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**Medical Tourism:  
An Informed Choice May Present a Safe and Realistic  
Alternative to Expensive Treatment at Home**

*Adrienne Sevilla\**

The number of uninsured and underinsured Americans has burgeoned to forty-five million,<sup>1</sup> and comprehensive healthcare reform is on an ever-distant horizon. The phenomenon of medical tourism, however, may provide a financially viable and safe alternative to seeking certain medical treatment within the United States. Currently, medical tourism costs account for less than two-percent of total U.S. healthcare spending.<sup>2</sup> Nonetheless, that figure will certainly increase as patients' confidence grows and U.S. based insurance companies begin covering treatments in other countries. Additionally, interest in medical tourism will increase as the Joint Commission International, an internationally reputable accreditation body, accredits more hospitals around the world.

Medical tourism occurs when a person travels internationally to obtain medical procedures.<sup>3</sup> The rising costs of health care in the U.S. have spurred an increase in this type of tourism.<sup>4</sup> The procedures that patients travel abroad for vary greatly. Approximately half of procedures sought outside of the U.S. are

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<sup>1</sup> Kristen Boyle, *A Permanent Vacation: Evaluating Medical Tourism's Place in the United States Healthcare System*, 20 HEALTH L. 42, 42 (2008).

<sup>2</sup> AMA COUNCIL OF MEDICAL SERVICES, REPORT OF THE COUNCIL ON MEDICAL SERVICE 2 (2008), <http://www.ama-assn.org/ama1/pub/upload/mm/372/a-08cms1.pdf> [hereinafter AMA REPORT].

<sup>3</sup> JOSEF WOODMAN, PATIENTS BEYOND BORDERS 6, (Faith Brynie ed., Healthy Travel Media 2008).

<sup>4</sup> AMA REPORT, *supra* note 2, at 5.

medically necessary, while the other half are elective procedures.<sup>5</sup> Examples of potential treatments include: abdominoplasties in Brazil, heart valve replacements in Thailand, hip resurfacing in India, addiction recovery in Antigua, fertility diagnosis and treatment in South Africa, thalassotherapy in Hungary, or restorative dentistry in Mexico.<sup>6</sup> Patients who traveled abroad for the aforementioned procedures only paid between thirty- and ninety-percent of the total that these procedures would have cost them in the U.S.<sup>7</sup>

In 2005, an estimated 500,000 Americans traveled abroad for medical treatment, and that is expected to triple by 2020.<sup>8</sup> By the end of 2008, that number had already swelled to an estimated 750,000.<sup>9</sup> To accommodate this growing demand, many foreign countries are financially motivated to offer high quality care to potential medical tourists because the medical tourism industry earned over \$20 billion internationally in 2005, and will earn a projected \$40 billion in revenue by 2010.<sup>10</sup>

In the face of rising costs in the U.S., public interest in medical tourism continues to grow.<sup>11</sup> Globally, an estimated two million patients seek treatment at hospitals and clinics outside their home countries each year.<sup>12</sup> In a 2006 survey of families with at least one currently ill member, twenty- to forty-percent of respondents expressed a willingness to have major, non-urgent surgery at a “very good hospital” outside the U.S., by a surgeon trained in the U.S., England, or Canada who speaks the patient’s language, if they could save at least \$10,000.<sup>13</sup>

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<sup>5</sup> *Id.* at 2.

<sup>6</sup> WOODMAN, *supra* note 3, at 7.

<sup>7</sup> Chen May Yee, *Wellpoint Soon Will Offer Some Medical Travel Benefits*, STAR TRIBUNE, Nov. 14, 2008, at 1D.

<sup>8</sup> Boyle, *supra* note 1, at 43.

<sup>9</sup> Mark Tutton, *Medical Tourism: Have Illness, Will Travel*, CNNHEALTH.COM, Mar, 26, 2009, <http://www.cnn.com/2009/HEALTH/03/26/medical.tourism/?iref=mpstoryview>.

<sup>10</sup> Boyle, *supra* note 3, at 43.

<sup>11</sup> *Id.*

<sup>12</sup> WOODMAN, *supra* note 3, at 8.

