

Globalization: Theoretical Perspective
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Lecture 55
Medical Tourism in India: Progress or Predicament?

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Medical Tourism in India:
Progress or Predicament?

SUNITA REDDY and IMRANA QADEER : Economic and Political Weekly ,
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Welcome back to the class, and we are looking at one more interesting case or dimension of globalisation in contemporary times, which is medical tourism in India. And you would agree with me that medical tourism represents yet another facet of globalisation. Because of globalisation, we understand it as a process through which people material finance technology; they travel across the borders; there are transnational movements. And we know that the movement of people as, say, labourers or tourists or refugees has been an integral element of the globalisation process.

And when it comes to the question of the movement of people, of course, tourism in India has a long history; we know that there is quite a lot of interesting literature on how globalisation is connected with tourism. But this medical tourism is a fascinating topic because it talks about the transportation or travel of people from different countries to India.


But we are talking about a particular kind of travellers, the patients and their attendants their relatives and the very purpose of the travel is for the treatment. So, this specific topic, which we

are just examining, is quite a lot of articles on medical tourism, more recent and more complicated. Still, I decided to choose a straightforward essay again that appeared in EPW in 2010, written by Sunita Reedy. Imrana Qadeer is titled medical tourism in India progress or predicament.

Because this raises a lot of questions about the kind of medical system that we have medical facilities that we have and is it an initiative that needs to be accepted and encouraged, or is it something that we need to be sceptical about it because there seems to be an all-out approach by both the state as well as substantial corporate hospitals to welcome patients from other countries.

And so, it raises a lot of questions course, one of the significant faces of globalisation is that people patients from nearby countries or far off countries from middle east from now Asian countries from south Asian countries are finding or coming to India, seeking medical help and then spending a vast amount of money here and then going back and this represents an exciting phase of globalisation.

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- Globalization of health and treatment facilities
 - Polarisation of healthcare provision and health outcomes in relation to social, economic and geographical marginalisation.
 - Emergence of medical tourism and the role of transport, medical facilities, expenditure difference, legal issues and so on



So, let us see what the things are. So, one is the globalisation of health and treatment facilities; if you try to connect, sorry if you connect globalisation with that of health facilities health and treatment facilities, it has an exciting dimension in itself because globalisation has played a vital role in the globalisation of health technologies and treatment facilities across the globe.

Because of the equipment's innovations, techniques, and treatment protocols, all these things have become globalised if you go to some of the best hospitals across the globe. There is a high degree of standardisation of equipment, standardisation of medical procedures, medical protocols, pharmacological insight. So, there is the globalisation of medical systems. I am talking about modern medical techniques.

At the same time, there are also fascinating arguments about how certain indigenous medicines like Chinese medicine or Indian medicine, Ayurveda, or various kinds of medical traditions have gone global. So, there is an exciting dimension about the set of discussion topics and debates and discussions about globalisation and health, health systems and other things.

But what we are looking at is the core question of people moving into coming to and then going back around the country basically for getting health services. So, the polarisation of healthcare provisions and health outcomes about social economic and geographical marginalisation.

So, here, we are talking about marginalisation because while it has been romanticised. It is advertised that people are coming from other countries and then staying in and then taking treatment in some of the best hospitals in our country. That also allows us to look at more critically why people are forced to travel across different continents searching for highly specialised treatment. What happens to their treatment facilities health system scenario in their native countries, and what is happening with our systems? Do we have access facilities? How did we fail to provide this high-quality medical facility to every section of our population?

And you would; I do not think I need to elaborate on this; we will find that it is highly skewed and unequal. We know education health is the two most important sectors where the state should invest heavily. And, sadly, we see that these two sectors are heavily tilted towards the people with the resources.

And as a nation or a modern democratic state, we have failed miserably to a large extent in providing quality education and health to every community member. There could be different reasons, the vast population size, the kind of the development trajectory, all these things are our reasons. But I am saying the point I am saying is that this medical tourism offers you exciting perspectives to look at the nature of medical facilities, medical delivery systems and questions of modularisation in India and the countries from where the patients come from.

So, the emergence of medical tourism and the role of transport medical facilities expenditure difference, legal issues, etc. So, this brings in a host of problems. For example, a part of transport must be these two destinations that must be very quickly connected with fast air transport. Medical facilities must be top-notch, and expenditure differences must be substantial. And then legal issues about getting visas and other things must be much smoother.

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- (1) A complete separation of services for the poor and those for the better-off and rich was rationalised. While the former got healthcare from peripheral institutions, paramedical worker and village-based volunteers, others had access to hi-tech institutions. (2) The nature of care for the poor itself changed from comprehensive to primary-level care. This liberated public sector tertiary care institutions to make profits through medical tourism and other forms of pppts and charging for services. In the process, health services became an instrument for market expansion and financial gains rather than welfare.
- Medical tourism was product of these processes



So, there is a section where the author surveys the significant transformation of India's health sector. So, I am not going into the details, but those interested can check it up. It talks about how the Nehruvian ideas about modern society were reflected in certain kinds of health initiatives in modern India, of course, that is it is a continuation of the colonial procedures and then how we tried with how the role of the private sector in that and especially with the liberalisation, how we opened the field of medicine and then public health and private actors are were encouraged to come in a big way.

So, a complete separation of service was rationalised for the poor, the better off, and the rich. So, unlike many other developed countries, here we took it for granted that the rich can afford or rich can get the best of the facilities while the poor will not get that kind of quality health facilities.

