



RESEARCH ARTICLE

EXPLORING THE MULTIDIMENSIONAL ASPECTS OF MEDICAL TOURISM

*Harjot Uppal

Union college Schenectady New York

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ABSTRACT

Medical tourism has gained popularity in recent years as more and more individuals are considering the convenience and flexibility of this service. Even though individuals seek this option for a wide range of reasons, it should be noted that women mostly engage in medical tourism for abortion and for giving birth overseas. This report found that medical tourism provides an efficient and cost-effective solution to a significant number of people from developed countries. However, there are specific risks as well as ethical implications associated with medical tourism, and these should be adequately considered prior to undertaking the initiative. This report therefore discusses the implications of global medical tourism, in addition to the specific challenges and opportunities that exist in this field. In this context, the relevance of medical tourism can be perceived through the lens of the theory of planned behavior and reasoned action. In other words, it is important to explore the basic reasons or motivations behind the decisions of individuals to involve in particular forms of medical tourism. Furthermore, the paper provides substantial details on gender aspects pertaining to the practice of medical tourism. Eventually, the report also highlights the ethical implications of medical tourism, outlining the ethical dilemmas and moral challenges associated with controversial medical practices.

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INTRODUCTION

Global medical tourism is one of the phenomena that illustrates the impact of globalization on healthcare services. The connectedness of people who pursue specific services, particularly medical facilities in foreign countries, clearly shows the force of globalization (de la Hoz-Correa, Munoz-Leiva, & Bakucz, 2018). It should also be noted that the phenomenon of global medical tourism is driven by specific market forces and processes. At the same time, it can be observed that global medical tourism has become rather popular, as this view is adequately reflected in different media platforms globally. The exploration of diverse medical tourism destinations allows stakeholders in the field to carry out a comprehensive analysis of the advantages and limitations of this phenomenon (Majeed, Lu, & Javed, 2017). The objective of this paper is to explore the dimensions of the economics of global medical tourism, including the ethical aspects and specific policy implementations.

Implications of Global Medical Tourism

Medical tourism is dissimilar and diverse from the conventional method of global healthcare where patients normally travel from emergent economies or poor countries to foremost healthcare institutions in highly industrialized

*Corresponding author: Harjot Uppal,
Medical Tourism, United States of America

economies for obtaining quality healthcare treatment (de la Hoz-Correa, Munoz-Leiva, & Bakucz, 2018). There are no substantial data and facts to determine how many patients obtain medical care in the medical tourism framework considered from a global perspective (Lunt & Horsfall, 2014). The main obstacle in measuring the scale of global medical tourism is the fact that the stated statistics may comprise foreigners from other countries, corporate tourists, and travelers who need healthcare services though they are in these countries for other purposes (Lunt, Horsfall, & Hanefeld, 2016). Thus, there are certain complications while analyzing the implications of global medical tourism. Furthermore, it is important to note that healthcare tourism is market oriented—it is developed through the complex relationships between numerous medical, monetary, social, and political factors. A similar combination of factors illustrates the complicated structure of global medical tourism (Figure 1). Low outlays are the main cause why patients from developed countries pursue healthcare in emergent countries. Patients in the healthcare tourism model would be expected to prefer to have the main surgery in their hometown healthcare institution or local clinical center (Fetscherin & Stephano, 2016). However, these patients perceive specific constraints in balancing their medical needs against other factors; they are prepared to acknowledge uncertainties about quality of service to receive care at costs they can contentedly afford. In the UK context, it was seen that the medical tourism index of the country as of 2016 was based on specific parameters: destination environment and quality of facilities and services (Statista, 2016).

