2009

Perceptions About the Impact of Global Medical Travel on Poorer Populations in India

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ABSTRACT: There is anecdotal evidence that the increasing focus on global medical travel health services for foreigners in India is likely to exacerbate the different levels of access to health services between India's wealthy and poor populations. However, surveyed physicians (n=177) at three hospitals in New Delhi indicated positive attitudes to global medical travel, especially in regards to global medical travel's effects on poorer populations. Overall, these results appear to be the result of respondents' support of the economic development, new medical technologies, and increased medical training that comes from the health infrastructure investments needed to attract foreign patients.

Health care has always been among the most local of all industries: you visit your local doctor and, when you are ill, you go to your local hospital. Historically, most actors in the health care value chain – employers, insurers, payers, providers, suppliers and the government – are local, regional, or at the most removed, national.[1] But, in fact, many dimensions of the health care value chain are globalizing, paralleling to some extent the growing internationalization of many other industries.

In recent years, global medical travel (also known as medical tourism) has moved away from an embryonic stage of curiosity and has developed to the point that governments in many developing and transitional nations have developed health centres to lure international patients from developed nations.[2] At first glance, this development might be seen as one of the positive benefits of globalization because increased tourism will be good for the economic development of those nations that become the most attractive destinations for international patients. Also, increased choice will ultimately be good for patients seeking high quality, low cost care.

However, concerns have been raised about the ethics of health services globalization. For example, will an emphasis on the development of a global medical travel industry divert a nation's attention and resources away from poorer populations who can't afford private-based care? Critics such as Dr Amit Sen ask: "Where is the logic of the government spending energy and effort to attract foreign patients for the private sector when an overwhelming majority of patients in India have inadequate access to health care?"[3] There are numerous anecdotal accounts that have brought critical attention to this issue.[4] For example, there is evidence that health providers are being drawn largely to private sector health practices which do not serve the majority of populations in their native countries. The result has been heavier workloads and more pressure upon doctors and staff alike at public facilities without any significant increased compensation.[5]

This research attempts to add to anecdotal accounts by providing the first empirical assessment of global medical travel's impact on poorer populations. Our analysis is based on a survey of health providers in three hospitals in Delhi, India: a public, university hospital, and two private hospitals, one of which caters to global medical travel patients. The primary research question that was asked of these providers is whether they feel that global medical travel is good for the care of poorer patients in India. This topic is especially salient for India given the nation's heightened development of global medical travel facilities and the contrasting limited availability of public-based care for poorer populations.

The push and pull of global medical travel

In the past, developed nations, such as the United States and the nations of the European Union, were considered popular medical tourist destinations in the sense that these wealthy nations had the education and technology to provide first class medical services that may have been unavailable in many developing nations. However, the direction of travel for health services has started to go both ways in recent years. Access and cost problems in developed nations in accompaniment with improved quality of care in developing nations has led to an increasing numbers of patients seeking healthcare in developing nations. Deloitte predicts that the number of Americans traveling abroad for treatment will soar from 750,000 in 2008 to six million by 2010 and ten million by 2012.[6]

Much of this increased demand for health services in developing nations is driven by cost savings In India, medical treatments may be as low as a tenth of the price of US or UK treatments. For example, a preventive health screen that costs about US$574 in

the UK is US$84 in India.[7] However, costs have long been much higher in America than in poor countries so this alone does not explain the new exodus. Two other factors are now at work. One is that the quality at the best hospitals in Asia and Latin America is now as good as it is at many hospitals in wealthy nations as evidenced by the dozens of hospitals around the world that meet the stringent requirements for accreditation by the respected Joint Commission International. Indeed, gaining the Commission's seal of approval has become a price of entry into the serious market for global medical travel.