<sup>13</sup> AMA REPORT, *supra* note 2, at 2-3.

## I. BENEFITS OF MEDICAL TOURISM

The cost of medical procedures in foreign countries is lower than in the U.S. for a variety of reasons. First, physicians and other health care workers have comparatively lower wages.<sup>14</sup> Additionally, global providers of medical devices, supplies, and pharmaceuticals charge significantly lower prices in foreign countries.<sup>15</sup> Furthermore, malpractice insurance costs are substantially lower overseas as compared to the U.S.<sup>16</sup>

A report by the American Medical Association's ("AMA") Council on Medical Services included a summary of the potential cost savings for a sampling of medical services in India, Thailand and Singapore:<sup>17</sup>

Procedure	U.S. Insurer's Price	U.S. Retail Price	India	Thailand	Singapore
Angioplasty	\$26K - \$37K	\$57K - \$83K	\$11K	\$13K	\$13K
Gastric Bypass	\$28K - \$40K	\$48K - \$69K	\$11K	\$15K	\$15K
Heart Bypass	\$55K - \$70K	\$122K - \$177K	\$10K	\$12K	\$20K
Hip Replacement	\$18K - \$26K	\$44K - \$63K	\$9K	\$12K	\$12K
Knee Replacement	\$18K - \$25K	\$41K - \$59K	\$8.5K	\$10K	\$13K
Spinal Fusion	\$25K - \$37K	\$63K - \$91K	\$5.5K	\$7K	\$9K

The U.S. insurer's price included at least one day of hospitalization, while these retail prices for the foreign countries included not only hospitalization, but also airfare and hotel room costs.<sup>18</sup> The potential for savings is obviously enormous.

Many medical tourists report that the savings are not the only benefit of travelling abroad for health care services – personal attention and quality of care are additional benefits. For example, Joshua Kurlantzick, a writer for the *New*

<sup>14</sup> *Id.* at 4.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> Unmesh Ker et al., *Outsourcing Your Heart*, TIME, May 29, 2006, at 44.

<sup>18</sup> AMA REPORT, *supra* note 2, at 2-3.

*York Times*, recently found himself seriously ill while traveling in Thailand.<sup>19</sup> He was “put at ease” and treated by an English-speaking, U.S. trained physician,<sup>20</sup> who was one of the one-hundred plus physicians at the hospital board-certified by U.S. medical specialty groups.<sup>21</sup> The bill for admittance to the emergency room, consultation, a room, and every medication the physician prescribed totaled \$100.<sup>22</sup> The high quality care and borderline luxurious facilities (Bumrungrad’s lobby features marble floors, bellhops, five-star restaurants, and a Starbucks) left Kurlantzick “longing for Bumrungrad” when he returned home to the U.S.<sup>23</sup>

Kurlantzick’s experience with the quality, personal attention, and low cost is ubiquitous through the accounts of medical tourists. For example, Kevin Miller, a self-employed and uninsured chiropractor from Louisiana, turned to Bumrungrad after learning of the \$90,000 cost to repair a herniated disk and neck injury.<sup>24</sup> After researching the internet, Miller opted to travel to Bumrungrad where a U.S.-trained surgeon successfully performed the operation.<sup>25</sup> Miller’s hospital bill was less than \$10,000, and he expressed his overall satisfaction saying, “I wouldn’t hesitate to come back for another procedure.”<sup>26</sup>

## II. POTENTIAL DISADVANTAGES OF MEDICAL TOURISM

Despite the prolific stories of cost-savings and luxury abroad, medical tourism is not without potential disadvantages. Concerns remain about quality of care, post-operative care, and the lack of legal ramifications for malpractice.

Patients’ concerns are justified. In the U.S., patients derive confidence from the federal and state government’s oversight of hospitals, an oversight that

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<sup>19</sup> Joshua Kurlantzick, *Sometimes, Sightseeing Is a Look at Your X-Rays*, NY TIMES, May 20, 2007, at §5, Column 1.