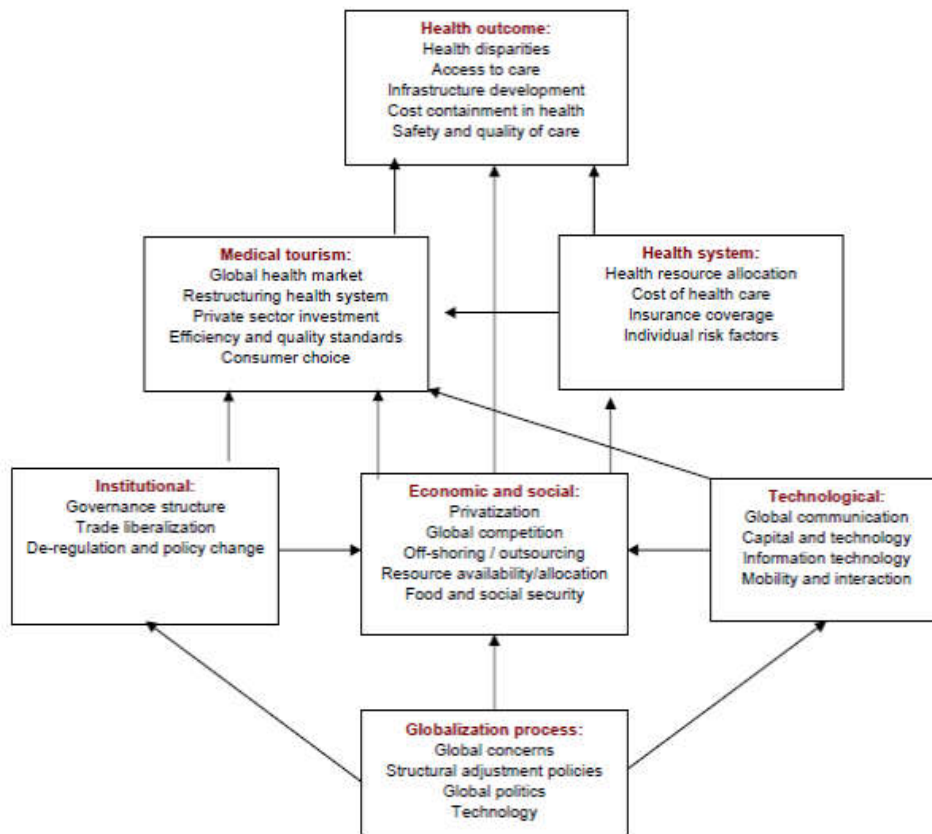


Figure 1. Conceptual Framework of Medical Tourism (World Health Organization, 2013)

Patients from developed economies typically comprise of two personal profiles:

- Working class individuals who need appointed surgery but have no medical insurance or have insufficient insurance coverage;
- Patients who want procedures not protected by insurance, such as cosmetic surgical intervention, dental renewal, gender removal operations, or fertility treatments.

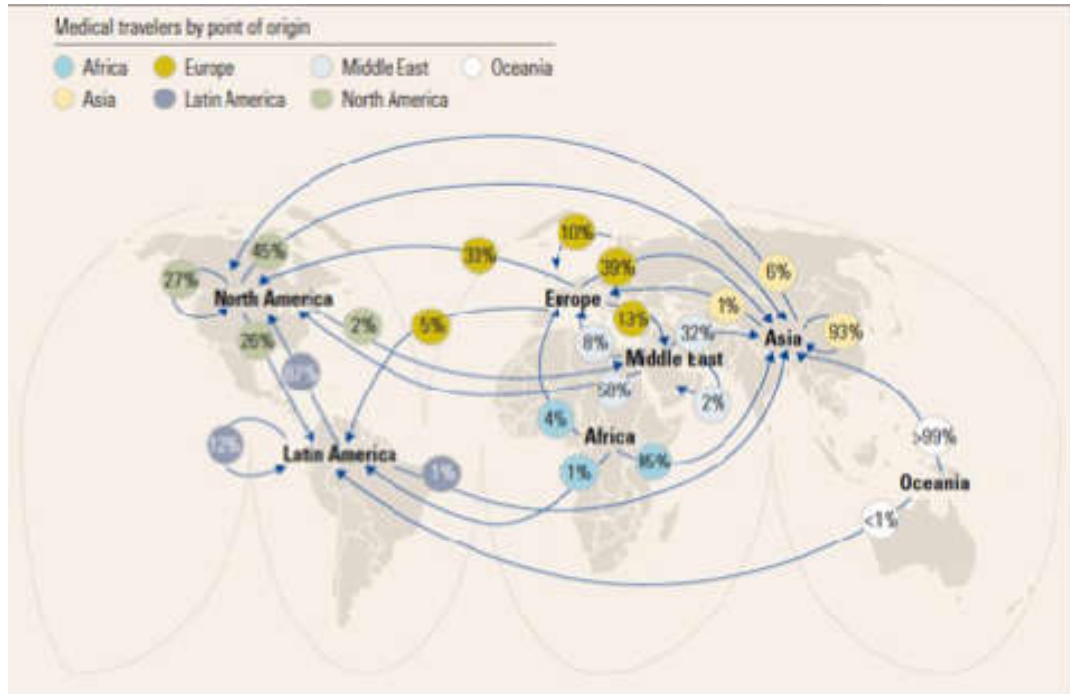
The fundamental point in analyzing these two profiles is that financial resources are inadequate for these categories of patients to easily obtain medical care in their domestic market (de la Hoz-Correa, Munoz-Leiva, & Bakucz, 2018). Yet, it is feasible for them to obtain medical care in low-cost overseas healthcare institutions. Hence, the convenience element of the global medical tourism model has been adequately discussed in this context. Patients pursuing medical services usually come from developed countries such as Australia, Canada, Germany, Norway, the United Kingdom, and other states where a government-administered universal health care structure regulates the provision and delivery of medical care (Beladi, Chao, Ee, & Hollas, 2015).

