

## **Introduction**

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The opening years of the 21<sup>st</sup> century have been characterized by a variety of technological, social, political and economic factors that have seen the disintegration of the meaning and importance of international borders. From the power of the Internet to link disparate populations, to the consolidation of blocs of politically intertwined nations such as the European Union (EU), and the rise of affordable international travel, forces have been combining to bring about a globalized world economy that was only theorized in decades past. An obvious facet of this new globalization is the permeability of borders to the movement of consumers seeking a variety of medical services, and providers willing to accommodate, if not also profit, from this demand.

The services sought span a surprisingly diverse array of medical products, interventions and technologies: the motivations of travellers seeking these services are equally as diverse. Travellers in search of organs for emergency transplantation are often driven by a shortage of timely, local donors. Travellers seeking non-emergency surgeries, like those travelling from Canada to Latin America for knee replacement surgery, are motivated by lowered costs and shorter waiting lists. Abortion seekers may travel to avoid local stigma and chastisement. Reproductive ‘tourists’ may seek maternal surrogates in India for a variety of complicated reasons, including cost reduction and the avoidance of legal restrictions at home.

Running throughout these diverse sets of services and motivators are a few ubiquitous threads. Among them is the strange marriage of medicine with global commerce and the challenges that this union poses to ethicists. There is also the powerful rhetoric of liberalization

and global economic integration that provides the rationale and bolsters the discourse of the industry.

Many authors have attempted to define the term ‘medical tourism,’ and all definitions have their merits. The word ‘tourism,’ however, connotes a sense of frivolity and recreation that, in this book’s analyses, is misleading and inappropriate. Thus, stress is placed on the travelling aspect of the phenomenon, yet consumers partaking in this global industry are often doing so for profoundly worrying and serious health reasons. To be as specific as possible, and to incorporate the reasons for travel, our use of the term ‘medical tourism’ refers to situations wherein an individual makes a decision to physically travel to a location in another country for the purpose of obtaining medical treatment for which he or she has paid (out-of-pocket or through individual insurance plans). This treatment may or may not be accompanied by activities that traditional ‘tourists’ typically undertake. While this definition specifies travel abroad, some attention must be paid to domestic circumstances and to instances of intra-national travel for medical care. For example, within Canada, travelling for medical care is a conceptually complicated idea, due to this nation’s diversity of geographies, healthcare densities, and provincial/territorial restrictions. In the Canadian territories of Nunavut, Northwest Territories and the Yukon, for instance, healthcare is not always available close to home and travel is often necessary. Travel is thus an integral part of care in the North.

Internationally, the landscape for medical tourism is complex. But if we consider this phenomenon using Frenk’s framework (Frenk, 1994) for health systems, some lucidity can be extracted from this otherwise daunting web. Frenk conceptualized the health system as a set of relationships between five actors: healthcare providers, the general population, government, organizations that generate resources, and other sectors that may produce health-related services

or resources. In addition, Mills and Ranson's framework (Mills & Ranson, 2005) provides for the roles and responsibilities of Frenk's aforementioned actors, specifically that governments and professional bodies are responsible for regulation of health systems, while ancillary sectors play more of a financial role. In other words, there are four fundamental processes that dictate the interplay between actors: regulation and finance, system priorities, management, and the obvious, all-important clinical interface with the actual patients. In this book, then, we attempt to tease out the limitations, synergies and motivators of these actors. Where medical tourism varies from these schemas is that it frequently involves the tourism sector – both private actors (tourist or specifically medical tourist brokers) and government departments (where tourism departments are at least as, and sometimes more prominent, in promoting the industry). In these collected chapters, we scan the globe, examining systems, processes, experiences, ethics and, ultimately, equity considerations of the rise of medical tourism, but seat our analyses ultimately within a construct relevant to the Canadian experience.

In his overview, Labonté provides a foundation for understanding the relevance of the medical tourism phenomenon, elucidating the dominating roles of both globalization and the shifting definition of healthcare as either a right or a commercial product. Three subsequent chapters by Crush, Chikanda and Maswika, Chanda and Galliani, respectively, explore the state of medical tourism in three key geographic loci: South Africa, India and Latin America. Most academic approaches to this topic fail to consider the personal and emotional aspects of the medical tourism phenomenon. We address that gap somewhat with two chapters, one by Johnston, Crooks and Snyder, who explore the experiences of Canadians travelling abroad for medical care, using a narrative analysis; and Hopkins' description of her personal journey through the medical tourism universe. Indeed, the personal impacts of cross-border care are an

element that appears in other parts of this book, as well. This is important, since it cannot be forgotten that, ultimately, the topic at hand is one of direct impact on individual experience at a most profound and personal level.

The chapters by Runnels and Packer, and Sethna and Doull turn our analysis back to the domestic Canadian experience. The former describes the processes of provincial and territorial insurance plans and their roles in providing Canadians with out-of-jurisdiction care funded by the same plans. The latter presents an historical overview of political, legal, economic and cultural forces that compel women to travel for abortion services that may or may not be available locally.

Deonandan, Labonté and Blouin bring the focus to non-medical and non-political aspects of cross-border care. Deonandan presents an introduction to the ethical quandaries that complicate any view of international reproductive tourism, a relevant contribution given the current popularity of that topic in the mainstream media. Labonté unpacks the business side of medical tourism, who profits, who pays and whether the predictions of a windfall future are viable. Blouin's chapter teases out the role of international trade treaties in either accelerating or diminishing the flow of care-seekers, intentionally or otherwise. Labonté reports from one of the biggest industry-sponsored medical tourism conferences to provide a sense of scope, intent and attitude reflected by the larger global service providers. Lastly, our concluding chapter summarizes the perspectives explored in this volume, and points to a potential future for both the industry and its relationship with global society.

The intent of this book is neither to celebrate the medical tourism industry nor to chastise it. Rather, we describe the state of the global medical tourism phenomenon, explore its relevance to stakeholders, especially Canadians, and attempt to seat the industry's growth with other

contemporary phenomena, among them trade liberalization, emerging perspectives in health equity, and medical and business ethics. As borders become more porous to people, services and ideas, what we see is an evolving concept of both the global citizen and the medical service provider; such a concept is formed in a context wherein neither trade nor medical relief are restricted by geography or domestic values, legalities and mores, but rather by whatever international frameworks the global community seeks to define and apply. With this volume, we seek to contribute a glimmer of comprehension toward that end.

## **REFERENCES**

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