HISTORY OF MEDICINE

Patients without borders

The historical changes of medical tourism

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ABSTRACT
This article explores how international medical tourism, the acquisition of medical services in another country for various reasons, has changed from ancient times, to Renaissance and post-Renaissance Europe, and to the present. It examines the sociocultural, medical, and environmental factors driving medical tourism, as well as how medical tourism has in turn influenced humanity. We take a look at the current trends in medical tourism with examples of the most popular destination countries. Finally, we will address potential future developments in medical tourism and the associated issues.

INTRODUCTION
The term “medical tourism” conjures images of patients flying across the world to acquire a tummy tuck or heart transplant, procedures theoretically available in their own country, yet inaccessible due to long wait times or unbearable costs. However, medical tourism has occurred in a much broader way, to different groups of people for a variety of reasons. In fact, for the vast majority of human history, the desire to travel for the sake of health care was driven by the simple fact that the health service sought after did not exist at home.

MEDICAL TOURISM IN THE ANCIENT TIMES
Before the advent of complex technology in medicine, much of medical tourism consisted of mineral thermal springs and baths. As historian George Weisz states, “True mineral waters were very much connected with place and were frequently thought to lose their therapeutic powers if they were moved to another location.” Perhaps during no time in history was this statement more true than the ancient times when many baths were considered sacred. When the Greek empire was at the height of its power, tourists from across the world flocked to its healing temples. These included the Asclepia Temples, constructed in honour of the god of medicine Asclepius, as well as the Sanctuary of Zeus in Olympia and the Temple of Delphi. Some of these temples also contained gymnasia and places of prayer. Aside from commercial purposes and the demonstration of Greece as a superpower, such sacred healing centers undoubtedly promoted the popularity of the deities that they represented.

MEDICAL TOURISM FROM THE RENAISSANCE TO THE 19TH CENTURY
The use of mineral waters, often as a component of high-altitude “climatic resorts”, as a mainstay of healing and prophylaxis remained popular well into the 19th century, although its association with religion lessened. Hydrotherapy was thought to be beneficial in a wide range of ailments such as pimples, gonorrhea, rheumatic diseases, and nervous conditions.

In 1326, iron-rich hot springs were discovered near Ville d’Eaux (Town of Waters), France, making the little village famous. It was here that the word spa, derived from the Roman phrase salude per aqua (“health through waters”), was first used. The spa of Ville d’Eaux would later serve as host to historical giants such as Peter the Great and Victor Hugo.

In the 1720s, the English city of Bath was one of the richest and most technologically advanced, being the first city in England to receive a covered sewage system. This dramatically advanced its spa tourism industry, and the economic benefits to the city were enormous. These included paved roads, streetlights, hotels, and beautified restaurants.

With the widespread popularity of spas, it is not surprising that the financial stakes attached to them became increasingly high, with competition between spas. Many spas added other services, such as walks, music, dance, theatre, socializing, and gambling to their repertoire in order to attract customers. As technology became more advanced, various methods of delivering water healing were offered in addition to bathing, including vaporization, showering, and more. In France, an entire academic discipline on “medicalized thermalism” was established to promote the spa industry by adornning it with a “scientific” appearance. Funded directly by the spa industry, a large body of literature was produced on the basic chemistry of spa healing and the potential benefits it exerts on human health. Such research proved to be so convincing that following World War II, French spas obtained reimbursement from the social insurance system. Naturally, as spas became more touristic and commercial, suspicions concerning whether they were truly dedicated to the promotion of health began to arise in the medical community.

Furthermore, as advances in medical sciences during the 20th century produced more effective treatments, interest in spa healing declined. Previous basic science research on spas was discarded as academic attention turned more towards clinical trials. This signalled the end of the spa industry, an industry that existed since the dawn of mankind, as a provider of medical therapy. Many spas consequently left the medical business in search of other opportunities. Some began to advertise themselves as alternative therapy (which needs not to be shown as medically effective). Others moved into the wellness business, complementing mineral waters with other modalities such as perfumed baths, facials, massage, and physiotherapy.

MEDICAL TOURISM IN THE 20TH CENTURY
Until the late 20th century, the notion of medical tourism remained within the realm of patients migrating to other countries in pursuit of health care not available domestically. Hence, for a lengthy time the United States maintained its status as a popular destination, due to its rapid technological advances in medical care. Some ex-
exceptions to this rule existed, such as the revived interest in yoga and Ayurvedic medicine in India with the onset of the flower child movement in the United States and the United Kingdom.\(^1\)

In the 1980s and 1990s, Cuba initiated programs for foreigners seeking eye, heart, and cosmetic procedures.\(^1\) These programs were cheaper and involved shorter wait times than the equivalent in the foreigners' own countries. Other Caribbean countries, such as Jamaica, Barbados, and Puerto Rico, followed suit.\(^4\) Each country established its own niche in the medical field in order to minimize competition. Jamaica specialized in plastic surgery, Barbados infertility, and Puerto Rico cardiovascular surgery, orthopedic surgery, neurology, and oncology. These programs were largely geared towards patients from North America and Europe.

