of Internet users reported looking online for health information within the past year. 77% of those online health seekers say they began their last session at a search engine such as *Google*, *Bing*, or *Yahoo*. Another 13% say they began at a site that specializes in health information. The report found that the most commonly researched topics of online health information searches are specific diseases or conditions; treatments or procedures; and doctors or other health professionals (Fox & Duggan, 2013); all of which are germane to the medical tourism process.

Web-based health resources are often utilized not only as educational material, but also as a means of trading health-related products including accessing health services from a foreign country. The medical tourism marketplace consists of a growing number of countries competing for patients by offering these services as well as access to restricted procedures (e.g. stem cell surgery) or products (e.g. restricted pharmaceuticals) at prices that are often considerably lower than in the U.S (Snyder et al., 2011; Turner, 2011). These types of consumer activities have been labeled "medical tourism," and this phenomenon has attracted the attention of a number of researchers in recent years, including health communication scholars (Mason & Wright, 2011; Mason, Wright, & Bogard, 2011; Lunt et al., 2007).

Those who engage in the process are often called "medical tourists;" however, additional labels are used to distinguish medical tourists. When travelers engage because of a lack of health insurance or inability to access services in their country of origin they are referred to as *medical refugees* or *medical exiles*. Individuals are also identified based on the purpose of travel such that those engaging in the medical tourism process for the purposes of kidney or liver transplants are referred to as *transplant tourists*, those seeking stem cell injections are called *stem cell tourists*, those seeking reproductive technology such as in vitro fertilization, or commercial surrogacy are often called *reproductive tourists* (Turner, 2011).

Medical tourism is qualitatively different than other forms of international patient mobility. Temporary visitors abroad who receive emergency access to medical care as a result of an accident or sudden illness while on vacation are not considered medical tourists, as their travel did not begin with a goal-pursuit to secure medical services. However a significant amount of other consumers resulting from retirement migration, long-term residents of other countries, and outsourced patients from countries with nationalized health care programs may find themselves engaging in the medical tourism process (Lunt, Mannion, Exworthy, 2011).

While advertising certainly exposes potential consumers to medical tourism services and facilities, medical tourism tends to be driven by the consumer, especially in cases where medical tourism facilities offer cheaper or more convenient access to health-related products or services coupled

with low cost travel incentives, including discounted airfare and lodging (all of which are typically included as a package by medical tourism facilities in different locations around the world). In some cases, health services are offered in conjunction with travel to major tourist attractions within the country offering the services, such as Buddhist temples in Asia and safaris in South Africa (Turner, 2010). Despite a growing interest in medical tourism among researchers, including communication scholars, relatively few studies to date have sufficiently medical tourism websites and the potential benefits and risks for patients who decide to participate in medical tourism.

The purpose of this chapter is to explore emerging research in the area of medical tourism from a communication perspective. Toward that end, the chapter is a call to strengthen our understanding of the role of communication in medical tourism through empirical research as well as integrating medical tourism research within a broader conceptual framework. Specifically, the chapter begins with an overview of medical tourism and the role of new communication technologies in promoting these services to a worldwide marketplace. In addition, the chapter explores framing theory as a conceptual framework for analyzing medical tourism websites, and it further discusses how the globalization of health, through medical tourism, impacts individuals, societies and cultures.

MEDICAL TOURISM AND MEDICAL TOURISM WEBSITES

Medical tourism is not a new concept. Throughout history, people have sought relief from physical ailments by travelling to many different sites known for therapeutic or healing powers (Connell, 2006). Some of the early accounts document Greek pilgrims who traveled from the Mediterranean Sea to Epidaurus, which was believed to be the sanctuary of Asclepius, known as the healing god (Ben Natan, Ben Sefer, & Ehrenfed, 2009). Pilgrims in Roman Britain traveled to the waters at Bath (Boyle, 2008). In the 18th and 19th centuries, Europeans and Americans flocked to health spas along the Nile and sanitariums for relief from conditions, such as tuberculosis, gout, bronchitis, or liver diseases. Our modern age finds a plethora of individuals worldwide are engaging in the medical tourism process for a variety of reasons.

