

CONCEPT NOTE ON

PREPARATION OF STANDARD OPERATING PROCEDURE FOR MEDICAL TOURISM IN INDIA

INTRODUCTION

Medical tourism as defined by Carrera and Bridges (2006) as "the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention", using but not limited to invasive technology. The authors define medical tourism as a subset of **health tourism**, whose broader definition involves "the organized travel outside one's local environment for the maintenance, enhancement or restoration of the individual's wellbeing in mind and body". [1] Among Asian countries, medical tourism is highest in India, Singapore and Thailand, comprising about 90% of medical tourism market share in Asia. [3] India held more than 20% share of medical tourists and market share in Asia in the year 2011.

There is discordance between the **goals of protecting and promoting health and generating wealth through trade**. Whilst most trade in health services take place outside the framework of existing trade agreements, trade in health services including medical tourism is officially provisioned for under the General Agreement on Trade in Services (GATS). The four modes of supply include:-

1. The cross border supply of services (remote service provision, e.g. telemedicine, diagnostics, medical transcriptions),
2. Consumption of services abroad (medical tourism, medical and nursing education for overseas students)
3. Foreign direct investment (e.g. foreign ownership of health facilities) and
4. Movement of health professionals.

Governments have the option to either schedule GATs commitments in health or continue to trade outside of formal agreements. GATS commitments can also limit the degree to which foreign providers can operate in the market which can protect health systems from monopolization by foreign investors in the health sector. India has made conditional commitments under hospital services sector under GATS.

INDIA AND WORLD HEALTHCARE MARKET

Under mode 1, there are no national treatment restrictions or market access restrictions for the provision of services on provider to provider basis such that the transaction is between established medical institutions covering areas of second opinion to help diagnose cases or

in the field of research. In the case of medical and dental services, services provided by midwives, nurses, physiotherapists, and paramedical personnel and hospital services, India has no market access and national treatment restrictions under mode 2.

For modes 1 and 2, the main risk is the diversion of scarce human and financial resources to healthcare services entirely dedicated to the treatment of foreign patients. This may lead to internal brain drain. In the case of mode 3, market access is only through incorporation with a foreign equity ceiling of 74 per cent subject to the conditions that (i) the latest technology for treatment will be brought in, and, (ii) in the case of foreign investors having a prior collaboration in that specific service sector in India, Foreign Investment Promotion Board approval would be required. In the case of national treatment under mode 3, publically funded services may be available only to Indian citizens or may be supplied at differential prices to persons other than Indian citizens. There are no explicit barriers on commercial presence of foreign firms, but there are restrictions on foreign services providers under mode 4. [2]

MEDICAL TOURISM IN INDIA

Medical tourism in India focuses on treatment of acute illnesses, elective surgeries like in cardiology, oncology, orthopaedics, etc. with an objective to promote India as a health destination for persons across the globe so as to gainfully utilize the healthcare expertise and available infrastructure. The Indian Systems of Medicines, i.e. Ayurveda, Yoga, Panchakarma, Rejuvenation Therapy, etc. are among the most ancient systems of medical treatment. Southern States of India, especially Kerala, has developed health tourism as one of the key component for the promotion of tourism in Kerala. Health Tourism has also been promoted as one of the Unique Selling Points of the State. (4)

There was a 30% rise in the number of medical tourists each year from 2009 to 2011, attributed to favourable government policies to aid medical tourism, rapidly developing infrastructure and the increasing number of Joint Commission International (JCI) accredited hospitals.[5] Other factors which promote medical and health tourism in India are lower cost of the treatment, Very less or no waiting period, English Speaking health care workers, Increasing popularity of India as a tourist destination in the west, Eastern Healthcare Wisdom along with the expertise of Western Medicine.

Tourism in India is impressive and most of the patients are satisfied but at the same time suffers from some drawbacks; Expensive lodging and eating facilities, Poor sanitation in most of the cities, ethical, medico-legal and financial issues(6)

The Ministry of Tourism has taken several steps to promote India as a Medical and Health Tourism Destination, which are as follows: (4)

1. The Confederation of Indian Industry, on advice by Government, has prepared a **guide on select Indian wellness centres for health tourism** purpose. It has been placed on the website of the Ministry of Tourism i.e. www.incredibleindia.org for wider publicity.