<sup>20</sup> *Id.*

<sup>21</sup> Howard D. Bye, Esq., *Shopping Abroad for Medical Care: The Next Step in Controlling the Escalating Health Care Costs of American Group Health Plans?*, 19 HEALTH L., April 2007, at 30, 31 (2007).

<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

<sup>24</sup> Ker et. al, *supra* note 15.

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

does not exist in the same form outside the U.S.<sup>27</sup> When abroad, patients cannot rely on the same governmental oversight, and the safety standards of foreign hospitals sometimes fall far below those in the U.S. due to either the absence of regulation or a lack of regulation enforcement.<sup>28</sup>

Lack of extensive oversight and regulation can have disastrous consequences. For example, many patients from California have traveled to Mexico to undergo procedures by unlicensed doctors in inadequate facilities and subsequently found themselves in an American emergency room.<sup>29</sup> Unlicensed Mexican plastic surgeons operating in unaccredited facilities have caused disfigurement and fatal infections.<sup>30</sup> Also, German patients who received kidney transplants in India and Pakistan suffered higher mortality rates than those who had kidney transplants in their home country.<sup>31</sup>

The maintenance of adequate records and the coordination of post-operative care are essential due to complications that may arise during and after the patient travels home. The patient must coordinate post-operative care with a physician at home before undergoing any procedure outside of the U.S..<sup>32</sup> Additionally, patients may be forced to stay longer in the foreign country (potentially missing more work than expected) because their physicians at home may be unwilling to provide post-operative care.<sup>33</sup> Further, medical records must be transported to and from the destination treatment center in a manner that complies with HIPAA guidelines to avoid privacy problems when the patient returns to the U.S.<sup>34</sup>

Furthermore, patients who fall victim to medical malpractice in another country do not have the same opportunities for legal recourse as in the U.S.<sup>35</sup> It

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<sup>27</sup> WOODMAN, *supra* note 3, at 192.

<sup>28</sup> AMA REPORT, *supra* note 2, at 5.

<sup>29</sup> Boyle, *supra* note 1, at 46.

<sup>30</sup> *Id.*

<sup>31</sup> *Id.* at 45.

<sup>32</sup> AMA REPORT, *supra* note 2, at 6.

<sup>33</sup> Boyle, *supra* note 1, at 45.

<sup>34</sup> AMA REPORT, *supra* note 2, at 6.

<sup>35</sup> WOODMAN, *supra* note 3, at 158.

may be impossible for a U.S. court to exercise jurisdiction over a foreign hospital.<sup>36</sup> Moreover, even if a U.S. court enters a judgment against a foreign hospital, it will be difficult for a patient to recover any damages.<sup>37</sup> Hospitals in Bangkok, for example, require patients to sign a waiver barring all legal action against the hospital and its agents.<sup>38</sup> Although a patient may choose to sue the hospital in the country where it is located, the inconvenience and cost may outweigh any potential recovery. Furthermore, very few countries allow punitive damages for medical malpractice suits, so any recovery will most likely be less than the injured patient might expect.<sup>39</sup>

### III. ADDRESSING THE DISADVANTAGES

The JCI is the international counterpart to the Joint Commission on Accreditation of Healthcare Organizations.<sup>40</sup> The JCI evaluates foreign hospitals similarly to U.S. hospitals.<sup>41</sup> The evaluation standards have been altered for global applicability, however, meaning they are neutral to any specific country's laws and regulations.<sup>42</sup> Although foreign accreditation standards are comparable to domestic standards, the standards do not include the additional protection U.S. local and national laws provide.<sup>43</sup> The JCI published its most recent edition of accreditation standards in January 2008, encompassing six patient safety goals: (1) identify patients correctly; (2) improve effective communication; (3) improve safety of high-alert medications; (4) ensure correct-site, correct-procedure and

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<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> Boyle, *supra* note 1, at 46.

<sup>39</sup> WOODMAN, *supra* note 3, at 159

<sup>40</sup> Elizabeth Gluck, *Incredible [Accreditable] India: Trends in Hospital Accreditation Co-Existent with the Growth of Medical Tourism in India*, 1 St. Louis Univ. J. of Health L. & Pol'y 459, 479 (2008).