It has been argued that the main reason behind the disregard of the domestic medical services by such patients is their desire to have sensible healthcare treatment, and avoid delays linked with extended appointment lists. Since government health schemes do not financially support cosmetic surgery and other similar provisions, patients looking for these services are determined to opt for any form of global medical tourism at the

same financial cost as that available in developing countries. (Lunt, Horsfall, & Hanefeld, 2016). Patients also travel to other countries for medical interventions that are not accessible in their own domestic market. For instance, stem cell treatment for heart failure, which is unavailable to numerous patients in developed economies, is accessible in the medical tourism market in foreign countries (de la Hoz-Correa, Munoz-Leiva, & Bakucz, 2018). Some developing countries provide privacy and discretion for patients undertaking plastic surgery, sex alteration interventions, and drug therapy. This implies that global medical tourism offers a solid sense of protection of the patients' identity. Moreover, patient medical information cannot be directly accessed by other stakeholders who could potentially obtain these details, for instance, authorities in the United States or the United Kingdom (Rodrigues, Brochado, Troilo, & Mohsin, 2017). There is presently a lack of digitalization in the medical tourism field for referring physicians and healthcare institutions. Physicians in developed countries, who are unacquainted with the qualifications of doctors and the procedures followed in less developed nations, are unwilling to inspire their patients to obtain care from indefinite service providers in distant locations (de la Hoz-Correa, Munoz-Leiva, & Bakucz, 2018). Moreover, some doctors may seriously consider that it is unhelpful to select a medical service for hypothetically hazardous medical treatment based on factors other than specific medical considerations. For example, Dr. Sam Rizk, a New York based, board-certified facial plastic surgeon, director of Manhattan Facial Plastic Surgery, and one of a handful of revision surgeons in the U.S. who has witnessed the dark side of medical tourism says, "A lot of patients who go to South America to get cheap surgery end up coming back with problems.

Table 1. Various Countries' Medical Tourism Prices in US Dollars (World Health Organization, 2013)

Procedure	Country						
	US	India	Thailand	Singapore	Malaysia	Mexico	Poland
Heart Bypass	113,000	10,000	13,000	20,000	9,000	3,250	7,140
Heart Valve Replacement	150,000	9,500	11,000	13,000	9,000	18,000	9,250
Angioplasty	47,000	11,000	10,000	13,000	11,000	15,000	7,300
Hip Replacement	47,000	9,000	12,000	11,000	10,000	173,000	6,120
Knee Replacement	48,000	8,500	10,000	13,000	8,000	14,650	6,375

**Figure 2. Medical Travelers by Point of Origin (World Health Organization, 2013)**

"I've seen everything, from a patient who caught hepatitis in the Dominican Republic to one who had a piece of silicone implant sticking through his nose." (Graham, 2009). Eventually, healthcare professionals in industrialized economies may be principally hesitant to approve offshore rehabilitation because of issues related to mediated liability (Rodrigues, Brochado, Troilo, & Mohsin, 2017). However, it should be noted that there are numerous agencies that offer healthcare services to patients who want offshore medicinal and clinical care, and these agencies also motivate patients to choose a marketplace, facility, and service providers that could deliver comprehensive medical services. They regulate the total charges and payment systems, collect and share patient medical history, and organize accommodation and travel. Moreover, they may organize post-surgical continuation in the patient's own neighborhood after they return. However, some travel experts encourage the tourism feature of offshore medical care as the significance of the medical condition rises (Beladi, Chao, Ee, & Hollas, 2015). Medical tourism organizations can be simply found on the web or in any healthcare tourism guide. Medical tourists pursue different procedures, such as heart bypass, heart valve replacement, hip replacement, etc. (Table 1). Yet, it has been observed that the accessibility of financial resources is the problem that mostly distinguishes the conventional overseas medical patient from the patient in the medical tourism framework. In the medical tourism framework, the lack of some resource persistently determines the decision about travelling for healthcare services (Rodrigues, Brochado, Troilo, & Mohsin, 2017).

