Understanding the Health and Safety Risks for British Columbia's Outbound Medical Tourists

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Executive Summary

When patients choose to go abroad to privately purchase medical care they are engaging in 'medical tourism', which is the most commonly used name for this practice. Several studies and reports suggest that there are a number of health and safety risks to patients who choose to purchase private medical care abroad. Much of our existing knowledge about the health and safety risks of medical tourism for patients is, however, limited due to a lack of comprehensive research and reporting. Acknowledging this and the reported trends of Canadians' increasing involvement in medical tourism, a consultative meeting was held in September, 2011 with individuals whose professional roles relate to patient safety, health, and risk management. This meeting, held in Vancouver, British Columbia, aimed to learn more about the types of concerns that these professionals have observed or believe exist in principle as a result of British Columbians' involvement in medical tourism.

The health and safety risks identified by those who attended the consultative meeting pertained to:

Health & Safety Risks	*Examples*
medical complications	exposure to unnecessary pain due to lax protocols
(un)informed decision-making	inadequate access to information on health and safety risks during decision-making
transmission of infectious disease via transplantation	exposure to infectious disease due to lack of screening prior to transplantation
transmission of antibiotic-resistant organisms	exposure to organisms in destination hospitals that can make medical tourists an infection control risk upon return
personal safety risks in destinations	personal safety may be threatened when obtaining medical care in a politically or socially unstable destination
(dis)continuity of care	inadequate access to medical records abroad
travel companions	the friends and family members who travel abroad with medical tourists may be exposed to unique risks

Regarding recommendations for addressing the identified health and safety risks, meeting attendees were most broadly concerned with promoting health literacy among potential medical tourists in order to improve the process of informed decision-making. By providing British Columbians with adequate, appropriate, and evidence-based information about health and safety, potential risks, and potential outcomes, it is thought that patients will be better positioned to determine: (1) whether or not to pursue medical tourism; (2) what they need to consider when selecting procedures, facilities, and destinations; and (3) their responsibilities for seeking necessary follow-up care upon return. Additional recommendations were made pertaining to six actions:

(1) creating informational resources;
(2) encouraging communication;
(3) encouraging travel medicine;
(4) adapting public health practices;
(5) enabling consultation; and
(6) undertaking research.

Background

When patients choose to go abroad to privately purchase medical care they are engaging in 'medical tourism', which is the commonly used term for this practice [1,2]. Medical tourism is distinct from arranged cross-border care as well as care administered abroad to injured vacationers [1]. Canadians, including those from the province of British Columbia, are known to travel abroad for a variety of medical procedures as medical tourists, ranging from minor dental and cosmetic procedures to major orthopaedic and spinal surgeries [3,4]. Their travel is often prompted by a desire to seek care that is unavailable domestically, has a long waiting-period domestically, and/or is available at a lower cost elsewhere [1,3]. There are a number of established destination countries for Canadian medical tourists, including India, Cuba, Mexico, Costa Rica, Germany, Barbados, and Poland [4]. Unfortunately no reliable numbers exist regarding Canadians' involvement in medical tourism [3,4].

Over the past few years, a number of events have thrust medical tourism into the media spotlight within Canada [3]. Among these noteworthy events was coverage of the spread of a multi-resistant bacterial enzyme known as NDM-1 to several countries, including Canada, following the treatment of international patients in specific Indian hospitals in 2010 [5,6]. Coverage of this event in particular led to increased awareness among both the Canadian public and health care providers of the potential health and safety risks that medical tourists can be exposed to through purchasing private medical care abroad.

The international literature on medical tourism commonly identifies three types of health and safety risks for patients [1]. First, there are risks inherent to the medical procedure being sought. These risks can include: contracting a post-operative infection while abroad; making clinical decisions based on cost rather than need or other factors; obtaining care in a location with inadequate testing or screening of organs, blood, and tissues; and being exposed to unknown risks through obtaining experimental medical care [1,7,8]. Second, there are risks inherent to travel. These risks include concern that flying too soon after surgery increase likelihood of deep-vein thrombosis and possibly pulmonary embolism and that being away from friends and family during recovery may lead to psycho-emotional stress [1,9,10]. Third, medical tourists may be exposed to risks in their home countries. Among these risks is that patients may not seek advice from their regular doctors prior to departure or upon return, may develop discontinuous medical records that can threaten continuity of care, may not adequately engage in follow-up care planning, may have little legal recourse abroad for complications arising, and may require follow-up care or treatment for complications arising from private care pursued abroad in their own public health care systems [1,7,11-13].

Much of the existing discussion about the health and safety risks of medical tourism for patients is limited due to a lack of comprehensive and systematic reporting and research [1]. Acknowledging this and the reported trends of Canadians' increasing involvement in medical tourism [3], we held a consultative meeting in September, 2011 with patient health and safety 'stakeholders' in British Columbia (i.e., those whose professional positions involve securing the health and/or safety of British Columbians). The Canadian Institutes for Health Research provided funding for the meeting. In the remainder of this report we focus on this consultative meeting, by first providing an overview of the meeting process and then moving to identify the specific health and safety risks identified by the stakeholders in attendance and the recommendations they put forth for addressing these risks.

Consultative Meeting Overview

The aim of the consultative meeting was to learn more about the types of health and safety concerns observed or believed to exist by those whose professional roles relate to patient safety, health, and risk management as a result of British Columbians' involvement in medical tourism. Our team identified specific professional domains of expertise that relate to patient health and safety that were of relevance to the meeting aim and searched through online employee listings and our existing networks to identify invitees. It was explained to invitees that they did not need to have any

existing knowledge about medical tourism. A total of seven stakeholders attended, representing the health and safety domains of: blood safety, tissue banking, health records, dental care, organ transplantation, infection control, and clinical ethics. While all meeting attendees were based around Vancouver, five represented offices or agencies that were provincial in scope.