2. **Indian Healthcare Federation**, a Non-Governmental organisation affiliated to Medical and health tourism has been specifically promoted at various international platforms such as World Travel Mart, London, ITP Berlin. Similarly, Website on tourism has been produced by the Ministry of Tourism and has been widely circulated for publicity in target markets.

3. A new category of '**Medical Visa**' has been introduced, which can be given for specific purpose to foreign tourist coming to India for medical treatment. The government of India issues medical visa to every medical tourist and this visa can also be extended for over a year. This extended time of visa enable the patients to visit three times in a year and these patients can also be accompanied by a relative or friend at the time of medical tour to India.[7]

4. The Guideline for Accreditation of wellness centres have been developed by National Board for Accreditation of Hospitals & Healthcare Services (NABH) in consultation with AYUSH. These have been placed on the website of Ministry of Tourism i.e. www.incredibleindia.org for wider publicity. [8]

5. **Brochures & CDs** on Body, Mind and Soul covering the traditional system of medicine have been produced and circulated extensively by the Ministry of Tourism.

6. **Market Development Assistance (MDA) Scheme in the Sector:** The Ministry of Tourism has included the promotion of Medical Tourism as new initiatives. The Marketing Development Assistance Scheme (MDA), administered by the Ministry of Tourism, Government of India, provides financial support to approved tourism service providers.

MEDICAL TOURISM FACILITATORS (MTF)

Patients use various agents including insurance companies and healthcare providers for seeking care in a foreign country. One of these agencies is the Medical Tourism Facilitator (MTF). MTFs are important links between foreign patients and host countries. They have a presence in the host country, the destination country or a third country. They help patients navigate countries, doctors and specialties. MTF companies have reached a wider audience through the medium of the internet which is the most common source of information that influences a patient's choice of destination country.[9]

INTERNATIONAL HEALTH ACCREDITATION:

International healthcare accreditation is the process of certifying a level of quality for healthcare providers and programs across multiple countries. These organisations such as Canadian Council on Health Services Accreditation, Joint Commission International, United Kingdom Accreditation Forum, etc., certify a wide range of healthcare programs such as

hospitals, primary care centers, medical transport, and ambulatory care services. (10, 11) Many hospitals in India are NABH accredited. NABH National Accreditation Board for Hospitals & Healthcare Providers) is an institutional member of the International Society for Quality in Health Care (ISQUA). NABH accreditation of Indian hospitals is equivalent to some of the world's leading hospital accreditations. [12] A list of 134 hospitals in India which are accredited is available at the website of Services Export Promotion Council (SEPC): http://192.254.235.68/~rvsales/sepc_website/wp-content/uploads/2013/11/list-of-hospitals2.pdf

EXISTING GUIDELINES IN INDIA (4):

Guidelines are given to traveller who is visiting India for medical tourism to avoid any kind of uncertainties or problems—

- To ensure that the hospital in India to be visited is licensed or not. The hospital must be recognized by a commission, any international healthcare auditing agency or by a Joint Commission International.
- To check the cost and quality of patient care.
- To get all possible details about the doctors before selecting them that includes their credentials, achievements and qualification. It is advisable to search about the hospital credentials on the internet.
- It is crucial to know about treatment procedure well in order to have realistic expectations from the surgery. Patients should also be clear about post-operative care, recovery period and physical therapy.
- Make sure to meet the treating doctor in person before undergoing any procedure. Personal examination such as diagnostic tests of a patient is first performed by the majority of hospitals to assess the possibility of conducting procedure.
- Make sure to carry all the essential documents along with their copies by the patient and store the originals in a safe place.
- To carry all the health records and medical reports that are relevant to the medical procedure or surgery such as prescriptions, X-rays, health histories, immunization records, MRI's and photographs.
- Passport and Visa required along with debit cards, credit cards and travellers check. Also bring one or two major debit and credit cards, and some local currency.
- Make sure to carry your driver's license that remains valid till the time you are travelling.