The second factor is that health insurance safety net in the US continues to fray. Over 45 million Americans are uninsured, and many millions are severely underinsured. Also, insured Americans might find it cheaper to fly abroad and pay for an operation out of their own pockets than to find the money for deductibles or co-payments for the same procedure at home. For example, Hannaford, a grocery chain based in New England, now offers its 27,000 employees the option of getting a number of medical procedures done in Singapore at a saving to the employee of US$2,500 – US$3,000 in co-payments and deductibles.[8]

Possible benefits to host nations from global medical travel

In order to lure patients from industrialized nations, medical facilities and infrastructure in developing nations are being upgraded to world-class standards. Health-care organizations are recognizing that every point along the patient care continuum is interrelated. To truly maximize customer service, global medical travel hospitals need to integrate the entire process and information flow across the enterprise. Many hospitals in India today have the infrastructure and equipment that match with the best centres in the world, be it transplants, cancer treatment, neurosurgery, angioplasty and cardiac surgery. Besides, most global medical travel hospitals offer specially designed packages for patients that not only include treatment, but also their stay during the pre- and post-hospitalization stage.

Global medical travel has also been praised by some as reversing or, at least slowing, "brain drain" from poorer to wealthier nations that can offer physicians more income and better working conditions. The argument is that development of a global medical travel industry in a host nation will lessen the propensity of local health providers to emigrate elsewhere, and that in some cases health providers who have emigrated to wealthier environments might return back to their native homes to work. It needs to be emphasized, however, that these health providers are being drawn largely to private sector health practices which do not serve the majority of populations in their native countries. For example, with in-country physicians seeking paying patients and moving away from public facilities, understaffing of public facilities has resulted. The result has been heavier workloads and more pressure upon doctors and staff alike without any significant increased compensation.[9] In India, the number of non-resident Indian physicians returning to India has been increasing in recent years with the development of the global medical travel industry. Mullan argues that the vigor of India's medical marketplace holds great promise for the nation and raises the possibility of keeping more Indian graduates at home to better the health of all of India's people.[10]

The effects of global medical travel in India

Private care predominates in the Indian health system. At least two-thirds of Indians rely on private care, and 80 to 85% of health care expenditures are borne by the patient.[11] The remainder is covered by the government (12% to 15%) and a mere 2% to 3% is covered by the insurance sector. Overall, only 0.9% of the country's GDP is spent on public-sector health programmes, whereas 4.2% is spent on private care. Accordingly, India ranks 171st out of 175 countries in percentage of GDP spent in the public sector on health and 17th in private sector spending.[12]

Health services are in short supply in India. There are an average of four doctors for every 10,000 people. In Britain, by contrast, there are 18 per 10,000. Also, India has less than one hospital bed for every 1,000 people.[13] In rural India, state hospitals have little money for basic medical equipment or for maintenance of buildings, which are often filthy and overcrowded. In 2008, the Planning Commission of India found that in government-run health centres, 45% of gynecologist posts and 53% of pediatric posts went unfulfilled.

The marked under-investment of the Indian government at the national and state levels contributes to poor staffing and morale at government hospitals and clinics. Increased investment and modernization initiatives would create opportunities and momentum toward re-balancing the system and offering more career options for allopathic physicians to remain in India and engage in private and public-sector work. Although there has been increased government support of the health system in recent years (eg, a 21% increase in government funds for health care in 2007), the base which they are starting is very small.[14]

The vacuum in service provision for poor and rural people in India is generally filled by non-allopathic private practitioners from a variety of indigenous systems of medicine (ISM). These are practitioners of Ayurvedic medicine (Hindu), Unani (Muslim), homeopathy, and Siddha (Tamil). In addition, there are numbers of "nonqualified" doctors in practice – people with no medical training of any sort.[15] The presence of a large overall number of doctors (allopathics and ISM) as well as a relative shortage of nurses has led to a generally non-receptive environment to the training of new clinicians, such as nurse practitioners and physician assistants.

The National Health Policy of India declares that the medical treatment of foreign patients is legally an "export" and therefore eligible for all fiscal incentives extended to export earnings. Also, the Indian government has devised a policy that combines both interests by having private revenues partially reverted back to the public sector. However, there is evidence that many global medical travel hospitals in India have not honored this policy.[16] Still there are some successful uses of this policy. For example, Narayana Hrudayalaya Heart Hospital in Bangalore attracts patients due to an excellent reputation for quality care and then uses the fees from medical tourists and high income private patients to offset the costs of treating poorer people for free.[17]

Methods

A survey of health providers was conducted at three hospitals in the Delhi area of India. As the capital city of India, Delhi is a major tourist destination and has a mature global medical travel industry. The three hospitals that participated in this study were Santosh University Hospital, Paras Hospital and Escorts Hospital. Santosh University Hospital is a 250 bed, non-profit hospital located in Gaziabad. Paras is a new 100 bed private hospital that is not involved in global medical travel. Escorts Hospital has 150 beds and is a private hospital with a focused global medical travel

strategy. We assessed providers' overall perception of global medical travel. In particular, we assessed whether providers were concerned about the effects of global medical travel relative to the care of poorer populations. Since Santosh University is a public hospital and serves poor populations by definition, we expected that providers there would be more critical of global medical travel's effects on poorer populations.