In our contemporary era of high medical insurance costs and easy access to health information via the Internet, consumers often search for alternative medical options via medical tourism when services in their home country are unavailable, unaffordable, or waiting lists are too long. By obtaining medical services outside of their home country, patients are often able to avoid high out-of-pocket payments or lengthy periods of compromised quality of life due to the pain incurred while on a surgical waiting list. Turner (2010) contends that medical tourism offers a large population of individuals lacking health insurance, and with limited economic resources, access to treatment for medically necessary care (in many cases beyond purely cosmetic procedures). With more and more patients turning to the Internet to research healthcare options

coupled with overseas medical centers that hope to attract foreign consumers, medical tourism is increasingly being viewed as a viable way to obtain medical care.

Bookman and Bookman (2007) argue that medical tourism has created a dual delivery health care system within these specialized regions around the world: one that caters to rich foreigners and one for poor locals. In a bulletin published by the World Health Organization (WHO) NaRanong & NaRanong (2011) confirmed this effect of medical tourism in Thailand. Hospitals and other health-related facilities around the world, particularly those located in low and middle income countries, often offer a more comprehensive range of surgical and diagnostic procedures a lower price than in higher income countries (such as the United States), and they are increasingly active in their efforts to attract international patients (Dalstrom, 2012; Snyder et al., 2011). Many countries outside of the United States are particularly active in the delivery of medical tourism services, including Brazil, Costa Rica, Dubai, Hong Kong, Hungary, India, Malaysia, Mexico, Poland, Singapore, South Africa, and Thailand. Each region tends to differ in terms of the services and products that are offered.

For example, heart valve operations and fertility treatments are common in Asia, stem cell therapies are often associated with Europe, and restricted pharmaceutical products are often easier to obtain in Mexico and Central America. Many U.S. consumers seek medical care abroad because they: face long waiting lists in their home systems; want to access procedures that are illegal or unavailable at home; are seeking procedures not covered by a public health care system in their home country; or are uninsured or underinsured and are looking for an affordable care option (Lunt et al., 2012; Milstein & Smith, 2006; Turner, 2011). In addition, in the United States, the denial of health insurance coverage on the basis of preexisting conditions means that people who can afford to purchase health insurance are often unable to gain access to coverage for the medical treatments they are most likely to need. In many cases, medical tourism facilities offer individuals who have had their insurance coverage denied due to preexisting conditions affordable access to health-related services. For individuals in the United States who cannot afford to travel to Southeast Asia or Europe, there are numerous medical tourism facilities in the bordering countries Canada and Mexico. However, in April 2011 President Obama reiterated his preference for Americans to avoid engaging in medical tourism process, specifying the countries of India and Mexico.

While it is difficult to assess the exact number of individuals who cross boarders for medical treatment due to the absence of an internationally agreed definition of what is considered to be medical tourism (Helble, 2011), anecdotal evidence suggests that the global medical tourism industry currently generates annual revenues up to $60 billion, with 20% annual growth (MacReady, 2007). This global trend has been integrated into India's National Health Policy which declares that treatment of foreign patients is legally an "export" and deemed "eligible for all fiscal incentives extended to export earnings" (n.p.) Both the Government and private sector estimates project that medical tourism in India could bring between $1 billion and $2 billion US into the country by 2012.

Websites are a particularly important marketing strategy for organizations promoting medical facilities abroad. The investors and administrators associated with medical tourism facilities have a significant financial interest in attracting new clients, and so they must be strategic in terms of crafting messages that will appear on their websites (Mason & Wright, 2011; Turner, 2011). In addition to providing a variety of appeals regarding medical facilities, staff, and services, medical tourism websites typically include other appeals, such as the opportunity to travel or the benefits of recuperating from medical procedures in a beautiful location (Lunt et al., 2012; Penny, Snyder, Crooks, & Johnston, 2011; Sobo et al., 2011).

