Medical Tourism (Travelling For Treatment)

Information for those considering travelling abroad for medical treatment, elective surgery or dental procedures

Key Messages

| **Individuals considering travelling for treatment should discuss their plans carefully with their UK doctor, dentist and/or hospital specialist before committing to any procedure abroad.** |
| **Travellers should speak directly to the health professional undertaking the planned treatment before travel and check their qualifications and references independently.** |
| **Medical advice from a travel agent or administrator is unacceptable.** |
| **Travellers should see their GP, Pharmacist, Practice Nurse or Travel Clinic prior to travel to check if vaccines and/or malaria tablets are recommended for their destination.** |
| **Appropriate travel medical insurance is essential.** |

Overview

United Kingdom (UK) residents travelling abroad for medical treatment, elective surgery and dental procedures may be at increased risk of complications, including exposure to blood borne viruses. They may also be unaware of the potential health and financial consequences they could face [1]. Medical tourism has been defined as the practice of travelling to another country to access paid medical care [2]. Travelling overseas for treatment is becoming more common amongst UK residents. It is estimated that approximately 63,000 UK residents may travel abroad for medical treatment annually [1]. Treatments can include dental, cosmetic and elective surgery, fertility treatment, transplantation and stem cell therapy [3].

A number of factors may have contributed towards this growth in medical tourism. These include improved disposable incomes, increased readiness to travel for health care, low-cost air travel and the expansion of internet marketing [1].

Risk for travellers

The British Association of Aesthetic Plastic Surgeons consistently advises against travelling abroad
for any kind of surgery, not just cosmetic. They counsel that all surgical procedures carry risks, even when performed by a reputable surgeon in the UK. They also state that the possibility of complications increases considerably with travel, which limits the availability of aftercare [4].

Realistically, some UK residents will choose to travel for treatment and require appropriate advice and counselling about the associated risks.

Individuals of all ages and social groups travel for treatment [1]. Most medical tourism is arranged and funded by travellers themselves. Private agencies usually refer tourists to hospitals and clinics, with flights and accommodation often included as part of a package.

In some situations, such as delays in treatment, the NHS may agree to pay for treatment in European Economic Area countries. However, this is very unusual and would not usually cover dental care or plastic surgery.

Whist specific risks of medical tourism depend on regions visited and procedures performed, some general issues have been identified:

- Antibiotic resistance is a global problem and resistant bacteria may be more common in some regions.
- Communication may be a problem.
- Medication can be counterfeit or poor quality in some countries.
- Risk of exposure to blood borne diseases, such as hepatitis B and HIV, may be increased due to potential re-use of medical equipment or inadequate blood collection, screening and storage in destination countries [5, 6].

The medical tourism industry is almost entirely unregulated and this has potential risks for those travelling out of the UK. Existing information regarding medical tourism is variable and there is no authoritative and trustworthy single source of information [1].

Individuals diagnosed with progressive or chronic illnesses may be vulnerable to exploitation by providers of unproven interventions abroad. Patients travelling for untested treatment can be exposed to additional safety risks due to the nature of the intervention and may face high financial burdens for potentially ineffective treatment [2].

Long distance air travel post-surgery is thought to heighten risk for deep vein thrombosis or pulmonary embolism. Individuals travelling for organ transplantation may experience higher rates of severe infectious complications because of inadequate screening protocols overseas [6].

Many countries with robust medical tourism programme are in tropical and subtropical regions where malaria, dengue fever, enteric fever and other endemic infections exist. Many have high background rates of antibiotic resistance, hepatitis B, hepatitis C, HIV and TB [7, 8].
Before travel

Careful planning and preparing can help reduce risks associated with treatment abroad. Travellers should be encouraged to consider the impact of treatment overseas, away from friends, family and usual support networks, especially if complications occur or a prolonged stay is required.

Travellers need to take into account their destination country’s entry requirements, including medication restrictions, and for some countries, the need to obtain a visa prior to travel. Further information is available from the Foreign and Commonwealth Office Country Information Pages.

Individuals planning overseas treatment are advised to use internationally accredited clinics or hospitals, although using an accredited clinic or hospital does not guarantee a satisfactory outcome [5].