RISKS ASSOCIATED WITH MEDICAL TOURISM:

1. Variable Infectious disease epidemiology: Distribution of infectious diseases is not uniform across different regions of the world. Exposure to diseases which are endemic in host country or importation of exotic diseases via tourists can be a hazard for individuals with no in built immunity against such diseases. E.g. tourists travelling to India may be exposed to gastrointestinal diseases (e.g. hepatitis, enteric fever, amoebic dysentery), mosquito-transmitted diseases, influenza, tuberculosis, etc. These diseases may hamper the recovery from illness and prolong patient stay. Once such tourists return to their country while still in incubation period, these diseases may not be picked up by doctors in their native countries because such diseases are perceived to be "rare" in the West. (13)

2. International quality standards: Although National guidelines exist for health care and many hospitals are also internationally accredited, all hospitals services in India are not accredited with international bodies. The quality of post-operative care can also vary dramatically, depending on the hospital and country, and may be different from US or European standards. Also, travelling long distances soon after surgery can increase the risk of complications. Long flights and decreased mobility associated with window seats can predispose one towards developing deep venous thrombosis and potential risk factor for pulmonary embolism. (14)

3. Differences in healthcare provider standards around the world have been recognised by the WHO, and in 2004 it launched the World Alliance for Patient Safety. This body assists hospitals and government around the world in setting patient safety policy and practices that can become particularly relevant when providing medical tourism services. (15)

4. Lack of appropriate mechanism for grievance redressal: Health facilities treating medical tourists may lack an adequate complaints policy to deal appropriately and fairly with complaints made by dissatisfied patients. (16)

5. If there are complications, the patient may need to stay in the foreign country for longer than planned or if they have returned home, will not have easy access for follow up care. (17)

7. Cost of medical care in host country may rise. This is especially so for India where maximum people spend out of pocket on healthcare. The private sector is profit driven and will serve tourist who can pay for the health care. Local people's access to quality healthcare may be denied as has been shown in a study in Thailand. [18]

LEGAL ISSUES

1. Medical tourists are not familiar to the legal system in the host country and if subjected to it, there may be a source of inconvenience. (19)

2. The limited nature of litigation in various countries is one reason for the lower cost of care overseas. While some countries currently presenting themselves as attractive medical

tourism destinations provide some form of legal remedies for medical malpractice these legal avenues may be unappealing to the medical tourist.

3. Inadequate compensation/ Inability to compensate: Sometimes patients may not be able to seek compensation or may seek inadequate compensation as per personal insurance due to lack of appropriate insurance cover by hospital and/ or doctor. (20)

5. Differential laws in different countries: Issues can also arise for patients who seek out services that are illegal in their home country. In this case, some countries have the jurisdiction to prosecute their citizen once they have returned home, or in extreme cases extraterritorially arrest and prosecute. (21)

6. There are no clear policies addressing the disputes arising from treatment, complications and adverse reactions and death. No policies addressing the insurance and offshore agencies involved in medi-claims or health insurances. There are no robust and clear policies addressing on the medico-legal, post mortem dissections.

7. Use of wellness therapies which are based on ancient knowledge and lacks controlled trials and evidence studies can pose serious legal issues, in case of failure.

ETHICAL ISSUES

Some of the ethical issues involved in medical tourism are enlisted below:

1. **Illegal purchase of organs and tissues for transplantation** had been methodically documented and studied in countries such as India. (22, 23)

2. Increased inequity in healthcare system: Promotion of medical tourism will lead to a deepening of the inequities already embedded in the health care system. Private sector is the main supplier of medical tourism in India. Unless regulated, there will be a rise in the cost of health services in private sector. Private health sector will become expensive for the host population, thereby, increasing the inequity which already exists on account of disproportionate out of pocket expenditure incurred upon by the Indian population. (24)

3. Medical tourism centred on new technologies, such as stem cell treatments, is often criticised on grounds of **fraud, lack of scientific rationale and patient safety**. The affordability by the foreign Nationals of the facilities such as Organ Transplantation deprives the nationals of the host country of the organ transplantation. However, when pioneering advanced technologies, such as providing 'unproven' therapies to patients outside of regular clinical trials, it is often challenging to differentiate between acceptable medical innovation and unacceptable patient exploitation. (25, 26)

OPPORTUNITIES: Medical tourism brings an important opportunity of narrowing gaps in public and private sectors through public private mix hospitals.[27] Data generated from the medical interventions applied can be further used for enriching the medical evidence and development of new techniques and therapies.