Given this financial interest in attracting new global customers, many medical facilities around the world often employ medical tourism brokers to develop websites in other languages and to market them to specific countries. According to Penney et al. (2011), medical tourism brokers are agents who specialize in making international medical care arrangements for patients. In addition, since they are a key source of information for these patients, and they appear to play a key role in communicating the risks and benefits of undergoing surgery or other procedures abroad to their clientele. For example, medical tourism brokers (via websites) typically answer questions from prospective customers, help them make travel arrangements, and/or act as customer service liaisons between the consumer and the medical facility abroad (MacReady, 2007; Turner, 2011).

Furthermore, medical tourism brokers typically assist consumers by suggesting physicians and facilities abroad, booking surgeries, assisting in the transportation and translation of medical records, helping arrange for follow up care, and overseeing postoperative complications. Many medical tourism brokerages and international hospital chains are lobbying major U.S. health insurance companies to sell plans covering offshore health care (Turner, 2010). Some U.S. health insurance companies, such as Blue Cross and Blue Shield South Carolina, currently offer customers plans that include health services in hospitals/medical facilities in Costa Rica, Thailand, India, Singapore, and Turkey (Turner, 2010).

In addition, medical tourism broker websites typically present basic information about medical procedures and services offered by overseas medical facilities. Medical tourism patients are essentially consumers who purchase a variety of services, including travel arrangements, accommodations, medical procedures, and services related to postoperative care (e.g. nursing services, etc.). Most medical tourism brokers have a strong online presence, and their websites are an important tool for patients seeking information about possible treatments and destinations as well as financing and insurance information. These websites are often the first source of information patients encounter when considering seeking medical services abroad. Therefore, the information about the benefits and risks of engaging in medical tourism presented on these sites may have a strong impact on a consumer's decision to ultimately use medical services in a foreign country.

While the availability and cost of worldwide medical tourism services may provide various benefits for consumers, a number of researchers, providers, and government agencies have expressed concerns about the possible risks associated with medical tourism in recent years. These include the relatively high risk of infections during post-operative care, procedural risk, medical complications, and the lack of legal recourse if a patient wishes to pursue malpractice litigation (Hopkins,

Labonté, Runnels, & Packer, 2010). The Center for Disease Control (CDC) warns "The blood supply in some countries comes primarily from paid donors and may not be screened, which puts patients at risk of HIV and other infections spread through blood," (n.p.). Any surgery carries with it a certain degree of risk, and there is always the possibility of anesthesia complications, blood clots, uncontrolled bleeding and human error during surgery as well as delayed healing and infection after surgery (Hopkins et al., 2010).

Moreover, medical tourism carries additional risks, including language and cultural misunderstandings between providers and patients, risks associated with lengthy flights post-operatively, difficulties obtaining follow up care, and the danger of infectious disease transmission (Hopkins et al., 2010; Lunt et al., 2012). As medical tourism websites have become more common in recent years, the quality and range of information that they provide needs to be examined critically. Medical tourism brokers have become an indispensable component of the medical tourism industry, as they connect hospitals and physicians to patients across the world. Understanding the role and functioning of medical tourism brokers as mediators between patients and clinicians is crucial, particularly since what most patients know about the medical tourism services being offered are largely based on the content within medical tourism brokerage websites (or interaction with medical tourism brokers through these web portals).

A number of studies have found that medical tourism websites tend to present content that emphasizes benefits of health-related services while downplaying potential risks (Mason & Wright, 2011; Mason, Wright, & Bogard, 2011; Turner, 2011). Pachisa (2007) identified messages within medical tourism websites that appear to attract consumers to seeking medical services abroad. Pachisa (2007) found that lower cost of services expense is often the most attractive feature to consumers, and messages about reduced cost are prominent within medical tourism websites (Mason & Wright, 2011). In addition, Pachisa (2007) found that lack of wait time, quality of service, and travel opportunities are attractive to potential consumers.

