

Perspectives on Canadians' Involvement in Medical Tourism



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FINAL RESEARCH REPORT

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EXECUTIVE SUMMARY

Medical tourism is a term that refers to the activity of patients travelling abroad with the intention of seeking private medical care. Rife with ethical and practical complexities, this global health services practice is in need of closer examination. For Canadians, medical tourism is increasingly an option chosen by those seeking shorter wait times, lower overall costs, and access to procedures as yet unavailable domestically. As this trans-national medical care proliferates, new health inequities are thought to emerge in patients' home countries and destination countries alike as a result of its impacts.

Funded by the Canadian Institutes of Health Research, our team conducted a qualitative study to gain some of the first insights into Canadians' use of medical tourism for elective surgical procedures. We collected data from interviews with 12 Canadian medical tourism facilitators (agents who coordinate bookings for international patients) and 32 Canadians who had recently gone abroad for non-emergency medical treatments.

The guiding question for our research was: *how do Canadians decide on medical tourism for elective surgical procedures and to what extent do their decisions necessitate justifying particular ethical considerations?*

Our interviews with facilitators generated a snapshot of common business practices, including how clients are recruited and the industry's reliance upon the internet. We found that facilitators perceive their role in the Canadian healthcare system as having largely positive impact, functioning as a safety valve for lengthy waitlists. Moreover, facilitators recognize their

impacts on the medical tourism industry in terms of enforcing some measure of quality control, largely pertaining to their own perceived liability and responsibility to their customers.

Amongst the Canadian medical tourists we interviewed, their motivations for going abroad for medical care ranged from circumvention of wait lists to fear of worsening health. Patient decision-making was influenced by many factors, from the reputations of surgeons abroad to the opinions of patients' family and friends at home. These medical tourists viewed their decisions to go abroad for care as generally having a positive impact on the Canadian health care system through removing themselves from queues for treatment. They also largely thought that their decisions to go abroad for medical care were highly ethical and justified due to frustrations with the perceived slow pace of innovation in the publicly funded Canadian system. Thirty of the 32 interviewees indicated that they would go abroad for care again should the need arise. In speaking with these participants we gained much insight into Canadian patients' experiences and reflections on the entire medical tourism process.

Some common themes about Canadians' involvement in medical tourism emerged from this study. First, ethical responsibility for oversight of the industry needs to be clarified, which includes determining who or what bodies are to determine and assign these responsibilities. Second, the growing visibility and popularity of medical tourism among Canadians needs to be acknowledged, which serves to justify attempts to better inform physicians about this trend and the implications it has for their practice. Finally, the impacts of the medical tourism industry on the Canadian health care system need to be more closely examined so that policy makers can effectively anticipate and regulate its impacts.

1. INTRODUCTION

1.1 What is medical tourism?

Medical tourism refers to the activities and experiences that comprise traveling internationally with the intention of privately attaining non-emergency medical services. Frequently in search of faster access to treatment, lower costs, or alternative procedures, medical tourists travel from their country of residence to access medical, dental and/or surgical care elsewhere. The examination of this global health services practice requires consideration of a myriad of actors. To name but a few, these include medical tourism facilitators, medical professionals, hospital administrators and accreditation agencies, and of course the patients themselves. It can thus be understood that many people are directly and indirectly affected by patients' decisions regarding accessing care in another country.



FIGURE 1: HOSPITAL BILLBOARD, INDIA. 2010.

1.2 Reported benefits and concerns

Medical tourism is a complex industry that is thought to have both positive and negative effects on various individuals and health systems. Through conducting a scoping review (a type of structured literature review) we identified five themes that characterize these effects in both destination and departure countries [1]. First, the medical tourism industry is sometimes thought of as a consumer of public resources and a threat to their equitable use. For example, in some cases public funds are used to support this mostly private industry, such as through the tax concessions offered in many destination countries for facilities attracting foreign patients. Second, medical tourism is identified as a private solution to health system development, serving to promote investment in health care infrastructure that may ultimately benefit medical tourists *and* local patients in destination countries. Also commonly depicted are the potential solutions to care affordability, wait times, and access to facilities that medical tourism offers. Third, medical tourism has been lauded as a revenue-generating industry, serving as a “lucrative source of hard currency for destination countries” [1], though reported estimates of currency and patient inflows vary wildly. Fourth, medical tourism can also be understood as establishing new standards of care, both in spreading Western standards through accreditation systems (e.g., Joint Commission International) and/or through patients' bringing practice standards observed in destination countries home with them as new care expectations (e.g., higher nurse-to-patient ratios). Lastly, there is much concern about the inequity that medical tourism can foster in both departure and destination

countries. From exacerbating health worker brain drain and rural deprivation in destination countries, to the exhaustion of medical tourists' personal finances and lessening of civic pressure for reform on medical tourists' home health care systems to provide adequate care, medical tourism is widely framed as a catalyst of inequity.

