

MEDICAL TOURISM AND GLOBALIZATION OF MEDICINE

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Introduction:

For many years, citizens of many countries of the world have gone in the U.S. and other¹ developed countries of Europe to benefit from the advanced technology. Recently started a new fad practice, known as medical tourism, where many citizens of developed countries are neglecting to provide medical services in their countries and are going in less developed countries to seek medical services. Medical tourism is becoming very popular and it is estimated that about 750 thousand Americans have sought medical help outside America. Medical tourism has captured the interest of the media. Articles, guides, leaflets, is published quarterly increase. A search on "Google" the term "medical tourism", conducted on 29 July 2007, gave an answer in 1100 thousand offers, which constituted an increase of 300,000 compared to 62 days ago. Many doctors and medical organizations advertise and provide information on the Internet to services that can be offered in different centers. Obviously the term medical tourism does not reflect the patient's condition or technology offered in these centers, it represents a completely different phenomenon from the previous model in which patients ranged in most developed countries. Although no accurate statistics regarding the size of the phenomenon, abundant information suggests that significant numbers of patients traveling from developed countries to less developed ones.

In 2004, 1.2 million patients traveled to India and 1.1 million medical tourists traveled to Thailand. Since 2007, about 750,000 Americans traveled outside the U.S. to seek medical care, with this growth rate, in 2010 their number is estimated to be around 6 million. Medical tourism is believed that Asian countries generate about 4.4 billion dollars in 2012 and half of this amount to gain from India. It is estimated that medical tourism industry earns annually about 60 billion dollars worldwide with an annual growth of 20%. A growing number of countries are providing more medical, surgical and dental care.

Many of these destinations offer advanced technology and perfect accommodation. A significant number of these destinations are doctors trained in developed countries of Europe and the U.S.. Medical tourists seeking cosmetic surgery services, dental procedures, surgery bariatric in

¹ "Princeton University", Uwe Reinhardt USA 2003

P. Cutright (1965), 'Political structure, economic development, and national social security programs', *American Journal of Sociology*, 70: 537-50.

G. Esping-Andersen (1985), *Politics against Markets*, Princeton University Press, Princeton.

G. Esping-Andersen (1990), *The Three Worlds of Welfare Capitalism*, Polity Press, Cambridge.

European Commission (1993), *Social Protection in Europe*, Brussels.

Eurostat (1995), *Basic Statistics of the European Communities 1994*, Brussels.

fertility, service orthopedic, cardiac and organ transplant. A large number of countries in Central and South America have gained great reputation in cosmetic and plastic surgery. India, Malaysia, Singapore and Thailand have become popular in medical tourism for patients requiring cardiac² or orthopedic surgery. Medical services in India offers convenience and price as 10% of those in the USA. Many developed countries such as Belgium, Canada, Germany, Israel and Italy, are attracting foreign patients by offering sophisticated modern service and attention preferences and satisfaction of these patients.

Problem Definition

Global healthcare market

Global healthcare market appeared by the end of the 19th century, when patients from less developed countries of the world with the necessary resources began to travel to major medical centers in Europe and the U.S. to receive medical treatment that is not available in their countries. The situation is very different model of medical tourism, where many patients from developed countries go in less developed countries for medical services. Medical tourists would prefer to have more surgery in city hospital or their region. However, these patients feel stressed to balance their medical needs with options. But however modern technology has created the conditions for them to investigate and arranged for their health care around the world from their home computer or with the advice and assistance of a medical tourism agency.

For many patients from industrialized countries, the main reason of medical service in less developed countries is much lower cost. Such patients for the cost conscious choice to accept a price for service abroad, who can afford better. Case for canned limited financial resources gives end their uncertainty. One patient from the U.S. middle class and that no health coverage prefers this type of medical service. Another group of medical tourism are people seeking cosmetic surgery, dental care, fertility treatment and treatments not covered by health insurance. Common to both groups is that their incomes are such that can afford the costs of frontline health resort, but are insufficient to afford the same services in their local market. In some countries, where health insurance is state due to the removal of patients are long waiting lists. In Canada and

²²F. Castles (1982), *The Impact of Parties*, Sage, London.

A. Cochrane (1993), 'Comparative approaches and social policy', in A. Cochrane and J. Clarke (eds.), *Comparing Welfare States. Britain in International Context*, Sage/Open University, London/Milton Keynes.

Y. Flückiger and J. Cordero (1995), *Analyse économique des différents propositions de réforme du financement des assurances sociales*, University of Geneva, Observatoire Universitaire de l'Emploi, Geneva.

V. George and P. Taylor-Gooby (eds.) (1996), *European Welfare Policy – Squaring the Welfare Circle*, Macmillan, London.

V. George and S. Miller (eds.) (1994), *Social Policy towards 2000: Squaring the Welfare Circle*, Routledge, London.

N. Ginsburg (1992), *Divisions of Welfare. A Critical Introduction to Comparative Social Policy*, Sage, London.

England, health insurance does not cover cosmetic operations and for a much lower price, patients go elsewhere.