However, there are a number of negative aspects of medical tourism, including the fact that government and basic medical insurance may not cover international medical procedures, requiring patients to pay in cash, and there is little postoperative care for potential negative side effects. Moreover, most countries that offer highly attractive medical procedures offer little malpractice recourse as well as the risk of potential exposure to viruses in postoperative care (Mason & Wright, 2011). Because the possibility of a negative treatment outcome is appealing neither to the physician nor the patient, there is a tendency to avoid direct discussion of risk in medical tourism contexts, which can lead to patients making decisions without having truly considered the risks involved. Information about the quality of care that is available abroad and the possible risks involved in a procedure is critical information that patients need to understand.

Several concerns have been raised regarding some of the business dimensions of medical tourism facilitation. For example, facilitators may neglect to inform patients of how their services are paid for, which could lead medical tourists to misunderstand their roles. Patients may travel abroad lacking proper informed consent for medical procedures or an understanding of how their facilitator chose the destination and providers being used. Moreover, lack of regulation within the

industry may further impede patients' understanding of facilitators' roles along with other complex dimensions of medical tourism. While under normal circumstances patients may receive this information from their family doctor or from a nurse or surgeon at a hospital in their home country, medical tourists may need to rely on additional sources of information. As medical tourism involves travel to a foreign country that patients and their families may be unfamiliar with, this practice creates uncertainties not found in traditional treatment that may add additional risks.

FRAMING THEORY AS A CONCEPTUAL FRAMEWORK FOR STUDYING MEDICAL TOURISM WEBSITES

Framing theory appears to be a useful theoretical framework for identifying arguments and persuasive appeals used within medical tourism websites. Widely used in social sciences, "frame" has been regarded as the cognitive schemata of interpretation, the central organizing idea or story line to locate, identify, label and provide meaning to a specific issue (Gamson & Modigliani, 1989; Goffman, 1974). Framing theory has emerged as a dominant model in media effects research (Price & Tewksbury, 1997). These frames serve as cognitive filters that can vary audience members' perceptions of events within their social worlds and Kahneman and Tversky (1984) previously found that the framing of language variations created significant perceptual shifts of mediated reports.

Entman (1993) argues that framing means to "select some aspects of a perceived reality and make them more salient in a communicating text" (p. 52). An increase in salience can enhance the probability for receivers to perceive the information, discern meaning, process it, and store it in memory (Fiske & Taylor, 1991; Entman, 1993). Therefore, framing researchers pay attention to the salience of different media frames (Zhou & Moy, 2007).

Media, health, and advertising researchers are often interested framing effects because the manner in which information is presented has been shown to influence consumers' decisions and judgments toward products (for a review of framing research, see Levin & Gaeth, 1998). Framing research typically focuses on the way the presentation of information in gain- versus loss-frames scenarios affects an individuals' cognitions, intentions, and dispositions toward health-related behaviors or products (e.g., Block & Keller, 1995; Rothman, Martino, Bedell, Detweiler, & Salovey, 1999).

The effects of gain- and loss-framed messages are based on the tenants of a theory related to framing theory, Kahneman and Tversky's (1979) prospect theory, which posits that people's choices under uncertain situations depend largely on how its consequences are framed. More specifically, people tend to be risk-averse when the outcomes are framed as gains while they tend to be more willing to accept risks (risk-seeking) when the outcomes are framed as losses. The theory lends itself well to understand the effects of message framing on health-related persuasion as it

explains how people perceive and make behavioral decisions under risk situations (Kahneman& Tversky, 1974).

Various studies point to the conclusion that loss-framed messages are effective when promoting detection health behaviors (e.g., Meyerowitz & Chaiken, 1987) while gain-framed messages are effective for conveying health prevention behaviors (e,g., Detweiler, Bedell, Salovey, Pronin, & Rothman, 1999). For example, Meyerowitz and Chaiken (1987) found that compliance towards breast self-examination advocacy message was higher when it was framed in terms of the losses (i.e., you can lose several potential health benefits by failing to spend only 5 minutes each month doing BSE. Do not fail to take advantage of this opportunity) compared to when framed in terms of gains (i.e., you can gain several potential health benefits by spending only 5 minutes each month doing BSE. Take advantage of this opportunity). On the contrary, Detweiler et al. (1999) found that gain-framed messages were more effective in persuading people to use sunscreen to prevent skin cancer than loss-framed messages.