On the other hand, the conventional overseas medical patient has complete access to medical facilities throughout the globe as a result of accessible financial resources. Further, in the medical tourism framework, developing and poor countries encourage medical expertise and services to patients from developed economies (Runnels & Carrera, 2012). The orientation of global trade is different from that of the traditional approach. Hence, countries that previously exported healthcare services to developing countries are now acquiring services from these same marketplaces. In relation to medical travelers by point of origin, some statistics are provided in Figure 3 below. It can be seen from the figure that most medical tourists are from Europe (39%) and North America (45%). Medical tourism by itself has no serious challenge. The only adverse factors are ineffectual administration, and misapplication of modern technologies, expertise, natural capacities, and human resources (Rodrigues, Brochado, Troilo, & Mohsin, 2017). Some of these factors can bring constructive opportunities through effective management, such as: 1) protocols to decrease transmissible diseases, 2) preservation of natural resources, 3) protection of natural environments, 4) equality in the overall healthcare system, 5) consistent advancement in the private industry, and 6) reasonable medical outlays. The last three opportunities require more prominence and a more thorough discussion (Runnels & Carrera, 2012). The medical tourism sector has inspired a swift advancement of the private industry in the top countries in medical tourism, such as Thailand and India, by expanding the number of shared investments and challenges.

Such measures also result in improved facilities and management styles, and facilitation of the information management system (Lee & Fernando, 2015). Yet, boosting income from medical tourism could become a key problem for private healthcare institutions to demand more financial aids as the period passes. Hence, they exploit the public subsidies and government funds, which means they would disappear from the public healthcare framework. In such cases, two distinct industries (private and public) would develop (Rodrigues, Brochado, Troilo, & Mohsin, 2017). The private industry emphasizes on obtaining modern technologies, which is not an urgent need for most of the society. In this two-sector structure, it is likely that citizens with fewer preferences, who pay more, attain healthcare services at the expense of the underprivileged citizens.

Health Services Internationally

The health industry is one of the most highlighted industries in the international economy. Some of the issues emerging in this sector relate to the rise in outlays of medicinal treatments and higher demand for services. These factors can be explained with the persistently increasing number of the older generation in developed economies and the growth in the accessibility of these high-quality health services at reasonable costs (Lee & Fernando, 2015). Moreover, the advancement of new clinical technologies in emergent countries, particularly Information and Communication Technologies (ICT), had a significant impact on increasing the demand for medical services in emergent countries. At the same time, the advancement in transportation and facilitated traveling has made it possible for people to attain medical services with established qualities and evolving prices (Runnels & Carrera, 2012). These aspects are the major cause for the existence of emergent economies in the international markets. Asia is the foremost destination for medical tourism, as it is considered to be the sole exporter of medical tourists. Quality service is one of the most essential features in business competition. There are particular differences in the quality of health services that should be taken into consideration (Rodrigues, Brochado, Troilo, & Mohsin, 2017). These gaps are recognized as differences in knowledge, protocols, delivery, organizational activities, standpoints, insights, and services, and they are interconnected; for instance, differences in knowledge outcomes can also impact the delivery and organizational activities of a healthcare institution. In the same way, differences in delivery outcomes can create substantial gaps in perspectives and insights and, hence, variations in the provision of healthcare services (Whitmore, Crooks, & Snyder, 2015). Each of these differences could harm the customer associations. The service quality is the client's general assessment of the service delivery that comprises of numerous successful as well as unproductive experiences. Avoiding the differences in services in each experience helps the organization enhance the quality of its medical services and, hence, strengthen its brand image (Lee & Fernando, 2015).

The commercial activities in the healthcare industry are typically carried out by establishing new types of clinical centers that tend to boost the supply of services by utilizing suppliers, transportation, and implementing different models of digital communication. From this perspective, global medical tourism encourages consumption in overseas markets (Runnels & Carrera, 2012). Cross-border supply of medical services

comprises of activities such as distant clinical treatment and outsourcing the organizational process. These measures are clearly present in the model of digital treatment tourism. Cross-border supply of health services is related to constructive factors for the importer (Rodrigues, Brochado, Troilo, & Mohsin, 2017). In this context, scholars usually refer to the boost in supply of clinical interventions for underprivileged regions, reduction in particular human resource restrictions, enhancement in quality of interventions and diagnosis tools, and enhancement in expertise by sharing knowledge through digital means.