The survey was approved for use by the Institutional Review Board of the University of Colorado Denver, and each participating hospital approved the survey prior to its distribution to their physician providers. The survey data were collected in 2008; participation in the survey was voluntary and the collected data were confidential. Data were analyzed with SAS software (version 9.1, SAS). Overall, 177 providers responded to the survey for an overall response rate of 32.9%. The response rate was 23.6% at Paras Hospital, 32.7% at Santosh University Hospital and 43.6% at Escorts Hospital (Table 1). Of all respondents, about 58% were male and 42% female. Also, about 24% of respondents indicated that they see no global medical travel patients. Of those providers that see medical tourist patients (76%), these patients comprise less than 5% of all patients for 46% of the respondents, and more than 5% for 30% of the respondents.

Results

a. Attitudes toward global medical travel

Based on anecdoctal information that has been gleaned from various media accounts,[18] we expected that Indian health providers would be critical of global medical travel, especially the impact of global medical travel on the care of poorer populations. However, our findings indicate the opposite (Table 1). That is, health providers are both generally favorable of global medical travel, and health providers do not think that global medical travel will decrease care for poorer populations. These results are further corroborated by looking at the results between hospitals. We expected the health providers at the public hospital (Santosh) to be especially critical of global medical travel and its impact on poorer populations, but our findings show that these public providers actually have a more favorable opinion of global medical travel's impact than providers at one of the two private hospitals.

This contrary result suggests the need to further explore what might be driving providers' concerns for the care of poorer populations in India. Although such an exploration was not the focus of this study, we believe that we have a finding that might suggest providers' concerns in future research. As shown in Table 1, providers are less receptive of health privatization's impact on the care of poorer populations than the impact of global medical travel at all three surveyed hospitals. Privatization suggests that no charitable patients will be seen at a privatized facility. Public hospitals, alternatively, will see private patients and charity patients, using the revenues from the former to offset costs from the latter. The findings from our study suggest that national policies that allow for an increasing privatization of health in India might be more of a concern regarding poorer populations' access to health care than global medical travel.

b. The benefits of global medical travel

Our findings above in Table 1 suggest the need to further explore why health providers in India are favorably disposed toward global medical travel. As shown in Table 2, we find that providers believe that global medical travel is bringing advantages to India through at least four different developments. The most prominent of these is that global medical travel is enhancing the economic growth of India. Foreigners coming to India for medical care often come with a family member or two and spend considerable time and money outside of the health care arena, touring the nation. This result is not unexpected. There is considerable evidence of the indirect economic benefits that derive from global medical travel in other nations.[19]

Table 2 also indicates that global medical travel has had positive impacts on the medical industry of India. To attract foreign patients, Indian hospitals and providers have had to invest in new medical technologies and additional medical education. Being part of the global market for health services is forcing India to move beyond competition locally to understand what is needed to compete globally for patients; providers perceive that such global competition is having positive benefits for the nation. This finding does not suggest that there aren't concerns about how the growth of global medical travel might divert resources from the care of

Table 1: Physicians' perceptions of the impact of global medical travel on poorer populations

Organization	Public Hospital (n=51)	Private Hospital, With Global Medical Travel (n=78)	Private Hospital, No Global Medical Travel (n=48)	Average for all categories
Global medical travel has been good for India	4.38	4.52	3.34	4.16
Global medical travel decreases care for poorer populations	2.48	2.29	3.16	2.86
Privatization of health care is bad for poorer populations	3.02	2.86	3.43	3.06

The survey questions are based on a Likert scale of 1 to 5 with 5 being "strongly agree."