1.3 The Canadian context

In another scoping review [2], we focused on Canadians' involvement in medical tourism and identified four themes that summarize this issue. First, the primary drivers and constraints to Canadian patient use of medical tourism for accessing care are the avoidance of wait times domestically, increased treatment options abroad, lower costs for care abroad, and the high quality of care available abroad. Second, we identified how awareness of medical tourism is brought about in Canada. There are roughly twenty medical tourism facilitators currently operating in Canada, while many countries and hospitals selling health services are also actively advertising in Canada. For example, facilities in Thailand, Barbados, and India, among those located in a number of other countries, are actively courting Canadian patients. Third, Canadian private business groups and government agencies are considering how to promote Canada as a medical tourist destination, the viability of which is demonstrated by American residents' interest in purchasing prescription drugs in Canada. Fourth, while public insurance coverage of medical tourism activities by Canadians is formally limited to medically necessary procedures that are unavailable in Canada and approved prior to travel abroad, active lobbying of both provincial and federal politicians and health care administrators indicate some interest amongst Canadians in changing this perceived system limitation. Considering the patient's experience of medical tourism can further illuminate many components of the Canadian context of this global health services practice.



FIGURE 2: INSIDE A CLINIC TREATING INTERNATIONAL PATIENTS, BARBADOS. 2011

1.4 Patients' experiences of medical tourism

Gaining an understanding of how medical tourism is actually experienced by patients is crucial to developing a comprehensive picture of the medical tourism industry. In a third scoping review [3], we drew out four themes that characterize what is known about patients' experiences of going abroad for medical care as medical tourists. The first theme is decision-making, which considers push and pull factors along with where patients find information about medical tourism. Cost, lack of adequate insurance, and long wait times are the most frequently cited push factors, while pull factors commonly mentioned are the high quality

of care available elsewhere, availability of patient-known languages, familiarity with personal religious protocols, and the political and cultural stability of destination countries. Second, we considered patients' motivations for going abroad. Three main motivations are consistently discussed, which are procedure-based factors (e.g., procedures unavailable in the departure country), travel-based factors (e.g., flight and visa availability), and cost-based factors (e.g., whether costs were covered through insurance or ultimately cheaper). Third, the potential for exposure to health and safety risks is seen as a key component of patient experience. Specifically, there are the risks to patient health associated with surgery and other medical procedures, the risks of long-haul travel (particularly post-operatively), and the risks present both pre- and post-operatively in either the departure or destination country. Fourth, there are a limited number of first-hand accounts from medical tourists themselves. Those that do exist tend to focus on the benefits and drawbacks of participating in medical tourism, the sensational aspects of the trip, and post-recovery life. It is apparent from our scoping review that patients currently hold a number of responsibilities when they choose to engage in medical tourism, such as those surrounding decision-making, research, and risk mitigation.

2. STUDY OVERVIEW

2.1 Purpose

This research was funded by the Canadian Institutes of Health Research to enable our team to gain some of the first insights into Canadians' use of medical tourism for elective surgical procedures. Our research did not consider surgeries involving transplanted human organs or fertility procedures as we have excluded procedures where third parties would be involved (e.g., egg and organ donors) from consideration in the study. The guiding inquiry question for our exploratory qualitative research was: how do Canadians decide on medical tourism for elective surgical procedures and to what extent do their decisions necessitate justifying particular ethical considerations? As such, we were interested in how Canadians come to determine if and how medical tourism is right (or wrong) for them through understanding their decision-making process, and were thus not focused on whether or not medical tourism is, in practice, right or wrong. While our research maintained a focus on the ethical dimensions of Canadians' decision-making in medical tourism, we also gleaned many important insights into other aspects of Canadians' involvement in this global health services practice. In addition to conducting a number of scoping literature reviews, which were reported on in the last section, we conducted interviews with two groups: (1) Canadian medical tourism facilitators (agents who specialize in making international travel and medical care arrangements for patients); and (2) Canadian patients who had gone abroad as medical tourists. The remainder of our report focuses on these interviews. Prior to conducting any interviews we were granted approval for this study from the Office of Research Ethics at Simon Fraser University.