Challenges and Opportunities

Efforts that are targeted toward regulating the industry of global medical tourism will encounter significant challenges in future. It can be assumed that government bodies and agencies have rather limited abilities to implement appropriate regulations in jurisdictions beyond their national control (Frederick & Gan, 2015). Considering the fact that individuals with the necessary travel documents have no problem in traveling globally, it could be irrelevant that a legislation enacted in one country has a substantial impact on the actions of medical tourists in another country. In this context, it is important to consider the implications of foreign healthcare systems (Lee & Fernando, 2015). This premise is related to the notion that medical tourism occurs in a foreign country. Different factors that motivate individuals to travel as medical tourists have been explored in the literature (Rodrigues, Brochado, Troilo, & Mohsin, 2017). Most of these factors present individuals' strong motivation to pursue medical services abroad because of low costs or more enhanced access to healthcare. Although, in addition to similar motivations, a substantial number of popular destinations for medical tourists have been adequately discussed in the literature (Runnels & Carrera, 2012), comprehensive empirical data on medically-motivated tourists appear limited to a certain extent.

It has been argued that certain information exists on medical tourists who are authorized by a specific healthcare insurance plan to pursue a similar option. Nevertheless, the information on self-chosen medical travel is scarce, and thus, the respective option should be further explored in future research (Frederick & Gan, 2015). Despite the fact that there is evidence of individuals seeking medical care in developing countries, substantial and transparent accounts of patient motivations are simply lacking (World Health Organization, 2013). At the same time, there have been substantial losses in the U.S. domestic spending for medical services as a result of the widespread medical tourism practices (Figure 4). Little is known of the specific health outcomes pertaining to medical tourism, particularly levels of patient satisfaction and aspects of healthcare complications. Therefore, it would be more reasonable to focus on the precise risks and advantages associated with global medical tourism (Rodrigues, Brochado, Troilo, & Mohsin, 2017). The presence of anecdotal evidence is insufficient to reach thorough conclusions about the challenges and opportunities existing in the field. There is thus a solid need for stronger empirical validation of all information related to global medical tourism (Lee & Fernando, 2015). For regulators around the world to develop appropriate health policies related to medical tourism, a similar knowledge base should be moved toward an appropriate empirical foundation.

Year		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Base Case	Lost Spending (billions U.S.\$)	15.9	32.8	67.7	104.5	161.5	207.9	257.0	304.4	344.9	373.0
Lower Bound	Lost Spending (billions U.S.\$)	15.9	32.8	59.2	91.5	117.8	145.5	172.4	195.3	211.2	228.5
Upper Bound	Lost Spending (billions U.S.\$)	17.9	36.9	76.1	117.6	181.7	280.7	361.4	446.7	529.1	599.5

Figure 3. Losses of Domestic Spending in U.S. (World Health Organization, 2013)

This means that the knowledge gap should be adequately addressed in order to provide more rigorous solutions to people seeking medical services internationally (Connell, 2013). In this way, individuals will enhance their knowledge and improve their motivations for selecting an optimal solution that corresponds to their specific health condition. A significant opportunity emerging in the medical tourism industry is that it provides a relevant source of income for developing countries around the world. At the same time, it should be noted that the respective industry might not improve population health, and this might lead to insufficiently distributed access to healthcare services across developing nations (Rodrigues, Brochado, Troilo, & Mohsin, 2017). In this context, the lucrative medical tourism industry might lead health professionals and governments to focus a substantial amount of resources toward private medical facilities that are specifically designed to treat foreigners (Frederick & Gan, 2015). This option has significant risks, particularly as it may create health inequalities between developed and developing countries. When addressing a similar challenge, it is relevant to consider the importance of foreign capital introduced in local economies for the purpose of supporting medical tourism (Connell, 2013).

It is also challenging to determine credible scenarios pertaining to the global medical industry. For instance, it might be assumed that the scenario of significant welfare gains might lead to a decrease in health inequalities within destination countries. This scenario could be realized if state policies are properly developed, especially in relation to transfers and services (Rodrigues, Brochado, Troilo, & Mohsin, 2017). The mentioned scenario also requires professionals in the global medical industry to perform comprehensive economic assessments to outline prevailing social benefits and risks pertaining to global medical tourism. Different priorities in global medical research should be clearly presented in order to support the goal of stakeholders for greater transparency and accountability in the field (Lee & Fernando, 2015). Providing objective data on global medical tourism to the public is an essential part of building positive and lasting relationships with medical tourists. In the process of analyzing the cross-border movement of patients seeking medical services abroad, it is essential for researchers to explore important economic and political factors that promote global medical tourism as a whole.