Table 2: Physicians' perceptions of positive impacts of global medical travel

Economic Growth of India	3.61
Improvement of Medical Technology	3.50
Improvement of Medical Education and Training	3.14
Lessening problems of Brain-Drain	3.04

The survey questions are based on a Likert scale of 1 to 5 with 5 being "strongly agree."

poorer populations. Instead, this finding suggests that the benefits from increased investment in medical technologies and education outweigh concerns for poorer populations' health needs.

Further, providers believe that the development of health infrastructure in India as a result of global medical travel will have positive benefits on the brain drain of health professionals away from India. Foreign medical graduates (FMGs) comprise about one quarter of all physicians in the United States, and Indians, by far, are the most highly represented group within the US FMG population. Although there is little evidence at this point to suggest that Indian FMGs in America are starting to migrate back to India to work, this finding does suggest that Indian health professionals might be less likely to leave to work in foreign locations as the result of the growth of global medical travel. More generally, this finding suggests that one way for nations to offset the difficulties of brain drain of health professionals from their country is to further invest in health infrastructure development aimed at a growing trade in global medical travel.

c. The impact of medical travel on physicians' practice environment

Table 3 provides direct evidence of how global medical travel will do more than provide benefit to the nation of India (as shown in Table 2), but also provide benefits to participating physicians. As illustrated, physicians believe that global medical travel will increase physicians' incomes and help build physicians' professional reputations. Thus, involvement in global medical travel appears to be something that Indian physicians are striving for in their daily practices. What is of further interest is the perception of benefits for global medical travel involvement by physicians. For example, those physicians who do not see medical tourist patients have a much higher perception of the benefits of global medical travel for higher income and reputation than those physicians who participate in global medical travel. This finding suggests that the newness of the global medical travel development is still riding a wave of excitement and that the realities of global medical travel patient care, although positive, do not appear to live up to the expectations that many physicians attribute to this trend.

India has become a major destination for global medical travel in recent years and, within India, New Delhi has been a primary destination for global medical travel. Although the national government generally welcomes this development, many Indians have expressed concern that poorer populations will be left even further behind. Health services in India are in very short supply and poorer populations often have to rely on non-allopathic providers with limited training. As such, sensitivities towards a national emphasis on developing global medical travel at the cost of providing care to poorer populations are especially high in India.

We expected to find empirical results that corroborated and added more substance to critiques of global medical travel. However, our results indicate the opposite. That is, from the perspectives of physicians, global medical travel is good for a nation and good for poorer populations. To better understand these contrary results, we investigated further and found that physicians' believe that global medical travel enhances a nation's economy and leads to health infrastructure development through investments in new medical technologies and medical education as the host nation strives to meet the expectations of global health consumers. Also, surveyed physicians believe that global medical travel adds to physicians' income and helps them gain recognition among their peers. Further, a nation's development of global medical travel might be a strategy that counters the effects of health professional brain drain as fewer health professionals seek opportunities in other nations and some health professionals who have previously emigrated come back to their native land.

There are shortcomings to this study that hopefully can be overcome in future research. First, it would be helpful to do a cross-national comparison of the effects of global medical travel. India has bright prospects to emerge as the global destination for medical tourists due to the availability of world-class quality health-care facilities, well-trained physicians, and a tremendous savings in the costs of health services for westerners. It is quite possible that India is a unique case and that concerns about global medical travel are much more salient in other nations. Second, our

Table 3: Global medical travel's effect on physicians' income and reputation

Characteristics	No global medical travel patients (n=26)	<5% Global global medical travel (n=47)	≥5% Global global medical travel (n=33)	Average all categories
Physicians who treat medical tourists have higher incomes	4.26	4.00	3.54	3.92
Physicians gain in reputation for treating medical tourists	3.33	3.26	3.05	3.26

Note that 71 physicians did not respond to this survey question

research describes the perceptions of global medical travel's benefits, and these perceptions are only those of health providers. It would be very helpful if a financial accounting of the benefits and costs of global medical travel for a nation were done. Also, it is necessary to triangulate our research results by finding out the perceptions of others besides physicians with knowledge of global medical travel's impacts.

In sum, the positive benefits of global medical travel for India do not rule out the need to be concerned regarding access to care for poorer populations. This research merely suggests that the benefits might outweigh the concerns, at least from health providers' vantage point.

If these results are supported by future research, one might expect that policies that limit the globalization of health services might be relaxed in coming years. ❑

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