2.2 Data collection: facilitators

In mid-2010 we conducted phone interviews with medical tourism facilitators based in Canada. In one case we conducted an interview face-to-face. We identified 22 facilitation companies by conducting a series of online searches, after which we e-mailed them letters of invitation to participate in an interview. Twelve people from ten companies based out of three different provinces ultimately agreed to participate in this study. These companies had been in operation anywhere from less than a year to 13 years, and regularly sent Canadians to countries such as India, the United States, and Cuba. The interviews typically lasted for about 45 minutes, and touched on issues such as information exchange with medical tourists, business practices, and involvement in clients' decision-making.

2.3 Data collection: medical tourists

In late-2010 we conducted phone interviews with 32 Canadians who had gone abroad for surgery that was not provided through a formal cross-border care arrangement.

Interviewees had to be over the age of 18 and enrolled in a public provincial or territorial health plan. We identified interviewees in a number of ways, including through posting study advertisements on websites and providing study information to facilitators. Interviews typically lasted 1 to 1.5 hours. Interviewees were asked about their health status, experiences as a medical tourist, and decision-making regarding going abroad for care, among other factors.

In total, 19 women and 13 men who had gone abroad for medical care participated in interviews. Their ages at the time of care ranged from 22 to 80, with the average being 53. Their destination countries are shown in Figure 3 (note that three interviewees had gone abroad for surgery more than once, which is why the arrows in the map add up to 35). Orthopaedic surgeries were the most popular procedures sought by the participants, with others going abroad for chronic cerebro-spinal venous insufficiency therapy, eye surgery, cosmetic surgery, gastrointestinal surgery, and bariatric surgery.

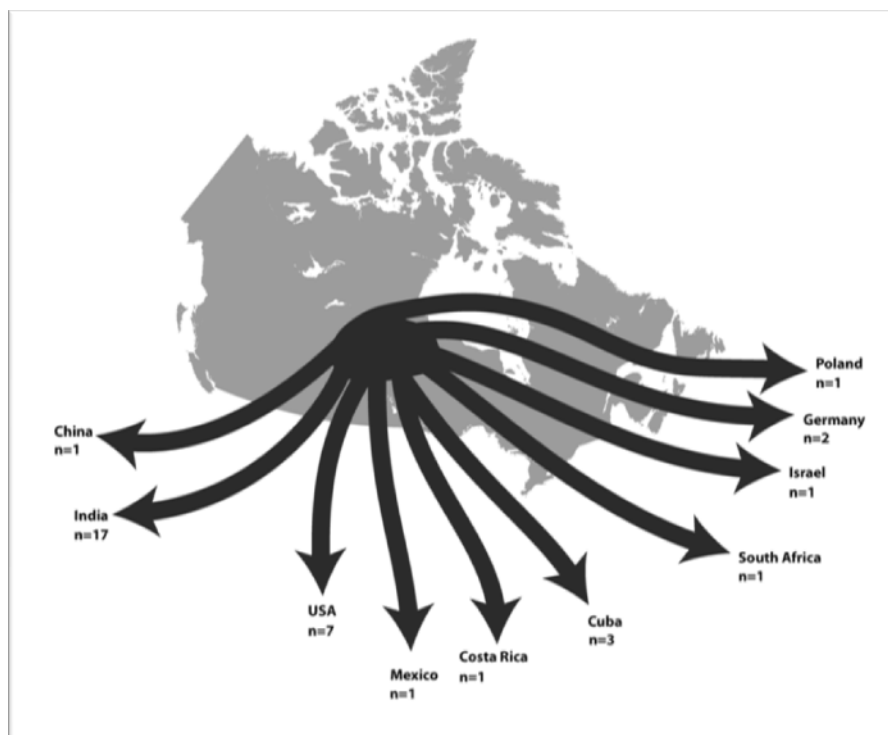


FIGURE 3: PARTICIPANTS' DESTINATION COUNTRIES.

