

Katherine Wertz

Magdalena Berry

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The Ethics of Medical Tourism Company Websites

Medical tourism is a growing trend around the world, especially among those who have enough money to do so. Medical tourism “refers to cross-border health care motivated by lower cost, avoidance of long wait times, or services not available in one’s own country” (Hopkins et. al 185). As a result of the increasing popularity of medical tourism, medical tourism companies may feel the urge to draw in as many customers as possible, sometimes blurring the line between patient safety and profit. I argue that though medical tourism companies do include some information about the risks involved in medical tourism, they downplay it significantly in favor of highlighting the positive aspects of their business in order to attract and maintain clients. Downplaying medical risks information, both that associated with the procedures and that associated with going through with medical procedures abroad, impairs patients’ ability to make informed health decision, therefore calling into question the ethics of the websites and the companies themselves.

An Introduction to Medical Tourism

Medical tourism is not new. According to Lunt, Hardey, and Mannion, “In terms of cross-border travel for health care there is a long history including the use of spas and wellness tourism that gained a mass market throughout eighteenth and nineteenth century Europe [12-14]” (Lunt et. al 1). More recently, prior to 1997, people from around the world, particularly the well-off, would come to the U.S. and Europe for health care (especially cancer and neurological

therapies) (Toral qtd. in MacReady 1849). However, the specific nature of medical tourism has changed.

Modern Medical Tourism

Now, medical tourists are more likely to go where it is cheaper, though patients still flock to the U.S. and Europe. Asia, Eastern Europe, Africa, South and Central America, and the Middle East now attract many medical tourists lured by lower costs (Lunt et. al 2). As health costs increase and insurance coverage decreases despite rising insurance costs, medical tourism is becoming a more and more attractive option for Americans, particularly those of the baby boomer generation. Modern medical tourism usually involves elective surgeries such as hip replacements, rather than emergency care, and is “increasingly linked with tourist activities to ease foreign patients into a new cultural environment and to occupy them during the pre- and post-operative periods” (Turner “Canadian” 2; Hopkins et. al, 185). In 2010, Frost and Sullivan estimated that the medical tourism industry would be worth \$78.5 billion by the end of the year, mushrooming to \$100 billion by 2012 (Sykes).

Medical Tourism Benefits for Patients

Health care costs are spiking yearly. According to Mason and Wright, “In the United States today, approximately 43 million people are without health care, and 120 million Americans live without any form of dental coverage” (164). Crooks et. al mentions that for patients coming from privately funded health systems without universal medical insurance like the United States, cost savings are thought to be a crucial factor in encouraging people to travel long distances in search of affordable medical care, or care that is not available to them in their home jurisdictions (Burkett, 2007; Connell 2008; Ramirez de Arellano, 2007; Unti, 2009). (Crooks et al. 726)

Medical tourism could provide many benefits to such potential patients. Some of these include

- Greatly reduced expenses
- Shorter wait times
- Travel opportunities (Mason and Wright 166)

The comparatively low costs are likely the biggest attraction, not only to patients but to some insurers. In “spring 2009, 11% of all employers in the US providing health coverage to their employees provide medical tourism as an option” (Stephano and Edelheit qtd. in Cormany and Baloglu 710). This indicates that a fairly large number of employers consider outsourcing part of their employees’ health to be a cheaper alternative to traditional domestically located care.

According to Mason and Wright, the differences in procedure costs can be quite dramatic (164). Table 1, below, depicts their procedure cost findings, recent as of their study.

Table 1: A Comparison of U.S. and Foreign Costs				
Procedure	United States	India	Thailand	Singapore
Heart Bypass	130,000	10,000	11,000	18,500
Heart Valve Replacement	160,000	9,000	10,000	12,500
Angioplasty	57,000	11,000	13,000	13,000
Hip Replacement	43,000	9,000	12,000	12,000
Hysterectomy	20,000	3,000	4,500	6,000
Knee Replacement	40,000	8,500	10,000	13,000
Spinal Fusion	62,000	5,500	7,000	9,000

Cost in U.S. dollars, not including “travel and convalescence expense” (Mason and Wright 164).

The costs of a single procedure such as a heart bypass can differ drastically from country to country. A \$120,000 cost difference of a heart bypass between the United States and India is almost enough by itself to illustrate the allure of medical tourism. MacReady, interviewing Ruben Toral, group marketing director for Bumrungrad International, discusses several reasons why the low costs of the procedures is possible:

- Lower cost of living in places like Thailand
- Salaried hospital doctors who do not practice out of their own offices
- Low medical school debt compared to that of debt American doctors (Toral qtd. in MacReady 1850).

