Medical Tourism and the Demand for Hospital Accreditation Overseas

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In this age of globalization, patients are shopping for affordable healthcare world-wide, giving rise to the phenomenon known as medical tourism. Patients who have no health insurance, or are wait-listed for procedures in their own countries under government plans, travel to developing countries to get a cardiac bypass or a hip replacement at a fraction of what it would cost them in their home countries. As an added bonus, the medical tourist gets to recuperate in style at a spa or resort as part of the vacation-cum-treatment package.

In order to attract medical tourists, investors in developing countries have built five-star hospitals staffed with expatriate doctors who are either board certified in the United States or are specialists with advanced degrees from the United Kingdom. Increasingly, such hospitals also seek accreditation because they see accreditation as a means of assuring medical tourists that they can get western quality healthcare at third world prices.

Most medical tourists have no medical insurance, but insured expatriate employees who staff multinational companies in developing countries also need health care. Hospitals in developing countries are also pursuing these patients, with accredited hospitals entering into agreements with expatriates’ health insurers to pay for covered procedures and treatments for the employees and their covered dependents. One West Virginia state legislator has even proposed that state employees be permitted to use accredited hospitals overseas for covered procedures under the state health plan and even be given a cash bonus for any savings that result.

In order to meet the growing demand for hospital accreditation overseas, the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) launched Joint Commission International (“JCI”) to accredit hospitals world-wide. International accreditation standards for JCI were developed by an international task force and form the foundation for a regional or country model, selected with local input, to benchmark the quality of patient care and safety in a particular region or country.

The international accreditation standards focus on core aspects of patient care, including such fundamental requirements as an admissions policy that has processes in place for access to and

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1 60 Minutes: Vacation, Adventure and Surgery? (CBS television broadcast Sept. 4, 2005).
2 Id.
3 Id.
4 Hospitals display the accreditation certificate on their websites. See, e.g., Bumrungrad International Hospital, at http://www.bumrungrad.com (last visited May 6, 2006), and Wockhardt Hospitals, at http://www.wockhardthospitals.net (last visited May 6, 2006).
5 See, e.g., Wockhardt Hospital, Alliances, at http://www.wockhardthospitals.net/general/alliances.asp (last visited May 6, 2006).
8 Id.
continuity of care, with appropriate measures in place for the discharge, referral, follow-up and transfer of patients. Such policies protect the medical tourist who has at best provided a medical history consisting of on-line health questionnaires, faxed medical records and perhaps telephone communications with the doctor’s office prior to actually arriving at the hospital for treatment. The fact that accreditation standards require the hospital to identify and evaluate the healthcare needs of the patient before admission is reassuring. After treatment, there is the question of follow-up care because the typical medical tourist goes home within a week or two after the surgical procedure or medical treatment is over. At least an accredited hospital has to have a policy in place that requires the hospital to provide all patients, and therefore all medical tourists, with a complete discharge history and recommended follow-up care that they can take home to their physicians.

If the medical tourist’s decision to have a procedure done at a particular hospital is based on the doctor’s reputation for performing that procedure, then the fact that the hospital is also accredited assures the patient that the hospital has licensed, educated, trained and experienced medical, nursing and other professional staff to assist that doctor. After all, surgical procedures require a team of healthcare professionals, not just a single doctor.

Medical tourists who have been warned to drink only bottled water in the country they travel to for medical treatment are naturally concerned about infection control in overseas hospitals. They will find that an accredited hospital has instituted policies requiring the use of gloves, masks, soap and disinfectants, has developed infection reduction strategies, and supports programs designed to improve patient care and safety.

Similarly, even though medical tourists often select hospitals because the hospitals are known for the type of procedures the individuals seek, the medical tourists might be better off selecting an accredited hospital because such a hospital has or can arrange to have quality laboratory and radiology services for the medical tourist. An accredited hospital will be capable of monitoring the patient according to established procedures while in surgery or when anesthesia is administered prior to and during the procedure. Medications given to medical tourists during and after their stay in the hospital may also be safer in accredited hospitals because accreditation standards require that medications be prepared, stored and dispensed according to set norms.

Many medical tourists travel with a family member or friend for physical and emotional support during their medical treatment overseas. An accredited hospital will have policies in place to support such a companion by upholding their rights to information about the patient and the medical procedure(s) being provided and by allowing such persons to participate in treatment decisions.

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9 Id. (International Standards).
10 Id. (Access to Care and Continuity of Care Standard).
11 Id.
12 Id. (Staff Qualifications and Educations Standard).
13 Id. (Prevention and Control of Infection Standard).
14 Id. (Care of Patients Standard).
15 Id.
16 Id.
17 Id. (Patient and Family Rights & Patient and Family Education Standards).
Just as tourists ensure that they get a good hotel when they shop for a tour package, medical tourists can ensure that they get treated at a hospital that is well-maintained, is safe for patients and that has an on-going program to improve the facility.18 Because medical tourists research data on-line, they can be sure that the accredited hospital they select keeps accurate records, manages data well and is headed by an organization that is responsible and accountable.19

Medical tourism is not without its problems, even when accredited overseas hospitals are involved. For example, medical tourists may be advised not to travel immediately after a procedure or to go to a spa or beach resort to convalesce after the procedure.20 Even if medical tourists have their procedures done at accredited hospitals, patients may face problems with follow-up care at home.21 Patients may not have the money to go back for any required follow-ups or check-ups. If the outcome is bad, a medical tourist may have no recourse to the courts of the country where the hospital is located. In fact, healthcare is cheaper in developing countries because there are no medical malpractice insurance costs to the doctor or hospital. On the other hand, as long as healthcare remains cheaper in the developing world, medical tourism will flourish until the west solves the problems of its uninsured and under-insured citizens.

March 2006

18 Id. (Facility Management and Safety Standard).
19 Id. (Management of Information Standard).
21 Id.