Examples of accrediting bodies include Joint Commission International, the International Society for Quality in Healthcare and QHA Trent Accreditation.

- Individuals planning treatment abroad should discuss any planned procedures with their GP and/or specialist before booking any treatment and ensure they are fit to travel.

- Travellers should consult their GP, Pharmacist, Practice Nurse or Travel Clinic to check if they need vaccines and malaria tablets, and for any other destination specific advice, as soon as they have decided to travel.

- The destination clinician will need to be informed of any malaria prophylaxis, in case of interaction with the procedure, or any medication prescribed.

- The health professional undertaking procedures abroad should be available to talk to the traveller (via telephone or Skype). This consultation should provide a clear explanation of the planned treatment, including success/complication rates, potential risks and possible post-procedure problems.

- The traveller should ask to meet former patients once they arrive at their destination.

- Medical advice from an administrator, a travel agent, or member of a sales team is not acceptable.

- Qualifications and credentials should be independently verified and references should be requested prior to travel. Membership of specialist medical or dental organisations may indicate certain standards of care.

- A written contract from the clinic or hospital should be provided. This should include a clear treatment plan, with responsibility for all costs, including additional treatments, aftercare, dressings, drugs including discharge medication, extended stay, nursing care and local
follow up.

- A European Health Insurance Card (EHIC) does not cover the cost of planned treatments in Europe - it provides access to emergency state care in European Economic Area countries and Switzerland.

- Inclusive medical insurance that covers all potential complications, including the cost of medical evacuation back to the UK, must be obtained.

- Travellers accessing treatment in a country where they cannot speak the language should consider how they will communicate. It is reasonable to ask if a 24-hour interpreting service is available. Learning basic phrases and carrying a local language dictionary is also recommended.

- Healthcare regulation is less strict in some regions than UK law and many countries have no legislation to protect patients if things go wrong. Travellers should consider this when choosing their destination, as legal redress may be difficult.

During travel

- On arrival, travellers should ask to be shown round the clinic or hospital where the treatment is due to take place. They should be satisfied with cleanliness, hygiene and safety standards.

- Travellers should be satisfied that staff are appropriately educated, trained and experienced, and that the organisation has adequate indemnity insurance [9].

- If the traveller has any concerns, they should not proceed with the treatment.

- A pre-procedure medical consultation should take place, with the opportunity to meet former patients afterwards.

- Prior to any procedure, the traveller should check that appropriate medication, including pain relief, has been prescribed.

- Fitness to fly post-procedure should be established by the traveller's doctor or dentist. Potential risks of flying after surgery, especially in regard to long flights and thrombosis, should be considered and any appropriate prophylaxis prescribed. There may be issues regarding airline carriage of a recuperating traveller.

- Travellers should ensure they have copies of all overseas medical records, including x-rays and scans, before departure [5].

- Travellers should carefully consider who will care for them during their journey and once
they have returned home.

After travel

- Follow up care might not be easily available and may not be covered by the NHS.

When things go wrong abroad, patients may have little or no recourse, other than pursuing additional treatment at their own expense. In many instances, they are referred to the NHS for complications that may appear weeks or even months after a procedure [1].

Resources

- British Association of Aesthetic Plastic Surgeons: Consumer Safety Guidelines
- British Association of Plastic Reconstructive and Aesthetic Surgeons: Cosmetic Surgery Abroad
- European Committee for Standardization: European Standard in relation to Aesthetic Surgery services (EN 16372)
- General Dental Council: Going abroad for your dental care?
- Human Fertilisation and Embryology Authority: Considering fertility treatment abroad - issues and risks
- International Society of Aesthetic Plastic Surgery: Guidelines for Plastic Surgery Tourists
- Travelling with medicines
- NHS Choices: Dental treatment abroad
- NHS Choices: The risks of treatment abroad
- Travel Insurance
- Venous thromboembolism
- University of Leeds: Sun, Sand, Sea and Silicone

REFERENCES


Published Date: 26 Aug 2016

Updated Date: 03 Oct 2019