In sum, fewer expenses on the doctors' parts means lower costs for potential patients. It should be noted that this, however, is likely an oversimplification, with many more factors figuring into the cost of procedures, those factors being beyond the scope of this paper.

Potential Risks of Medical Tourism to Patients

Medical tourism is considered a relatively high-risk industry. According to Mason and Wright, “a number of problems emerge from seeking medical care abroad,” including but not limited to:

- “[G]overnment and basic medical insurance many not cover international medical procedures,” necessitating cash payments (166).
- “[T]here is little postoperative care for potential side effects...” (166).
- “[M]ost countries that offer highly attractive medical procedures offer little malpractice recourse...” (166).
- There exists the risk of “...potential exposure to viruses in foreign countries...” (166).
- “Communication gapes between the physician and the patient” (Penney et al. 2).

- And, “Taking lengthy flights post-operatively” (Penney et al. 2).

Such risks should be related to potential patients so as to allow them to make truly informed decisions about their health. Failure to do so violates patients’ rights to informed consent.

An Introduction to Medical Tourism Companies

During the past decades, medical tourism companies have rapidly proliferated throughout the world (Turner “Quality in Health Care” 2). Medical tourism companies act as brokers (“...a third party who connects patients to hospitals or doctors in another country”) (Penney et. al 2). These companies provide “...critical information and services that would be difficult to acquire independently, particularly when traveling to a foreign country for the first time...” and “...can help make travel arrangements, suggest physicians and facilities abroad, book surgeries, assist in the transportation and translation of medical records, and help arrange for follow up care and oversee postoperative complications [8,9]” (Penney et. al 2). These companies are called medical tourism “facilitators,” medical tourism “brokers,” medical tourism “agencies,” or medical tourism “companies” depending on which source you read. For the purpose of this paper, I will continue as I have and use “medical tourism companies.”

Challenges for Medical Tourism Companies

Medical tourism companies have “...the challenge of convincing distant potential visitors that medical care in relatively poor countries is comparable with that available at home, in outcome, safety and even in dealing with pain thresholds” (Connell 1095). Additionally, many Americans are not used to travelling outside of the country, so medical tourism companies must not only persuade their potential patients that leaving the country for potentially risky medical care would be both safe and worth it, but also persuade the patients’ family. Given our cultural trend to distrust services which appear too cheap (going along with the “you get what you pay

for” mentality), medical tourism companies would be inclined to present medical tourism information in as positive a way as possible.

The Role of Technical Communicators in Medical Tourism

Few printed materials produced by medical tourism companies exist (Cormany and Baloglu 711). Furthermore, Cormany and Baloglu, referring to a study conducted by Wolfe, Hsu, and Kang in 2004, suggest there might be “a desire by travelers for ‘one-stop shopping’,” though this is not proven in relation to medical tourism (711). As a result, one of the primary methods these companies use to communicate medical tourism information is company websites. Also, because of their tendency to “one-stop shop” for information and the relative scarcity of printed material, potential patients rely on the medical tourism company websites to get the information they need to make important health decisions.

Technical communicators working for medical tourism companies help produce the content of the medical tourism company websites, presenting the information as their employers prefer it to be presented. This, however, presents an ethical challenge for technical communicators working on the content of these sites. In a conundrum likely familiar to those working for pharmaceutical companies and many others, technical communicators working for medical tourism companies must balance the interests of their employers with those of their readers. Much of this will be done by presenting vital risk information in a frame and location which patients will be able to access and understand clearly.

Previous Research on Medical Tourism Websites

The academic articles I located focused on two main, interrelated areas: framing and risk communication. “Framing” refers to the act of portraying information in a certain way in order to influence individuals into doing or believing something. “Risk communication,” as the phrase

implies, is the concept of communicating the risks of taking certain actions. Both areas were especially relevant to my area of research due to the commercial nature of the websites and the vital importance of risk communication in the health care field. First, I will discuss framing theory.

Framing

Mason and Wright studied “the content of medical tourism Web sites and assess[ed] the inclusiveness of the frames of information they provide[d]” (173) (brackets added by me). They gave two definitions of framing. First, they say, “Audience framing involves invoking a ‘schemata of interpretation’ that enables individuals to ‘locate, perceive, identify and label’ information attached to the environment...” (Goffman qtd. in Mason and Wright 164). Their second definition, from Entman’s 1993 study, states that “to frame is ‘to select some aspect of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation’ (p.52)” (Entman qtd. in Mason and Wright 165). Medical tourism companies, in other words, frame their information positively so as to encourage potential patients to use their services. As people are generally risk-adverse, in the case of lower-risk medical procedures, positive framing would make it more likely that potential patients would go through with medical procedures in foreign countries (Chang qtd. in Mason and Wright 165-166).