3. KEY FINDINGS: FACILITATORS

3.1 Business practices

Through the interviews with facilitators we were able to gain a sense of their business practices [4]. The facilitators we spoke with collectively have up to 1,300 clients annually. Many told us about rapidly expanding client loads, some reporting exponential growth in the last three years. Canadian medical tourists learn about facilitators and their services primarily in two ways: word-of-mouth and internet searches. Therefore, Canadian medical tourism facilitation companies focus almost entirely on their web presence for attracting new clients. Less common recruitment methods include participating in news stories, trade fairs, traditional advertising, and professional referrals. While most facilitators we spoke with actively resist involvement with coordinating patients' aftercare following surgery abroad, a few work to secure post-operative care upon return to Canada. This variance suggests there are few standard practices amongst Canadian facilitators in this burgeoning industry.

3.2 Perceived roles of medical tourism facilitators

We see the roles of medical tourism facilitators as crucial to the exacerbation and mitigation of both the positive and negative effects of the industry [5]. Three predominant themes emerged among our interviews with facilitators about these roles, which are those related to: patients, the broader health system, and the medical tourism industry. First, we found that the interviewees clearly differentiate between the terms facilitator and broker as characterizing their roles towards medical tourists. The label 'broker' is thought to imply a more limited, middleman function while 'facilitator' implies a deeper and more involved role that frames the facilitation company as a patient/client advocate. Some medical tourism facilitators take seriously their role as a provider of information to medical tourists, yet interviewees also commented on the limits they place on their roles towards Canadians going abroad for medical care (e.g., not making follow-up care arrangements and avoiding personal liability). Second, facilitators see their roles towards the larger Canadian health care system as mainly positive, functioning as a "safety valve" [5] by allowing patients to opt out of waiting list and make room for

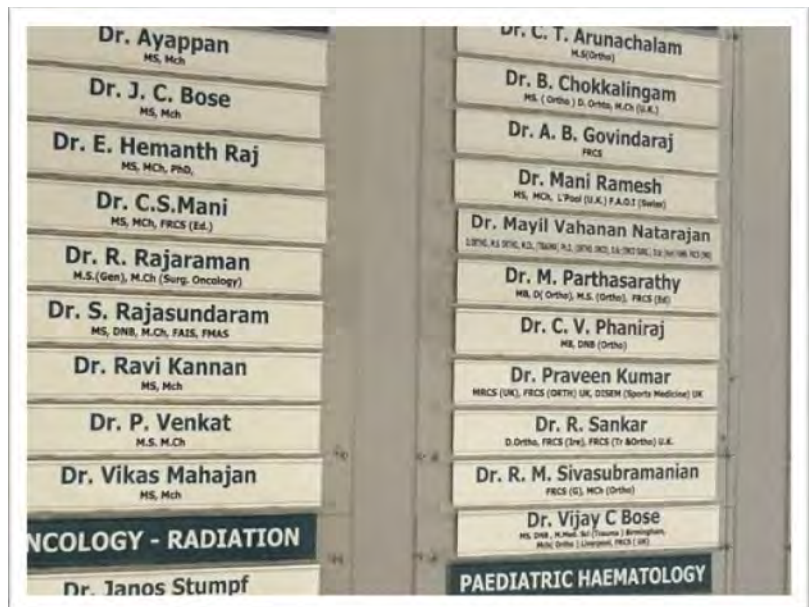


FIGURE 4: PHYSICIAN DIRECTORY FROM A HOSPITAL TREATING MEDICAL TOURISTS, INDIA. 2010.

others. Some facilitators hope that medical tourism will serve as a catalyst for addressing wait list problems by drawing attention to them. Meanwhile, interviewees also reported an often antagonistic relationship with Canadian physicians, describing a tendency for physicians to keep their distance from facilitators and communicate a general disapproval of the medical tourism industry to their patients. The third key role of facilitators relates to their part in the medical tourism industry. The facilitators we spoke with take seriously their role in quality control, framing the importance of site visits in destination countries in this regard. This frequently includes the formation of long term, trusting relationships with physicians and patient coordinators in destination countries, thereby limiting the range of facilities to which they ultimately arrange travel. Facilitators also expressed a need for greater professionalization of the industry, though they were unsure of who or what body should take on that role.