However, more recent findings show results contradicting the premises of prospect theory. A recent meta-analysis of 53 studies found that the significance of the advantage of loss-framed messages over gain-framed messages for disease detection behaviors was quite small, and only statistically significant for breast cancer detection but not for any other specific detection behaviors (O'Keefe & Jensen, 2009). Still, Rothman, et al. (2006) propose that using gain-framed messages to promote prevention behaviors and loss-framed messages to promote detection behaviors is well-founded, with the recognition that the "predictive value of the distinction between prevention and detection behaviors rests on the assumptions regarding how people construe engaging in these two classes of behavior" (p. 208).

Medical tourism websites appear to differ from traditional health information web sites in the sense that their primary objective is to attract patients or potential patients (as consumers) into visiting and choosing their facility and medical services, opposed to simply providing information about various types of medical conditions and medical procedures. Therefore, the traditional premises of gain- and loss-messages frames for promotion versus detection behaviors may apply differently for medical tourism websites. Instead, it may very well be that gain-framed messages dominate for medical tourism websites because the brokers fear that providing any information illustrating the risks or malevolent outcomes from undergoing medical procedures at a foreign facility could potentially scare away patients (consumers). Indeed, previous research has found that medical tourism websites highlight the beneficial outcomes of the health-related services while downplaying any potential risks (Mason & Wright, 2011; Turner, 2011).

Two additional theoretical frames for possible further exploration may also provide heuristic understandings of consumer responses to the persuasive appeals utilized by brokers to attract consumer patients. Consumers respond differently to the various types of health-related messages. For instance, some consumers have a chronic psychological preference toward a promotion or prevention focus (Higgins, 1997). This frame duality is presented through regulatory focus theory (RFT, Higgins, 1997; 1998) which argues there are two fundamental self-regulatory systems: those dealing with positive outcome focus and those dealing with negative outcome

focus. Regulatory focus research has been incorporated into a variety of contexts including social policy issues (Cesario et al, 2004), health behaviors (Cesario et al., 2004; Speigel, Grant-Pillow, & Higgins, 2004) commercial advertising (Lee & Aaker, 2004). Higgins and colleagues (1998) have demonstrated positive outcome focus and negative outcome focus can be primed to modify motivational orientation processes and actually induce individuals to seek certain types of information most suitable for a given orientation. Regulatory focus can be primed by the situation or messages, commonly presented to audiences through medical tourism websites.

Kees, Burton, & Tangari (2010) hold that some consumers are effective at self-regulating their health-related behaviors, whereas others struggle with the self-discipline it takes to maintain good health. Differences in how concerned individuals are with the longer-term potential future consequences of their behaviors, and the extent to which individuals let such potential consequences influence their decisions in the short term, may play a strong role in the decision process (Joireman, Strathman, and Balliet 2006; Strathman et al. 1994). Furthermore these preferences for certainty, or tolerance for uncertainty, tend to vary cross-culturally thus making it difficult to narrowly regulate medial tourism brokers, and web providers, as the content would be expected to have a differential impact on global audiences.

A consumer, or potential medical tourist, who is more promotion focused would center on the positive goals and desired end states and views the decision with eagerness (e.g., "I'm always willing to try something new"). They may be willing to take risks and consider substandard possibilities so as to enhance their chances of accomplishing their goals (Crowe & Higgins, 1997). In contrast, a consumer who is more prevention focused will center on guarding against risks and be more vigilant toward the decision so that they might limit the chances of making mistakes (e.g., "What are the risks involved with this new behavior?").

Framing theorists argue that the media not just set the public's agenda about what issues are important to think about, but also tell people how to think about an issue by selectively highlighting certain aspects (Peng & Tang, 2010). Communications research suggests that there are conventions that provide computer mediated messages and other mass communicators with the power to influence public opinion. Frames organize thoughts by arranging content in persuasive ways by presenting certain interpretations over others. These frames explicitly present what information is important and what information is irrelevant to audiences.