Patients also travel to destinations abroad for medical procedures that are not available in their own countries. For example, therapy "stem cell", for a variety of reasons may be unavailable or restricted in industrialized countries, but can be much more available in the medical tourism market.³

Some patients, especially those of plastic surgery, sex change procedures and drug rehabilitation, choosing medical tourism, due to confidentiality and privacy in remote locations. Finally, some patients seeking healthcare abroad, just to travel to exotic places and resting places surrounded by luxury. Although medical tourism agents can promote the tourism aspect of health care, travel creative value has a growing importance for patients with serious or complex problems. The main reason that medical centers in developing countries are able to provide health care services is inexpensive on the economic situation of individual countries. Indeed prices for health services in general coincide with income per capita. At the same time, fees for health services are appropriate for the level of economic development in which services are provided. Lower administrative costs for doctors and medikolegale also play a role for low cost medical care abroad. For example, the security profession for a surgeon in India is 4% of what it pays a surgeon in New York. An important consideration in medical tourism is powerful impact of conditions in destination countries. To earn good income from these patients, these clinics provide the opportunity of continuous improvement of conditions of accommodation, making it increasingly attractive service. Seeing this kind of tourism revenues, many states have regulated their macroeconomic policies. On the other hand, the increasing influx of these patients, has been placed on alert health insurance in developed countries, applying more flexible policies to maintain patients.

Conclusions:

Quality and Safety in Medical Tourism

Choosing the clinic is a particular problem. The lure of profit in the market, and offer more services than advertising is very difficult to identify well-trained doctors. To protect their patients, some countries have established organizations like the "Joint Commission

³ P. Cutright (1965), 'Political structure, economic development, and national social security programs', *American Journal of Sociology*, 70: 537–50.

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G. Esping-Andersen (1990), *The Three Worlds of Welfare Capitalism*, Polity Press, Cambridge.

European Commission (1993), *Social Protection in Europe*, Brussels.

Eurostat (1995), *Basic Statistics of the European Communities 1994*, Brussels.

M. Ferrera (1993), *Modelli di solidarietà*, Il Mulino, Bologna.

Y. Flüchiger and J. Cordero (1995), *Analyse économique des différents propositions de réforme du financement*

International" or "International Organization of Standardisation", which are an important reference point for patients who want to be treated abroad. There were concerns about the risk of complications during travel and recreational activities postoperative period. Management postoperative complications that occur during the return trip and the cost of this care, are still difficult problems that remain unresolved.⁴

Recommendations and the need for action: Responsibility for medical tourism

The medical community in developed countries has begun to recognize medical tourism as a real phenomenon, which includes profession, doctor and patient. Newspapers medical and health have begun to publish articles related to this topic in 2006 n. Medical organizations are addressing medical tourism and other items documents posted on their website. Age Special Committee on Senate addressed the problem and asked for a task force of experts to explore the impact and safety of healthcare abroad. The insurance industry has been actively participating in medical tourism. In some countries, sold insurance policies that enable or encourage patients to perform medical procedures more expensive with lower value through medical tourism. In an effort to reduce the financial burden of health care for their employees more than 500 corporations are assessing the visibility of providing services abroad for expensive medical services. Networks of insurance is extended to doctors all over the world and is expected to be a decade of health plans for a majority of employees can be treated at medical centers abroad. Insurance companies are able to use a portion of their savings to provide substantial initiatives for beneficiaries who wish to have medical tourism service, including reductions in health costs out-of-pocket and paying for travel for the patient and even for a family member. A particularly interesting response to the migration of patients to destinations abroad is that some U.S. medical facilities are now recognizing the references from medical tourism agencies, providing much cheaper for American patients. In countries that have extensive lists of patients waiting for certain procedures, medical tourism provides a mechanism to facilitate oddments of people waiting, sending patients abroad without expanding local capacity. At the same time sending patients to neighboring countries for this purpose and most remote countries will be used as a destination for medical tourism to a later period. Although this idea is not explored yet, may be new opportunities to use new destinations with low cost medical tourism to provide care for patients with low incomes, while at the same time easing the burden on health care Family and

⁴ London/Milton Keynes.

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The continuous evolution of medical tourism

Medical tourism industry fueled by unhappy patients from health care in their country. These patients negotiate with medical systems abroad to find services that are affordable, timely or simply available. Millstein notes that the removal of American patients to foreign destinations for vital operations is simply a problem that ultimately has a symbolic value in comparison with human life and for this reason they should be addressed by leading doctors. These doctors leaders must recognize that patients, like all consumers, would require a service that offers value and optimal medical tourism is a choice of the patient to determine what is most valuable to. In an article on medical tourism in "Time" economist "Princeton University", says Uwe Reinhardt: "Tourism has the potential medical consequences over the U.S. health care system to be like those Japanese car industry on U.S. industry car ". It is always obvious that medical tourism is changing the landscape of health care in industrialized countries and emerging around the world, and there is every reason to believe that this trend will continue to evolve⁵

⁵ London/Milton Keynes.

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V. George and P. Taylor-Gooby (eds.) (1996), *European Welfare Policy – Squaring the Welfare Circle*, Macmillan, London.