3.3 Awareness of the industry's impacts

The facilitators we spoke with appear to be only modestly aware of the potential impacts of the medical tourism industry upon health systems, both in Canada and abroad, and their opinions on this matter were largely directed towards destination countries. For example, one facilitator diminished any potential impacts of Canadians' involvement in medical tourism by pointing out that Canada's population is so small that "it's not going to make any difference what we do" in terms of having a negative or positive impact on destination countries. However, some facilitators acknowledged certain potential negative impacts of the industry, pointing to the potential for displacement of local patients and the development of advanced specialized facilities that do not serve the larger needs of local populations. Yet, most facilitators we talked to reported on the perceived positive impacts of the industry, primarily focusing on the capital that medical tourism channels to destination countries. Several believe this capital helps to pay for the operation of local health care systems, and that the medical tourism industry was purposely set up to fund local health systems in some countries. Some facilitators also believe that medical tourism raises the standards of care in some destination countries as medical facilities aspire to get international accreditation and to appeal to Western customers.

4. KEY FINDINGS: MEDICAL TOURISTS

4.1 Motivations

Our research findings suggest that the three most common motivations for Canadian patients seeking medical treatment abroad are the: pursuit services not available in Canada, circumvention of wait lists, and cost savings. These are the same motivations that are commonly speculated about in the news media and scholarly literature [3]. While medical tourists are frequently framed as motivated individuals in pursuit of improved health and quality of life, they were also characterized by the facilitators we spoke with as fearful of both their current health condition as well as by the idea of traveling abroad for treatment [4]. Meanwhile, those seeking orthopaedic surgeries abroad in particular present themselves as empowered decision makers,

assertive in their pursuit of treatment abroad with unwavering views about the urgency of their procedure in the pursuit of active lifestyles.

4.2 Decision-making process

We were able to glean some important insights into Canadian medical tourists' decision-making processes through our interviews [6]. First, we found that medical tourists seek out a variety of sources for information on medical tourism to support their decision-making. The most common initial sources of information are internet searches and word-of-mouth, while further information is almost exclusively collected from the internet. First-hand accounts provided by veteran (or experienced) medical tourists, who were identified both off- and on-line, are particularly valued. The interviews exposed a very trusting attitude amongst prospective medical tourists toward the information obtained prior to going aboard, due in part to the basic research skills of many patients but also the limited availability of information outside the medical tourism industry. Second, we unearthed important facets of medical tourists' destination selection and timing of their pursuit of care abroad. For many, the key decision of where to obtain treatment is based on the online reputation of the surgeon. Another important factor for many is the length of the post-operative care offered by a facility. On average, the timing from the point of discovery of the possibility of obtaining medical care abroad to actually contacting a facilitator or destination hospital is six months, and from scheduling to the time of surgery is two months. Third, we identified various groups that offer support to medical tourists in their decision-making process. Most significant are the experienced medical tourists who share their own experiences with those thinking about going abroad. For instance, one medical tourist was assured after hearing from another that:

“...Well I think people, the other people...who'd gone the same route were very supportive. I probably wouldn't have felt nearly so confident about it if I hadn't had access to...those experiences... If you've made your decision that this is what you want and you know three or four other people who've done the same thing and they're saying to you 'don't hesitate, the experience was excellent, I'd do the same thing again' it just reinforces that okay, yeah that this is definitely what I want to do.”

Even though almost all of the medical tourists we interviewed had a regular family physician, participants rarely sought their advice prior to making the decision to go abroad. Participants explained that this was because they felt their regular doctor would not be supportive of their decision or that they lacked relevant experience with the practice of medical tourism to be of assistance.

4.3 Ethical dimensions

When prompted to think about the ethical issues inherent in medical tourism, participants commonly focused on what they thought were some of the unethical aspects of the Canadian healthcare system that ultimately pushed them abroad for medical care [7]. This is particularly interesting as the majority of academic literature

focuses on the ethical considerations medical tourists should make about the destination countries and facilities they visit. First, wait times were frequently cited as a catalyst to seeking care abroad. Participants considered these wait times to be an ethical failure on the part of the Canadian health care system, and simultaneously felt their decisions were ethically justified in that by seeking care abroad they were shortening the queue for others. Second, participants expressed their belief that the non-market aspects of the public system were stifling innovation in Canadian health care. They perceived that the slow pace of change or reform was explicitly unethical, and the limits of a publicly funded system that rations medical care were criticized. Third, while some participants expressed their reservations about “jumping the queue” [7], most felt entirely justified in their actions. Whether it was the indignation at long wait times or the un-availability of procedures sought, participants believed they were taking matters in to their own hands in going abroad for care, even if they felt they should not have to.