The consultative meeting ran for four hours at a facility in downtown Vancouver. Two informational presentations were given at different points in the meeting, one about general trends and issues in medical tourism, including common health and safety concerns, and one about published reports of negative health outcomes from medical tourism. A series of open discussion questions were posed by the meeting facilitators and discussed at length. The consultative meeting concluded with a brainstorming session regarding intervention priorities and other recommendations for addressing the health and safety risks identified.

Health & Safety Risks

Seven distinct, broad health and safety risks were raised during the consultative meeting. Below we outline these risks. It can be seen that the risks identified by the stakeholders in attendance confirm many of those speculated about in the literature, as outlined above, in addition to adding new insights.

1. **Medical complications** – Patients may be exposed to avoidable and unnecessary pain due to lax protocols abroad that cause infection and other complications. Alternatively, they may experience complications due to pre-existing health conditions that are compromised or exacerbated due to inattention to patient history, the stress of travel, or drug interactions, among other factors. They may require extensive and expensive follow-up care upon return to British Columbia in order to remediate complications.

2. **(Un)Informed decision-making** – Patients may not be able to obtain all the information they need in order to make informed decisions about going abroad, which can threaten the process of informed consent to a medical procedure. There may also be an over-reliance on testimonials in marketing materials during decision-making, which provide little insight into risks.

3. **Transmission of infectious disease via transplantation** – Patients obtaining organ transplants abroad may be exposed to HIV, hepatitis, or other infectious diseases due to a lack of 'selection criteria' for donors or inadequate screening.

4. **Transmission of antibiotic-resistant organisms** – Patients may be exposed to antibiotic-resistant organisms in the destination hospital that they can bring with them back to British Columbia, and so are potential infection control risks. This can serve as a threat to public health.

5. **Personal safety risks in destinations** – Patients may choose, knowingly or unknowingly, to obtain care in a country that is politically or socially unstable. This can pose as a threat to their personal safety.

6. **(Dis)Continuity of care** – Patients may not have any record of the treatment they received abroad, including test, scan, and x-ray results. Records that do exist may not be transferred to their regular physicians at home when requested. This can serve as a threat to continuity of care, which is a quality indictor in Canadian health care provision and is thought to contribute to better health outcomes for some patients [14].

7. **Travel companions** – Patients may not travel abroad on their own. They may bring friends and/or family with them for support. These individuals may be exposed to unique health and safety risks in addition to some of the same ones medical tourists can experience.

Health & Safety Recommendations

The stakeholders who attended the consultative meeting were most concerned with promoting health literacy among potential medical tourists in order to improve the process of informed decision-making. By providing British Columbians with adequate, appropriate, and neutral information about health and safety, potential risks, and potential outcomes, it is thought that patients will be better positioned to determine: (1) whether or not to pursue medical tourism; (2) what they need to consider when selecting procedures, facilities, and destinations; and (3) the steps medical tourists should take to arrange necessary follow-up care upon return. In addition to the broad desire to enhance health literacy regarding medial tourism, six more specific recommendations were generated by the stakeholders attending the consultative meeting.

1. **Creating informational resources** – Provide more resources advising patients about health and safety risks and encouraging them to ask questions related to these risks of destination facilities prior to going abroad. This could include providing 'worst case scenario' cases. Some existing examples include resources created by the British Columbia Renal Agency and British Columbia Dental Association [15,16]. These patient-focused resources need to be made available in a broad range of locations, which could include drug stores, the British Columbia Ministry of Health website, union offices, and doctors' offices. They need to be offered in a variety of languages. The credibility of informational resources can be strengthened by indicating approval from trusted bodies such as the British Columbia Ministry of Health, British Columbia Centre for Disease Control, Public Health Agency of Canada, and health professional bodies. It is imperative that attention be given to ensuring that messages in awareness-raising resources strike a balance between the right of patients to make informed decisions about their care and providing information on risks. As such, informational resources should provide guidance to medical tourists rather than simply deterring them from going abroad for medical care.

2. **Encouraging communication** - Encourage patients who go abroad for medical care to speak with their regular physicians and the providers in the destination facility about health and safety protocols and where they should obtain care from if they experience unexpected symptoms or complications. In order for this communication to be effective, there needs to be an explicit attempt made to educate health care providers in British Columbia about medical tourism, including its associated trends and risks. Such outreach to health professionals in British Columbia may enable them to have more informed conversations with patients seeking guidance on obtaining medical care abroad.

3. **Encouraging travel medicine** – Intended medical tourists should be encouraged to obtain appropriate vaccines for the destination country prior to travel abroad. Those travelling for organ transplantation should get vaccinated against virally transmitted diseases.

4. **Adapting public health practices** – Public health practices in British Columbia around infection screening and disease monitoring need to be adapted to accommodate the risks inherent in medical tourism. This includes making decisions on whether or not to screen patients treated in foreign hospitals for antibiotic-resistant organisms upon admission to a hospital in British Columbia. These decisions are complex as some believe the costs of screening outweigh the potential benefits, while others believe that the costs of not-screening are significant for the public's health.

5. **Enabling consultation** – Much remains unknown about British Columbians' involvement in medical tourism. Attempts need to be made to engage stakeholders and the public in a process of consultation to learn more about the trends in general, as well as specific instances of health and safety risks. This consultative process needs to be developed in a systematic and rigorous manner. The outcomes of the process may lead to better responding to the health and health system needs of British Columbians who go abroad as medical tourists.

6. **Undertaking research** – Data are needed in order to compel health care administrators and decision-makers to respond to trends regarding medical tourism and their health system impacts. Professional bodies and health funding organizations need to provide funds to support research that can generate this data.

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