There is an urgent need for development of Guidelines and Standard Operating Procedures for Medical Tourism in India.

STANDARD PROCEDURES

AIM of developing Standard Operating Procedures for Medical Tourism in India is to standardize the process of medical tourism and its facilitation, thereby, promoting overall health.

OBJECTIVES:

1. Development of Standard procedures for medical tourists who are coming from yellow fever affected areas.
2. Development of Standard procedures for medical tourists who are coming from areas where PHEIC is going on.
3. Development of Uniform Reporting Format for all the hospitals which cater to international patients.

ACTIVITIES involved in the development of SOP:

1. Situation Analysis:

- a. List of hospitals which have been empanelled for medical tourism (including procedures emergency and elective, Accreditation, ISO certification etc.)
- b. List of treating doctors, referral and communication with various health care facilities.
- c. Processes for facilitation of tourists visiting India for medical advice/ treatment, including list of medical tourism facilitators and insurance companies which cater to the needs of medical tourists in India.
- d. Types of illnesses: list of diseases/ illnesses treated at hospitals to be outlined by respective hospitals.
- e. A database of the therapies used; efficacy trials, review, meta- analysis etc, must be developed.

2. Involvement of Stakeholders:

A Committee needs to be formed which will include representatives from all stakeholders; MOFHW, Ministry of Tourism, Ministry of Home Affairs, Ministry of External Affairs, Ministry of Commerce, Medical Council of India, National Accreditation Body for Hospitals, Indian Medical Association and participants from various Corporate Hospitals, Govt. Hospitals, members from International Accreditation Boards and international bodies like, Medical Tourism Association. This committee will provide a platform for formation of National Policy for Medical tourism in India. This policy will take care of medico- legal, ethical and financial issues related to medical tourism.

3. Uniform reporting format needed to be developed for real time Record keeping, reporting mechanism, data compilation which will help in coordination between various stakeholders and maintaining transparency. Every health facility providing treatment to foreigners as part of MT should regularly submit monthly report in a pre-designed format.

An example of such a format for tourists seeking healthcare is as follows:

S. No.	Name & Address	Country of Origin PP No.	Diagnosis	Treatment given/proposed	Duration of treatment / stay	Outcome/Complications	Responsible Hospital/Physician

An example of such a format of Reporting format for hospitals providing healthcare is as follows:

Name of the hospital: _____

Month _____

No. of Patients provided treatment _____

Details of patients provided treatment:

S. No.	Name & Address	Country of residence PP No.	Diagnosis	Treatment given/proposed	Duration of treatment/ stay	Outcome/Complications	Responsible Physician	Remarks

Signature: _____

Name: _____

4. Standard procedures for patients travelling from yellow fever affected.

These involve:-

Advice to patients and hospitals:

- Ensure proper yellow fever vaccination in respect of the concerned person 10 days prior to arrival in India
- Information on requirement of valid YFV certificate (in original) during the time of immigration.
 - India's policy with regard to Screening and Quarantine at International Points of Entry in case of persons not having valid YFV certificate.
 - Isolation of suspected tourists and further treatment in hospitals (designated) by the Centre.

4. Standard procedures for patients travelling from areas where PHEIC (declared by WHO) is going on.

These involve:-

Advice to patients and hospitals:

- Information about H/o travel to PHEIC affected countries.
- H/o contact with affected persons/animals/articles etc.
- Information on requirement of preventive vaccination (if one exists) or other measures and presence of any S/s of PHEIC.
 - India's policy with regard to Screening and Quarantine (including laboratory testing) at International Points of Entry in case of suspect persons.
 - Hospitals should be aware of the national guidelines (as available on MoHFW website) and report of such suspects/cases to designated officer.

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