<sup>41</sup> AMA REPORT, *supra* note 2, at 3.

<sup>42</sup> KAREN TIMMONS, JOINT COMMISSION INTERNATIONAL, STANDARDS DEVELOPMENT: AN INTERACTIVE WORKSHOP, Slide 13 (2008), [http://www.isqua.org/isquaPages/ISQua\\_Accreditation\\_JCI\\_KarenTimmons.pdf.pdf](http://www.isqua.org/isquaPages/ISQua_Accreditation_JCI_KarenTimmons.pdf.pdf).

<sup>43</sup> AMA REPORT, *supra* note 2, at 5.

correct-patient surgery; (5) reduce the risk of healthcare-associated infections; and (6) reduce the risk of patient injury from falls.<sup>44</sup>

Although JCI accreditation does not guarantee patient safety or a one hundred-percent successful outcome, the President of the JCI, Karen Simmons, pointed out that going to a JCI-accredited hospital is “essentially a risk-reduction activity.”<sup>45</sup> According to Timmons, hospitals that seek and successfully achieve accreditation “demonstrate[] to the international community that the hospital has voluntarily sought an independent review of its commitment to safety and quality, and has met standards that contribute to good patient outcomes.”<sup>46</sup> Some potential medical travelers see accreditation as “a powerful symbol of a health care organization’s commitment to high quality health care, continuous improvement across all aspects of patient care and services, and patient safety.”<sup>47</sup> Furthermore, insurance companies like Wellpoint and Blue Cross Blue Shield of South Carolina are now offering medical tourism coverage to augment domestic plans.<sup>48</sup> Wellpoint insures one out of nine Americans,<sup>49</sup> and such a prolific insurer offering this benefit will help increase faith in travel for medical care for the consumers are likely to trust in the insurer’s evaluation and vetting of the participating foreign institution.

Wellpoint’s program, the Global Health Care Partnership, offers non-emergency procedures to employees of Serigraph, Inc., a Wisconsin-based printing company, beginning in January of 2009.<sup>50</sup> Currently, only certain facilities in India are participating, and those facilities are JCI-accredited.<sup>51</sup> Before seeking healthcare abroad, Wellpoint plans to assign Serigraph employees

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<sup>44</sup> Gluck, *supra* note 36, at 480.

<sup>45</sup> Posting of Avery Comarow, *Saving on Surgery by Going Abroad*, U.S. News & World Report Website, <http://health.usnews.com/articles/health/special-reports/2008/05/01/saving-on-surgery-by-going-abroad.html?PageNr=1> (May 1, 2008).

<sup>46</sup> Gluck, *supra* note 36, at 479.

<sup>47</sup> *Id.*

<sup>48</sup> Chris Meehan, *Wellpoint is Latest Blues Plan to Invest in Medical Tourism*, AIS’S HEALTH BUSINESS DAILY, Jan. 7, 2009, <http://www.aishhealth.com/Bnow/hbd010709.html>.

<sup>49</sup> Wellpoint Our Business, <http://wellpoint.com/business/default.asp> (last visited Feb. 15, 2009).

<sup>50</sup> Meehan, *supra* note 49.

<sup>51</sup> *Id.*

to a case manager who will address pre- and post-operative challenges and help with travel arrangements for the patient and the patient's travel companion.<sup>52</sup> Wellpoint will not cover any travel expenses, but employers like Serigraph may choose to offer financial incentives to employees to encourage them to use the benefit if there are large potential cost-savings for the company.<sup>53</sup>

With the current state of the U.S. health care system and the rising levels of costs and the uninsured, medical tourism remains a viable option despite its potential disadvantages. Accreditation by the JCI will inspire confidence among potential patients and lead to a uniform high quality of care. Insurance companies offering medical tourism as a benefit will lead consumers to see it as a more established and reputable option. These efforts will encourage medical travel, aid the dissemination of information among potential patients, and increase confidence levels in foreign health care institutions.

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<sup>52</sup> *Id.*

<sup>53</sup> *Id.*