Risk Communication

This emphasis on positive framing, however, can lead to a deliberate diminished emphasis on communicating the risks involved in medical tourism. Penney et. al, in a study of Canadian medical tourism company websites, says that medical tourism company websites are “...often the first source of information that patients are exposed to [1.7.11.12]” (2). They later

say of the websites they studied, "...47.1% made no general or specific mention of risks at all" (Penney et. al 2). They say that while positive patient testimonials were common, risk acknowledgement was considerably rarer (Penney et. al 7).

Mason and Wright, in their study of medical tourism company websites and information framing, found that "these Web sites emphasize benefits to a much greater extent than risks" (173). In agreement with the earlier study, the messages conveyed on these websites:

...appear to focus not on loss aversion, but instead on the positive attributes of appeal and allure. Despite the great importance of postoperative care, procedural risk, and potential medical complications when making informed decisions about undergoing a medical procedure, the issues appear to be discussed in limited ways (if at all) on these Web pages. Even when using follow-up links on these topics, relatively little information was found to be available on secondary Web pages. (Mason and Wright 173-174)

In other words, the companies opted out of conveying important risk information in favor of promoting their product, an unsurprising, if potentially unethical, decision.

An Examination of Medical Tourism Company Websites

Given the previous research on medical tourism company websites (more specifically, those companies referred to alternatively as "brokers" or "facilitators"), I have two main research questions:

- Do medical tourism companies present risk information to potential patients in such a way that said patients would be able to easily access and comprehend the information?
- If the information is not easily found and understood, does that make the website (and, by extension the company itself), unethical in terms of failing to properly inform the patients?

To conduct my research, I selected three medical tourism companies based in the United States. I found these sites by searching Google using the terms “medical tourism companies in the U.S.,” two of them referred to by Hopkins. After coming up with a preliminary list of seven companies, I culled companies whose primary audience was not potential patients. From that, so I could compare three company websites as close in business approach as possible, I chose to analyze the websites of the following three medical tourism companies as all of them offered multiple surgical services in several different countries (I limited the list to three due to time constraints):

- MedRetreat
- PlanetHospital
- Companion Global Healthcare, Inc.

Lunt et. al describes this kind of medical tourism website as “open portals” which “provide an entry point to many Medical Tourist destinations (including a range of countries and treatments). They allow individuals the opportunity to search for treatments, explore providers and to compare costs among a plethora of providers” (3).

Based on framing theory and risk communication research, I focused on five criteria in my analysis:

- Risk communication
- Accreditation
- Procedures/specialties offered
- Destination countries and health care facilities
- Framing/tone

These criteria allowed me to analyze both the legitimacy of the company and how well the websites served the interests of the patients. This is especially important, as is the case with any

big industry, because the large amount of money in the industry may encourage medical tourism companies to downplay risks and emphasize the positive aspects of medical tourism, potentially resulting in an impairment of the informed consent of patients as well as the potential violation of medical writer ethics.

Results

While there were inherent differences between each of the companies in several of these categories, there were also many similarities, especially in terms of how each presented their information as well as what kinds of information they included.

Risk Communication

Two out of three websites include some sort of risk communication, though it was often a little hard to find. The exception to that was Companion Global Healthcare, which either fails to detail risks completely or makes them hard to locate. PlanetHospital includes risk information about specific procedures in the individual procedure pages, usually using a straightforward, yet still positive tone. For example, on their “Coccygectomy” page, they say, “There are always risks associated with any surgery. Since there are no significant nerve roots in this area of the spine there are far fewer risks than other spine surgeries. The major risks associated with Coccyx Surgery (Coccygectomy) are:

- Infection
- Continued Pain
- Unsuccessful Results” (*PlanetHospital*)

MedRetreat acknowledges in their Frequently Asked Questions page (under “What happens if something goes wrong?”) that “In the unlikely event that some medical malpractice error does occur, it would be very unrealistic to expect any financial recourse in a foreign

jurisdiction” (*MedRetreat*). However, they are quick to point out that medical tourism patients have leverage over the reputations of hospitals’ international reputations. As MedRetreat says:

They fully understand that one mistake with an international patient could potentially end up on CNN Headline news the next day. Such negative publicity would certainly be a detrimental blow to their international patient flow for some time. Since these hospitals have invested vast resources in cultivating their global brand image, they have a huge incentive to insure that you are safe and satisfied during every phase of your medical retreat. (*MedRetreat*)

In other words, if something goes wrong, go to the media.