Opposed to other common framing dualities such as gain versus loss frames (Kahneman & Tversky, 2010), and the promotion versus prevention frames (Higgins, 1997) covered above, the framing effects generated from the episodic and thematic formats of presentation are of particular concern to health communicators (Major, 2011). Episodic frames are considered to be concrete illustrations, specific case studies, and issue-oriented, timely reports. In contrast, thematic frames refer to the wide-angle, or "big picture" snapshots of contexts and environments. As we begin to analyze the artifacts of medical tourism through news media, web sites, and economic reports this frame duality may offer new insight. Major (2011) found that episodic and thematic frames mitigated audiences emotional responses to media reports on key health issues such as obesity and lung cancer. Previous research utilized an episodic and thematic frame analysis to understand

trends in media such as coverage to disease-specific health issues such as alzheimers (Kang, et al., 2010). This type of frame duality is particularly useful when examining how isomorphic patterns or trends develop over time, and cross-culturally.

GLOBAL PUBLIC HEALTH ISSUES

The rising rates of those engaging in medical tourism are of particular concern to biomedical applied health practitioners, ethics scholars, health communication researchers, and policy makers. While the benefits of the process are largely portrayed to be associated with the utopian allure of "tourism," the medical component of the process has serious social and cultural implications that require attention from a wide variety of scholars. Toward that end this section will focus the societal and cultural impacts of the specialized services provided through boutique clinics and niche medical facilities.

Transplant tourism is used to describe medical travel for the purpose of buying organs that are available in common markets such as Colombia, China, Pakistan, and the Phillipines. Transplant tourism is a subset of the broader marketing term "medical tourism," and Turner (2008) argues belongs in a family of misleading phrases such as "organ transplantation tourism" "reproductive tourism" and "stem cell tourism," opposed to acceptable phrases like "spa tourism," because "the procedures are [too] risky, invasive and consequential to be characterized as a form of tourism" (p.1377). Many acknowledge that the donors involved in transplant tourism often sell their organs as a way of maintaining life in impoverished conditions, thus perpetuating gaps in their own access to quality health care treatments.

Direct-to-consumer marketing of unproven stem cell therapies raises both ethical and policy concerns as well. Two recent studies examined website content of approximately 20 clinics and found "the claims made were optimistic and unsubstantiated by peer-reviewed literature" (Levine, 2007, p.27). Through examining the communicated contents of medical patients' illness blogs (Heilferty, 2009) found stem cell tourists blogged to keep friends and families updated on their progress, yet still relatively little is known as to how the process of illness blogging contributes to the recovery process with distant social support networks.

Beyond the role of technology to assist in a patients' convalescence period by providing a coping tool, additional developments are empowering the consumers with portable health information platforms, which subsequently raises additional concerns over patient-privacy and information security. If "health," in general, is to become a commodity for consumers to "buy" then the bi-product of this payment, or investment, are matters of important concern. The tangible receipt exchanged (e.g., medical records) face extreme security threats when transferred electronically. The arguments for the development of electronic health records are that the consumer, or patient, can play a more active role in his/her own healthcare experience, by taking responsibility for and control of their medical records. Yet, *electronic health records (EHRs)*, or *portable health records* (PHRs), have been a contested issue for some time, mainly resulting from privacy and information security concerns.

Almalga© was one of the first comprehensive health information systems [HIS] that provides an integrative platform for patients' critical information, including *registration*, *clinical systems*, *laboratory*, *radiology*, *pharmacy*, *allergies*, and *vital signs*, giving clinicians and administrators access to information within and across departments. Yet doctors and healthcare providers are reluctant to rely solely on information provided by the patient, especially when there are chronic or critical health problems. The Medical Tourism Association's global Health Congress has begun the phased roll out of a new service using Microsoft's HealthVault©, an online personal health application platform. By connecting HealthVault to its Microsoft Amalga hospital information system (HIS), Bumrungrad, Thailand will be the first to allow their patients' access to their Bumrungrad medical records online. This allows patients to maintain continuity with doctors in their home country. Once their information is stored in HealthVault, the patient can then provide it, as desired to other clinicians and caregivers, or use it with a wide range of personal health applications.