Challenges of lengthy wait times should be considered when communicating the risks and benefits of global medical tourism (Connell, 2013). As a result, medical tourists would have an opportunity to make reasonable and well-informed decisions. As previously mentioned, issues of cost and access to medical services emerge as prevailing motivations among medical tourists to seek particular medical services abroad (Frederick & Gan, 2015).

Irrespective of the substantial information existing on the implications of global medical tourism, evaluating specific scenarios of vulnerability or inequities in healthcare access is important. Even though the healthcare system of many developed countries is universal in nature, assessing any potential gaps and risks is appropriate to facilitating a high level of responsiveness and transparency in the field. In considering the challenges and opportunities existing in the field, it should be noted that global medical tourism is a growing industry sector when it comes to popularity and diversity of the medical intervention offered (Rodrigues, Brochado, Troilo, & Mohsin, 2017). For instance, such interventions are mostly associated with reproductive technologies, organ transplantation, and administration of different pharmaceutical drugs. In this context, the availability of similar medical services is essential to understanding the implications and challenges of global medical tourism (Bies & Zacharia, 2007). With regard to the opportunities in this field, medical professionals might gain from exploring the potential of various technological innovations that might positively impact the global medical tourism sector.

In terms of opportunities in this field, the example of genetic transfer represents a substantial technological innovation. Unlike the case of genetic modification, which is mostly related to a complete and consistent genetic alteration in the entire organism of a person, genetic transfer is perceived as a localized genetic modification of a particular tissue (Frederick & Gan, 2015). Yet, despite the promising results observed with genetic transfer, medical applications for this technological innovation remain quite limited. More extensive empirical data are needed for the medical applications of genetic transfer. This illustrates the limitless opportunities for innovation and advancement that exist in the global medical tourism field (Rodrigues, Brochado, Troilo, & Mohsin, 2017).

Medical Tourism from the Perspective of Economic Theory

It is important to consider the implications of medical tourism from the perspective of economic theory. The theory of planned behavior (TPB) and reasoned action is considered appropriate for understanding the context and specific implications of medical tourism (Ramamonjariavelo, D. Martin, & W. Martin, 2015). The basic assumption of this theory is to address the emerging factors that tend to predict the behavioral patterns of an individual or a group of people. The use of this theoretical perspective allows a better understanding of the reasons or motives for selecting particular forms of medical tourism. The theoretical framework of TPB advises that the tangible processing of certain behavior is primarily a function of the person's aim to demonstrate the behavior. Moreover, such a specific aim is measured by three elements: the person's standpoint toward the behavior, individual personality, and the

capability to have a lead over the behavior (Ramamonjiarivelo, D. Martin, & W. Martin, 2015). On the other side, attitude focuses on the person's assessment (constructive or adverse) of the behavior. For instance, women might have a positive or negative perception about taking birth control pills. Individual personality is about the person's attitude with regard to whether significant others (SO) acknowledge or criticize the behavior. For instance, a woman might have the intention to use birth control pills if she sees that her family members and friends accept it (Na, Onn, & Meng, 2016).

Leading over the behavior indicates the person's apparent ability or capability to efficiently demonstrate the behavior. There are certain leadership features that may hinder the successful partaking in health tourism: linguistic and cultural obstacles, the inability to take long-haul journey, and lack of self-assurance in facing challenges in an overseas land while being ill and recuperating (Ramamonjiarivelo, D. Martin, & W. Martin, 2015). Consequently, the TPB suggests that intention is an undertaking of the person's standpoint, personality, and their apparent control over their attitude. Further, as stated earlier, expenditures have been acknowledged as one of the vital factors that impact the advancement of the health tourism sector in the 21st century (Na, Onn, & Meng, 2016). Expenditures related to health tourism can be assessed as a push factor for the health tourists from the developed economies to attain healthcare services overseas, and as a pull factor for the destination marketplaces which provide medical services to the international market. In the meantime, arrangement cost has a considerable impact on health tourists' decision when considering medicinal treatment in a different country (Ramamonjiarivelo, D. Martin, & W. Martin, 2015).