FIGURE 5: PATIENT RECOVERY RESORT, INDIA. 2010. [1]

that their companions frequently engaged in tourist activities, with some participants selecting destinations with this in mind. Another interesting insight from our interviews was the lasting connections that some medical tourists developed with the destination countries. Several participants reported considerably changed

4.4 Experiences abroad

Patients' experiences of medical tourism were of course varied, but several common themes did emerge from the interviews. First, many participants reported experiencing high levels of personal attentiveness to their needs and care during their stays in hospitals abroad. High doctor- and staff-to-patient ratios and cultures of care that emphasized the importance of customer service helped to build trust and confidence, affirming participants' decisions to seek treatment away from home. Second, many participants commented on the cleanliness and orderly operation of the facilities they sought treatment in, which was a surprising attribute for some, that also affirmed their decisions. Third, while many participants commented on the beautiful settings in which they received care, engaging in tourism activities was consistently reported as a low priority for patients. However, those traveling with a partner or caregiver reported

perceptions—mostly improved—of destination countries, and some even reported establishing continued charitable work within those countries they had visited for medical care. Our interviews show that for the majority of the participants, the experience of medical tourism met or went beyond expectations in providing a positive, rewarding encounter with people, facilities, and care in destination countries.

4.5 Reflections on the entire process

Of the 32 Canadian medical tourists we interviewed, only two said that they would not consider going abroad for medical care again. However, participants' characterizations of their experiences as medical tourists were not entirely positive. Ten participants reported experiencing some sort of complications with their procedures (e.g., acute diarrhea and vomiting due to “bugs” in the local drinking water, severe constipation requiring hospitalization). Eight of these ten dealt with complications within the destination countries. Arranging for follow-up care upon return to Canada either before departure or after return was not a top priority for participants, as their confidence in a successful recovery had been affirmed through the quality of care and communication with staff in destination facilities and/or the Canadian facilitators. In retrospect, some suggested that this aspect of their medical care should have received more of their attention. In general, participants did not seem well informed in identifying or assessing the risks involved with medical tourism, such as long flights increasing the risk of embolism or drainage tubes in elective surgery increasing the risk of infection. Once again, several participants acknowledged that, in retrospect, medical tourists should undertake measures to prevent or minimize such risks.



FIGURE 6: EXTERIOR RENOVATION OF A HOSPITAL TREATING INTERNATIONAL PATIENTS, INDIA. 2010.

5. COMMON THEMES

5.1 Responsibility?

Who is responsible for the oversight of an equitable, ethical, and safe medical tourism industry? This is a pressing question. Assigning responsibility for mitigating the harms of medical tourism is complex. Due to their role in establishing public welfare, policy-makers and health care administrators in destination countries and patients' home countries, including Canada, have a role to play in such mitigation. Health workers and medical tourism facilitators who are uniquely familiar with the day-to-day operations of health care systems and the medical tourism industry must inform those policy-makers, advocating for policy changes that will lead to a

safe and equitable industry. Medical tourists also have responsibilities in ensuring an equitable, ethical, and safe industry, and we have elsewhere outlined a decision-making process for patients so that they can carefully consider these responsibilities [8]. This model promotes forms of medical tourism that can benefit destination countries and advance industry regulation. While calls for regulation of the industry in destination countries certainly have merit [9], we believe there is also a need for regulation in departure countries [10].

5.2 Awareness and visibility of medical tourism

While a 2007 commentary published in *Canadian Family Physician* [11] offered an overview and some critiques of medical tourism, the practice has received little attention in Canadian medical circles since that time. However, the attention given to medical tourism in the popular media and in the research community is growing and promoting awareness among potential medical tourists [2]. Therefore, we believe that ensuring greater awareness and involvement on the part of physicians in departure countries such as Canada is of increasing importance. Physicians might have the opportunity to speak to patients about the risks and benefits of going abroad for care, how to keep their medical records complete and accurate, and how to prepare for travel and aftercare [12]. Additionally, we believe that medical tourism facilitators and the industry as a whole need to be approached about opening up anonymized access to their practices so that surveillance and monitoring of patient flows can take place so as to inform public health interventions [4].