Aside from information security concerns, biosecurity risks resulting from the international travel component of the medical tourism process is a security threat with respect to humans acting as vessels for drug-resistance bacteria (Hill, 2011). As a result the medical tourism process amplifies potential societal-level public health risk factors. Falkow (2008) argues that "the greatest threat to U.S. security is not bio-terrorism but a global health crisis from a new or existing pathogen."

International travel and increased urbanization allow epidemics to spread more quickly. The medical tourism industry was recently stigmatized by such as a pathogen. Brought to light in August 2010 in the Lancet Infectious Disease journal, the discovery of the New Delhi Metallo-β-lactamese virus (NDM-1) is among the most recent superbugs to receive international attention and was directly linked to medical tourism facilities in India which sparked worldwide controversy (Mason & Wright, 2013). Antibiotic resistant bacterial infections are expected to rise as more medical tourists travel to international hospitals and receive treatments in international health-care settings. Therefore informed consent of these classifications of risk factors prior to purchase should be disclosed, but the latest research indicates it is rarely addressed in the medical brokers' web-based content.

DISCUSSION AND FUTURE DIRECTIONS

Medical tourism is a complex area of study. As this consumer-driven form of healthcare continues to exponentially rise, there are many opportunities provided for those interested in health communication through direct applied engagement and social science research. Accessible contemporary international communication systems coupled with skilled medical experts in state of the art facilities are catalysts for the growth of medical tourism worldwide. Both mass media and computer-mediated communication scholars have demonstrated interest in furthering the understanding of the role of technology in these medical encounters and environments. The globalization of "health" in the context of medical tourism motivates educators to expect more intercultural competence of future practitioners through intercultural health communication education; it also spurs additional interest in other computer mediated communication such

as interactive telemedicine, video conferencing for moderating and facilitating long-distance physician-patient relationships, especially when post-operative care and follow-up is not immediately available in the tourists' home country.

While some positive outcomes can emerge, others maintain medical tourism is a process which commodifies public health services thus reinforcing gaps between those with economic resources to purchase reasonable and accessible health services and those who do not, both within and between societies. The benefits and risks for both the individual and collective public health is a large context where a significant amount of additional research is needed (Hall, 2011).

Although a number of government Web sites now exist to encourage Americans to make better lifestyle choices (e.g., nutrition.gov, smallsteps.gov, healthierus.gov, mypyramid.gov, 5aday.gov, healthierfeds.gov) one niche context in which strategic communication may play a particularly important role is that of medical tourism. The process of medical tourism poses several issues but also opportunities for regulatory and public health agencies to be proactive in creating and facilitating health literacy regarding the process.

Research is needed to identify additional motives for engaging in medical tourism. In addition, future research may explore how consumers process information from medical tourism websites as well as the decision-making processes individuals engage in when weighing the risks and benefits of seeking medical services abroad. The majority of medical tourism studies published to date have been content analyses of medical tourism websites. However, surveys and interviews of medical tourists are needed to uncover motives and decision-making processes. Moreover, future research in this area would benefit from studies of broker-consumer and provider-patient interactions within medical tourism facilities, particularly research on how these interactions influence the decision-making process to engage in risky health procedures. Finally, longitudinal studies are needed to assess key variables such as patient satisfaction with medical tourism at various points in the process of obtaining and recovering from medical services.

CONCLUSION

The rise medical tourism reflects the complexities of globalization and modern medical insurance issues. Since medical tourism appears to be a growing, health communication researchers can contribute to our understanding of this phenomenon by researching persuasive messages designed to attract consumers to medical tourism products and services. Prior work has relied on framing theory and similar conceptual frameworks in an effort to identify persuasive arguments within medical tourism websites as well as the portrayal of risks and benefits of engaging in medical tourism. While these frameworks have yielded (and will likely continue to yield) interesting descriptive data about medical tourism messages, more research is needed to understand the complexities how consumers process medical tourism messages and their decision-making processes when navigating the medical tourism landscape.

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