On the other side, based on economic perception, the delivery of healthcare services at comparatively economical cost in developing economies became the foremost factor that attracts medical tourists to those marketplaces. Furthermore, decreased cost of global travel, and satisfactory foreign exchange rates are also recognized as other essential variables for cost-effective health tourists, particularly those who are not covered by insurance or are uninsured in countries for health services (Frederick & Gan, 2015). Cost-effective health treatment and affordability due to comparatively low-priced medical services became significant aspects, contributing to the transformation of medical tourism in emergent countries. The development of the medical tourism sector in emergent economies also relies on the marketing and promotional approaches endorsed by the government, particularly through multi-lateral economic trade between nation-states (Ramamonjiarivelo, D. Martin, & W. Martin, 2015). Moreover, generation X and generation Y, who are regular users of the web, have developed a distinct travelling lifestyle. Hence, these groups prefer to initiate their travel before or after the medical treatment in host countries. Cooperation in the health tourism industry allowed healthcare providers to target overseas patients, which may subsidize the advancement of health tourism and the tourism industry as a whole (Na, Onn, & Meng, 2016). The role of governments as mediators in summarizing planning and implementation to work in partnership with the tourism sector is vital in the evolution of the medical tourism sector.

Medical Tourism and Gender Aspects: When discussing the implications of global medical tourism, gender aspects should

also be taken into consideration. It is seen that women are mostly affected by this type of tourism. In fact, it would be more appropriate to state that women are among those who seek medical tourism facilities for one or another reason (Connell, 2013). As far as gender aspect of medical tourism is concerned, experts in the field identify this practice as reproductive tourism. Fertility tourism mostly involves access to overseas reproductive technologies and enables the delivery of more comprehensive services. The reason why medical tourism is represented by a strong gender aspect is that a substantial number of women seek this form of tourism for abortion. The major benefit associated with medical tourism for abortion is the lower costs. This also allows women to access medical services that are not available in their home country. In this context, it is important to consider the examples of Ireland and Poland, where abortion is prohibited (Hirvonen, 2017). This prohibition forces women from the respective countries to consider the option of medical tourism. As a result, they mostly travel to the UK where they can get the abortion done. At the same time, it should be noted that the recent referendum held in Ireland is most likely to initiate a meaningful change in the Irish government's policy so that Irish women will have a choice to terminate their pregnancy based on diverse reasons (Towey & Griffin, 2018). However, there are certain risks associated with medical tourism, such as risks with regard to travel, as well as uncertainty about the quality of medical facilities and providers. Even though this type of tourism has become increasingly common in Europe, women should weigh all benefits and risks in order to make a well-informed decision after considering their health condition and financial status (Connell, 2013).

As previously mentioned, global medical tourism has significant economic implications. The decision of some women to utilize a particular form of medical tourism, particularly giving birth in a developed country such as Canada or the United States, is economically based (Bourgon, 2017). This implies that these women seek the benefits pertaining to the grant of a Canadian or U.S. citizenship to the child. Bourgon (2017) mentions that Canada is among the few developed countries that provides birthright citizenship. When a woman delivers her baby in Canada, the birth certificate of the child serves as a solid guarantee to apply for a Canadian passport (Bourgon, 2017). This aspect illustrates the economic implications of medical tourism in giving birth overseas. These two major reasons for seeking medical tourism facilities overseas, medical tourism services for abortion and for giving birth, imply that women are among the prevailing users of these services. This creates a discrepancy from a gender-based perspective (Connell, 2013). Therefore, specific actions and approaches might be considered to determine the long-term impacts of gender-based medical tourism globally. It would be relevant to explore these issues in light of constantly developing demands and expectations of females.

Ethical Implications of Medical Tourism

Numerous governments and their state ministries of health and economic trade have been accused of overlooking their public health industries, mainly with regard to providing basic healthcare facilities to rural/regional and poor populations, in favor of appealing foreign health tourists with strong foreign exchange currencies while exploiting public resources to ease

that transaction (Bies & Zacharia, 2007). How could any of these apparently abstract, theoretical or even religious debates about ethics impact commercial or business operations? Several examples highlight this issue; for instance, individual corporations such as the apparel manufacturers Nike and Russell Athletic have experienced pressure from higher education institutions and student groups—and deferral of their university licensing contracts—over the ethical indictment that they treated low-paid employees in Honduras fraudulently using unethical recruitment agencies (Mastovich, n. d.). This aspect can impact the statuses of large higher education institutions (for instance, Seoul National University in South Korea) and even their state governments, particularly when Dr. Hwang Woo Suk was suspected of research fraud in falsifying results of his research laboratory cloning study, and the reputation of the notable journals, (*Science and Nature*, in this case) that publish these articles (Peterson, 2009).