Accreditation

All of the websites provide some sort of evidence of credibility. This evidence took the form of:

- Patient testimonials (video and/or text)
- Provider information (on the doctor and/or hospital/medical center)
- Information about procedures

Of the three websites, MedRetreat and PlanetHospital also mentions their Better Business Bureau ratings as proof of their legitimacy. Companion Global Healthcare, Inc. lists membership to the SIIA (Self-Insurance Institute of America) and a 2012 membership to the ISQua (The International Society for Quality in Health Care Ltd.). It also further claims that “All of Companion Global Healthcare's network facilities have earned accreditation from the JCI or other ISQua-accredited organizations” (*Companion Global Healthcare*). According to Mason and Wright, “The Joint Commission International is considered to be the ‘gold standard’ for

international credentialing. Their seal is considered to be an internationally sign of a hospital that operates with the highest standards” (166).

Procedures/Specialties Offered

All of the company websites evaluated included fairly extensive lists of procedures. However, how it formats these lists varies widely from website to website. Companion Global Healthcare, Inc. list what it claims are the most common procedures its system of providers offer (further claiming that its providers can perform more than just what is listed). MedRetreat divides its procedures into three categories: Cosmetic, Dental, and General with the General category being further subdivided into body area.

PlanetHospital has the most elaborate website, presenting a 3-D, blue, x-rayed woman with body regions labeled. After potential patients hover their mouse over whatever is most appropriate to their ailment, a popup box appears with specific procedures subdivided by body part or interest topic (such as surrogacy). By clicking on a specific procedure, potential patients are taken to a page with additional information about the procedure, doctors who perform it, and the cost (*PlanetHospital*).

Destination Countries and Health Care Facilities

All three companies offer long lists of procedures and information on those procedures as well as the health care facilities they would take place in. However, while it takes only two links to access more specific provider information on the Companion Global Healthcare, Inc. and PlanetHospital websites, it takes over three for MedRetreat (the links eventually taking you to a separate, appropriately themed website for the specific procedure, where you could then look up a surgeon). From a user standpoint, this is not patient-friendly.

Framing/Tone

All three websites use positive framing. Even when describing the risks involved (such as the lack of malpractice recourse or procedure-specific risks), all three websites keep an optimistic, if not always realistic, tone. Above all, they emphasize the affordability of their services and the expertise of their providers.

Discussion

One company did not provide any easily accessed risk information. Of the two who did, they hide it two or more pages in. In the case of PlanetHospital, while they refer to the risks specific to the procedures themselves, they skim over the risks pertaining to medical tourism as a whole. In order to get more information, patients would have to directly call the company using the number it provides on the main page of its website (*PlanetHospital*).

My findings are consistent with that the studies (including Penney et. al's study on Canadian medical tourism company websites). Penney et. al found that there were four main issues related to the websites surveyed. First, "few are accredited" (Penney et. al 6). This implies that there is no requirement for them to put risk information online. Second, how these companies frame things affects how potential patients view services, possibly influencing them to have a skewed perspective (6). Along this line is the third issue in that these companies only said positive things about their services (Penney et. al 7). Finally, Penney et. al found that there were few mentions of follow-up care (7).

The relative scarcity of risk information on medical tourism websites as well as its often-hidden location can harm patients by not providing information needed for patients to give informed consent. If potential patients have to dig through pages and pages of information to find said risk information, they are likely to not do so. As a result, potential patients would not have all of the information they would need to make a well-informed decision.

The main overall problem concerning medical tourism companies is that there is little regulation guiding their behavior and information presentation. According to Turner, “In contrast to medical clinics and hospitals as well as travel agencies and tourism organizations, they are subject to little oversight and are not obliged to undergo accreditation” (“Quality in Health Care” 2). Therefore, the medical tourism companies are not obligated to provide easily accessible, clearly understood risk information.

Limitations

Due to time constraints, I could only review medical tourism company websites, a small number in comparison to the many which currently operate. Additionally, I needed to limit the scope of my analysis for similar reasons. However, the analysis I conducted revealed enough consistencies to make a preliminary assessment, though in future research, further analysis on a larger sample would need to be done for more accurate results.

Conclusions

Medical tourism is a rapidly growing industry worth billions of dollars. Due to the amount of money involved, medical tourism companies might be tempted to skim over the risks involved, burying the information in FAQs or including links to the information rather than putting it in a prominent enough location on the main website to encourage potential patients to look at it. While this technically allows these companies to say that they included information about said risks, the somewhat-hidden placement of this information implies that the companies would rather have customers focus on the positive aspects of medical tourism. Given that most individuals do not actively dig through multiple layers of links and text to get at information, it would be highly likely that this risk information would not be conveyed properly.

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