The year of 1997 marked the beginning of the Asian economic crisis.\(^6\) Among its many coping mechanisms, Thailand invested heavily in a medical tourism industry for foreigners hoping to obtain affordable access to plastic surgery. It also offered sex-change operations with looser presurgical psychological requirements than those in Western countries.\(^7\) Furthermore, it established touristic medical centers, such as the Bumrungrad International Hospital, featuring interpreters and an airline ticket counter.

During this period of time, many other Asian and Latin countries founded their own touristic medical programs in the hope of attracting foreigners from Western countries desiring to circumvent lengthy wait times, formidable costs, and convoluted legal restrictions. Westerners, especially those seeking reproductive health treatments, can also use these overseas opportunities to maintain their social privacy. Initially such options were only available to wealthy Westerners able to afford the additional costs of travel and luxurious accommodations, but as the trend progressed, middle-class citizens were also able to take advantage of these programs.\(^8\) Medical tourism as we know it was now truly underway, and as expected, it carried with it both benefits and drawbacks.

Proponents argue that medical tourism, aside from improving availability of health care, also promotes patient choice, fosters global competition, places pressure on expensive health care facilities to lower prices, and drives social and economic development.\(^8\) The last point can be clearly seen in Cuba, where medical tourism is a governmental program and revenues generated used to fund its own public health care system.\(^4\)

Critics attack medical tourism's role in furthering the divide between social classes, with the wealthy possessing more opportunities and higher-quality opportunities than the less well off.\(^9\) This applies not only to tourists, but also to residents of the destination countries themselves. Many concerns have been raised on whether destination countries are diverting medical resources from serving their own population to the tourism industry.\(^4,21)\) This is especially a problem in countries where medical tourism is a private business.

As well, there are always concerns regarding the quality of care received in the destination countries.\(^4,9\) Furthermore, legislation and ethical policies differ internationally. Consequently, patients traveling to international clinics may not be fully informed of the risks and benefits of their treatments, and may find it difficult to obtain legal redress if harm results.\(^11\) To address issues of quality, the Joint Commission International (JCI), an accreditation body for international medical institutions, was established in 1997.\(^6,12,24\) However, this has the potential of furthering inequalities in the health care systems in destination countries, where the higher-income medical tourism physicians would be able to provide higher-quality care than those serving the local population. As well, tackling the problem of quality may not solve the disadvantage concerning continuity of care.\(^9\) Some patients return to their home countries without any documentation regarding the care they received abroad, making it difficult for their physicians to provide appropriate care in the case of complications. As an example, Canadian data from 1998 to 2005 revealed that 22 Canadians received transplants internationally. One third of these patients had no records upon returning, and complications included 52% with opportunistic infections, 38% with pneumonitis (including multidrug-resistant Escherichia coli), and 27% with systemic sepsis. Compared with Canadians who received transplants at home, inferior graft survival at 3 years was shown for patients with international transplants (98% and 86% survival for biologically-related and emotionally-related donors in Canada, respectively, versus 62% for international transplants).\(^15\)

**CURRENT AND FUTURE TRENDS IN MEDICAL TOURISM**

Currently, 28 countries across North America, South America, Asia, and Europe market their medical services internationally. More than 375 hospitals in 47 countries in facilities across Europe, the Middle East, Asia, and South America have been accredited by the JCI, and there are 12 million medical tourists globally. Although the United States is still the most common destination for Canadian medical tourists, there are a small number of Canadians traveling into developing nations for health care. Medical tourism brokerages exist in Canada, with at least 15 companies acting as middlemen in organizing hospitals, physicians, flights, and hotel reservations for Canadians seeking to receive health care abroad. However, these agencies are not required to verify credentials or licensing of facilities or physicians.\(^12\)

In 2006, the American Medical Association issued a new set of guidelines listing certain factors that patients should carefully consider when entertaining the idea of medical tourism.\(^16\) This was also the year when the American insurance company Blue Ridge Paper Products, Inc introduced a medical tourism incentive into its employee benefit plan.\(^7\) Since then, many insurance plans and brokerage companies have been founded to capitalize on this increasingly popular and lower-cost health care option. Unfortunately, the paperwork can be extremely complicated, deterring some patients from consulting these companies.\(^17\) Certain companies link family physicians to specialists in foreign countries as a way of maximizing continuity of care.\(^9\) However, family physicians in the Western world should not automatically assume that this service has been provided, and should take medical tourism into account when working with any patient.

The 21st century is expected to see an expansion in medical tourism as the demand for health care in Western countries surpasses the capacity that these countries are able to provide.\(^15\) Both advantages and drawbacks can stem from this rapidly growing phenomenon, and as health care providers it is important to be able to counsel and manage patients who have pursued or who are considering to pursue this seemingly attractive option so that hopefully, the advantages can outweigh the drawbacks.
REFERENCES