Moral issues have led to a widespread resentment in Germany against both researchers and corporations involved in developing genetically-modified crops. Certainly, whole fields of the bioscience sector (comprising biotechnology, pharmacological, and bio agricultural corporations) have resisted more often with numerous ethical issues (Connell, 2013). As stated earlier, governments and their state ministries of public health and economic trade have been criticized of abandoning their public health institutions, mainly in terms of providing basic healthcare facilities to rural/regional and poor populations, in favor of appealing overseas health tourists with buying power while exploiting government funds to assist the tradeoff. Policy-makers have contended that augmented revenues from overseas tourists boost the public sector, and that public hospitals in receipt of government subsidies must offer a certain fraction of medical care to the underprivileged and needy residents of the host country (Frederick & Gan, 2015). These opinions have been confronted in such states as Cuba, India, the Philippines, Thailand, and other countries. Cosmetic surgery as part of medical tourism has produced ethical challenges and signifies one of the largest contributors to health tourism. Frequently traded on the basis of cost as part of a trip package (together with dental procedures, surgeries, and other medical services), these cosmetic surgery packages have been disapproved as hypothetically endangering patients to carry out interventions in private clinics that are not credited and provided by doctors who may or may not be capable and trained to do the intervention (Lee & Fernando, 2015). Hence, exposing the patients to unidentified, potential post-intervention problems, substandard results, and hazards to their overall health led to intensifying the risks appealing the patients to participate in tour-related events after surgical procedure.

A cosmetic surgery is usually followed by long-haul flights to reach back home, which upsurges the risk of developing pulmonary embolism (PE) or blood clots that can be severe or life-threatening (Connell, 2013). Another challenge is related to offering only partial follow-up medical care and intensive care with no continuity of such service if complications arise and a new surgery is needed—the expenditures for which may not be protected by health insurance (Frederick & Gan, 2015). Other ethical issues involving medical tourism refer to theoretically offering no considerable legal option for clinical negligence and possibly using devices and tools that may not

abide by international or national protocols for safety and efficiency—all of these variables may not be revealed to the patient prior to a surgical procedure. An assessment of over 100 websites under a search for cosmetic surgery abroad and additional services obtainable in Asia, Eastern Europe, and South America, revealed that inadequate information is provided to potential patients, mainly about the challenges and post-operative care (Al-Maaitah, 2016). Cosmetic surgery tourism has also been held responsible for growing national health expenditures in the patient's home residence, particularly by imposing burdens on domestic plastic surgeons for possible problems after the private surgical procedure was carried out outside the patient's permanent residence (Connell, 2013). Further complications include encouraging physicians from the foreign country's public health service to participate in such practices, thus causing lack of available workforce that could lead to the closure of public healthcare institutions. On the other side, endorsing Western aesthetic standards that prompt women in that country to get those surgical interventions to look attractive is mediated by the same appealing values. Plastic surgery is presently obtainable in numerous countries throughout the globe. Another set of moral concerns has been observed in transplant tourism. Countries such as China, Colombia, India, Pakistan, and the Philippines have been particularly recognized as those that donate organ transplants to overseas patients wherein the source of procuring the donor organs has been condemned (World Health Organization, 2018). The previous condemnation of Chinese donor organs emphasized on the findings that such organs were frequently obtained from executed inmates; however, new rules and regulations were introduced to be administered in hospitals which are carrying out organ transplants, as well as for eliminating the trade of human organs. Yet, this may not clearly resolve the issue of obtaining organs from executed inmates that went into implementation in China in 2007 (World Health Organization, 2018). Furthermore, the condemnation of Colombia, India, Pakistan, and the Philippines emphasized on the suspected procuring of kidneys from underprivileged and poor citizens who subsequently became organ donors (Turner, 2008). There is an interrelated condemnation of organ tourism that exhibits a history of augmented illness and mortality of overseas patients who have been transplanted with organs procured in such states. The greatest ethical problem is that such information is not revealed to potential recipients, and this explains the controversial nature of particular medical tourism practices (Lee & Fernando, 2015).

Conclusion

This paper explored the multiple implications of medical tourism, which has become a widespread practice globally. People tend to consider the option of medical tourism for diverse reasons; the most prevailing reasons being abortion and giving birth overseas (Frederick & Gan, 2015). As illustrated in the paper, various gender issues are involved in this process as an increasing number of women are involved in medical tourism for these two major reasons. In this context, significant economic implications of the respective practice should be considered in order to better understand how medical tourism functions in practice. It has been pointed out that citizens, mainly women, from developed countries are most likely to seek different forms of medical tourism provided in developing countries (Connell, 2013). In this way, such users of medical

tourism are concerned with obtaining medical services at quite low prices. Thus, understanding the practice of medical tourism from the theoretical perspective of planned behavior seems reasonable. In conclusion, the field of medical tourism will continue to evolve based on users' preferences and expectations for quality of medical services, reliability, and cost.

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