



## Medical Tourism

### INTRODUCTION

Medical tourism is where travel is combined with health care procedures, either planned as the sole purpose of travel or opportunistic. There has been a continued growth within this industry with Australian and New Zealand consumers. There are a myriad of factors driving this increase that include (but are not restricted to); the relative (lower) cost of the procedure abroad, cost associated with obligations in Australia/New Zealand, promotion by commercial interests of health care facilities, greater access to international medical information and procedures via the internet, dissatisfaction with the local health system, waiting periods for certain procedures, the increasing cost for medical interventions in Australia and New Zealand and the low cost of international travel<sup>1</sup>. In addition to this, there has been an increase in the marketing of travel and surgery packages by travel agents specialising in medical treatment and by private health insurers in Australia.

### KEY WORDS

Medical tourism, patient safety.

### SUMMARY OF RACS POSITION AND/OR RECOMMENDATIONS

#### ADVICE FOR PATIENTS

Those considering the option of having a procedure overseas should ensure:

- They are satisfied with the appropriateness of the qualifications, experience and accreditation of the surgeon performing their surgery
- They understand the procedure, risks and recovery information
- They have the appropriate insurance and legal recourse in the event of an unsatisfactory outcome or complication from any medical intervention
- That the facility where the procedure will take place is accredited by a recognised regulatory authority and meets appropriate standards for infection control, sterilisation of equipment and drug integrity (see below resources).

Patients are advised to consider the continuity of their care and recognise that a surgical procedure is only one component of their overall medical management. The fundamental elements of a successful surgical procedure include:

- Appropriate consultation with the treating medical practitioner
- Discussion of the risks of any interventions
- Preoperative education and post-operative care and rehabilitation

Patients should have a strategy in the event that the surgery does not go according to expectations. Knowledge of local emergency facilities and medical evacuation to their home country may need to be considered, including adequate insurance to cover such possibilities.

#### ADVICE FOR MEDICAL PRACTITIONERS

Medical practitioners should inform prospective patients seeking medical interventions outside Australia and New Zealand of the potential difficulties they may encounter in order to ensure that patients are able to make informed decisions as to the advisability of such a course of action.

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Practitioners should also be aware that they may be involved in the ongoing management of unexpected outcomes where the patient requires support, explanation or further intervention.

### ADVICE FOR GOVERNMENTS

RACS recommends that governments continue to make efforts to reduce waiting lists for surgery. Excessive waiting times for surgery in Australia and New Zealand can contribute to the demand for medical tourism. Governments should also continue to provide up-to-date information and advice for those contemplating seeking medical or surgical procedures abroad. Importantly, potential risks associated with medical tourism should be outlined via the Smart Traveller (AUS) or Safe Travel (NZ) websites and other immigration information.

### KEY ISSUES

All countries have different standards of medical care, surgical training and credentialing of medical practitioners. Medical care outside of Australia and New Zealand may therefore involve added risks to patient safety from inadequately qualified and registered medical practitioners, lack of clear documentation of procedures and identification of implants, as well as the fragmentation of aftercare and follow up. A lack of family and community support, as well as communication difficulties may add to the stress of medical interventions away from Australia and New Zealand.

#### Accreditation and Quality Assurance

A clear and concise discussion of all aspects of the proposed intervention, realistic expectations of the outcome and appropriate follow up arrangements are part of any medical procedure. RACS recommends that patients ensure that the treating doctor and anaesthetist are qualified, experienced and accredited with the relevant regulatory bodies and that the support staff are experienced. RACS encourages all prospective patients seeking international medical treatment or surgery to ensure that they have adequate clinical consultation and sufficient time between consultation and undergoing treatment.

#### Adverse Events and Risk of Infection

All medical interventions involve a degree of risk irrespective of where they are undertaken. Patients considering an international medical procedure should ensure there is sufficient postoperative support and care to ensure that any possible postoperative complication that may arise can be handled sufficiently. Postoperative complications may not present immediately after the procedure, therefore the patient should consider if their medical practitioner is contactable and where they will receive the appropriate care once they return home.

Some medical interventions may limit the patient's fitness to fly commercially during the post-operative period due to there being an increased risk of deep vein thrombosis (DVT)<sup>2</sup>. RACS advises that this should be considered when planning the procedure and the recovery timeframe should be advised by a medical practitioner to decrease any risk.

The spectrum of infective organisms and their sensitivity to antibiotics is different in each country. Medical tourism may increase the risk of acquiring an infection that is resistant to conventional antibiotics. Additionally, those travelling for medical care should look carefully at what immunisations are advisable for the region to which they intend to travel.

#### Insurance and Legal Issues

The patient should obtain specialised health insurance that provides coverage for procedures and post-operative care. In the case of an adverse event or incidence of medical negligence, patients should be aware that there is no standard international complaints system. Moreover, there may be additional complications associated with pursuing legal action within an international context.

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In some circumstances, complications require corrective surgery which is often not covered by medical travel insurance. Unless it is an emergency that requires immediate treatment in a public hospital, the required corrective surgery will usually be completed privately at the expense of the patient or in New Zealand may be covered under provisions of the Accident Compensation Commission [ACC].

**REFERENCES**

Australian Government - Department of Foreign Affairs and Trade (DFAT) 2016, Smartraveller – Medical Tourism <<http://smartraveller.gov.au/guide/all-travellers/health/Pages/medical-tourism.aspx>>.

Australian Government - Department of Human Services (DHS) 2016 ‘Reciprocal Health Care Agreements’ <<http://www.humanservices.gov.au/customer/services/medicare/reciprocal-health-care-agreements>>.

Gaines, J & Nguyen, DB 2016, ‘Medical Tourism’, Yellow Book, CDC health information for international travel 2016 - Centers for Disease Control and Prevention (CDC, USA), <<https://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/medical-tourism>>.

Holliday, R, Bell, D, Jones, M, Probyn, E, & Sanchez Taylor, J 2014, ‘Sun, Sea, Sand and Silicone: Mapping Cosmetic Surgery Tourism’, Economic & Social Research Council-University of Leeds, <<http://1n1xkd2j1u702vcxsr1pe3h6.wpengine.netdna-cdn.com/files/2012/11/Sun-Sea-Final-Report.pdf>>.

Leggat, P 2015, ‘Medical Tourism’, *Australian Family Physician*, vol. 44, no.1.

New Zealand Government, New Zealand Foreign Affairs and Trade - Safe Travel, ‘Medical Tourism’ <<https://safetravel.govt.nz/news/medical-tourism>>.

Nelson, R 2011, ‘Infectious Risks of Medical Tourism’, *Lancet*, vol.377, no.1, pp.228 – 241.

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