5.3 Impacts on the Canadian system

Both the medical tourists and facilitators we spoke with identified some potential impacts of medical tourism on the Canadian health care system. Their focus was on the potential for medical tourism to have a positive effect on health care in Canada through lessening wait lists and enabling patients to have access to a broader range of procedures. There was little acknowledgement about the potential for patients' decisions to go abroad for care to pose as a burden to either the system or individual physicians and other health workers. Such burden may take the form of providing expensive follow-up care in Canada for procedures that are not performed properly or safely in destination countries or individual physicians being asked to provide recommendations on where to seek care abroad in a way that oversteps what they view as their informational responsibilities towards patients [2,8]. We believe there is a pressing need for Canadian health system administrators and decision-makers to identify the realized benefits and burdens of medical tourism by Canadian patients in order to implement responsive interventions, should any be deemed necessary.

6. KNOWLEDGE GAPS AND WAYS AHEAD

As is usual with research, a significant outcome of this study is our recognition that there are major limitations on our current knowledge of medical tourism and significant research gaps that must be addressed. These gaps include:

- ❑ Our scoping reviews of the published literature revealed that much of what is reported about medical tourism is speculative. We actually know very little about how many patients are going abroad, for what purposes, and where they are traveling to.
- ❑ Our study has uncovered some new information about medical tourists' decision-making process. It is important, however, that further insights be gained from more medical tourists in order to establish how similar or unique the experiences reported to us by the participants of this study are, particularly in an international context.
- ❑ Our conversations with Canadian medical tourists point to the fact that the friends and family members who accompany them abroad as caregivers and companions are an important stakeholder group in the medical tourism industry. They play an important role in the decision-making process, and sometimes also provide hands-on care while abroad. There has, however, been little consideration of the needs or experiences of this stakeholder group to-date.
- ❑ Our study aimed to examine if and how Canadian medical tourists encountered ethical issues in their decision-making about accessing medical care abroad. Our interviews showed that they were largely unaware of the potential ethical issues posed by the practice. Consideration needs to be given to if and how awareness and ultimately consideration of ethical issues, as well as equity and safety issues more generally, can play a more meaningful role in this decision-making.
- ❑ There was discussion about Canadian physicians' roles in medical tourists' decision-making, as well as their involvement in organizing and providing follow-up care, by both the medical tourists and facilitators we spoke with. Meanwhile, there has been very little consultation with physicians and other health workers about their perspectives on medical tourism, the roles they wish to play towards patients who go abroad for care, and their general involvement in the industry. There is a related need to gain more insight into medical tourists' use of follow-up care so as to identify ways to encourage patients to make such arrangements, even if simply by alerting their regular physician about their plans prior to going abroad.
- ❑ Our findings show the importance of not treating Canadian medical tourists as a homogeneous group. While we have focused on reporting common trends in this report, important differences did emerge. These included differences in their motivations for going abroad, how they researched destination surgeons and hospitals, how they paid for private care abroad, and whether or not their care was medically necessary. These important differences need to be teased apart in order to best serve patients' needs through providing meaningful supports and interventions.
- ❑ While our research did not focus on the role of regulation within the medical tourism industry, this issue was raised by the facilitators we spoke with. Some expressed an interest in seeing the industry and/or their profession regulated in some capacity in order to establish reliable standards. There is a need to

further investigate the role of regulation in the industry in order to identify whether or not it is needed or can be effective and also how to actually implement ideas around regulation.

There are a number of 'ways ahead' for addressing these knowledge gaps. We see significant potential for researchers to provide needed knowledge in all of the areas of inquiry related to these gaps. Elsewhere we have advocated for such research to be interdisciplinary and to consider both individual-level and system-level perspectives in order to provide the type of evidence needed to inform policy and practice in particular [13]. Collaborative approaches to medical tourism research also have the potential for enabling the meaningful involvement of stakeholder groups and knowledge end-users from the outset, which is certainly an exciting prospect.

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