And while it looks very discriminatory, we have accepted it; we have somehow accepted the fact that a person can get differential health treatment depending upon their economic scenario economic background, and we have kind of condoned the role of the state; we know that that is

not how various developed countries work through multiple forms, whether it is through insurance or state welfarism it is a different thing.

While the former got healthcare from the peripheral institutions, paramedical workers and village-based volunteers, others had access to high tech institutions; the poor, of course, quite often, their choices are limited, their possibilities are limited, they would restrict themselves the most immediate the affordable ones.

The care for the poor changed from comprehensive to primary level care. These independent public sector tertiary care institutions profit through medical tourism and other PPPs. PPP's is private, public partnership and charging for services in the process; health service became an instrument for market expansion and financial gains rather than welfare.

So, why do some of our tertiary public institutions start focusing more on niche areas on highly advanced treatment facilities treatment techniques? The majority of the poor were forced to seek treatment in the primary or other basic level health facilities, and medical tourism was a product of this process. So, there is a historical reason why India was able to produce these top-notch private hospitals and public hospitals, which now cater to the that of medical tourism in a big way.

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- Quality care, relatively cheaper services compared to the west, package deals and cheap services from the tourism and hospitality sectors and the options offered by holistic medicine are medical tourism's biggest attractions in India.
- India's comparatively better tertiary healthcare services draw clients from neighbouring countries like Bangladesh, Nepal, Pakistan and Sri Lanka that lack such facilities.
- hi-tech hospitals attract patients from the middle-east as well as the west by offering them "First World Quality at Third World Rates". Patient flow from neighbouring and south-east Asian countries has increased nearly 12% at hospitals in Chennai, Mumbai, Hyderabad and New Delhi.



So, quality care, relatively cheaper services, compared to the west package deals and affordable services from tourism and hospitality sectors, and the option offered by holistic medicine is medical tourism biggest attractions in India, so a host of things, cheap airfare from different places and as a package that they stay of the patient and stay of the bystanders and then maybe sightseeing along with that and a host of other things were brought together and the possibilities of holistic medicine that which combines modern medicine with that of Ayurveda and other things.

Wellness treatments are one of the significant reasons India emerged as an essential medical tourism destination. India's comparatively better tertiary health care systems draw clients from neighbouring countries like Bangladesh, Nepal, Pakistan, and Sri Lanka, which lacks such facilities; tertiary healthcare, a super speciality hospital, both private and public, played a vital role.

High tech hospitals attract patients from the Middle East and the west by offering them the first world and the west by providing the first-world quality at third-world rates. This became an essential slogan; we could sell our hospitals and medical care by offering you the first-world quality of treatment and healthcare at a third-world rate. Patients flow from neighbouring and Southeast Asian countries has increased nearly 12 per cent. Hospitals in Chennai, Mumbai, Hyderabad and New Delhi emerged as major attractions.

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Table 1: Cost Comparison between India, USA, Thailand and Singapore

(Approximate figures in US Dollars)

Procedure	US	India	Thailand	Singapore
Heart bypass	130,000	10,000	11,000	18,500
Heart valve replacement	160,000	9,000	10,000	12,500
Angioplasty	57,000	11,000	13,000	13,000
Hip replacement	43,000	9,000	12,000	12,000
Hysterectomy	20,000	3,000	4,000	6,000
Knee replacement	40,000	8,500	10,000	13,000
Spinal fusion	62,000	5,500	7,000	9,000

Approximate retail costs. US figures based on Healthcare Cost and Utilisation Project data.

International figures based on hospital quotes in named countries.

Source: Accessed 19 April 2010: <http://www.docstoc.com/docs/12163631/MEDICAL-TOURISM/>



So, this table that the authors have provided tells you about the significant difference in the expenditure for some of the high tech and complicated procedures. Especially when you compare it with the US, you will see that India and Thailand are much cheaper and far cheaper, and India is the cheapest among all, even compared to Singapore.

So, these are all we know that it is some of the most advanced procedures, hip replacement or spinal fusion or heart bypass. So, they are all extremely costly heart valve replacements, whereas it is much cheaper than the scenario between the US and India or other places. So, there is a huge cost advantage for people who choose to come to India.

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- Promotional Strategies of the hospitals and the state- use of 'medical diplomacy' and goodwill gestures related to treatments, Advertisement by state tourism departments
- PPP with supportive sectors such as airlines, hotels etc.
- Medical Visas
- Upgrading, Certification and Accreditation by national and International agencies
- Medical Exhibition and Conferences



There are several promotional strategies of the hospitals and the state use of medical diplomacy and the goodwill gestures related to treatment; we will discuss it below. But there are many very enthusiastic propaganda and campaigns both by the state and the private enterprise to attract patients from other countries.

And there are instances of medical diplomacy there. For example, a Pakistani child who is ailing from some severe ailment that does not have any cure or does not have any treatment in Pakistan is often allowed to be flown in and to an Indian hospital. The treatment is done successfully here, and the child is sent back.

So, similar gestures are crucial in strengthening diplomatic ties, but they are also widely used as occasions for advertising. We have facilities to do complicated heart replacement, lens replacement, or many complex surgeries. We are doctors who have mastered that.


And there are very collaborative efforts from PPP again in the private, public partnership model with supportive sectors such as airlines and hotels. So, there is it is provided as a package to the patients who are seeking such kind of services and then medical visas have been eased the government has relaxed quite out of rules regarding the cost of getting this medical visas and then upgrading certification and accreditation by national and international agencies; there are quite a lot of hospitals have ramped up their facilities getting some of the states of the art, say

equipment's, operation, theatres and the best doctors and then try to get international accreditation.

Different international accreditation bodies certify the quality qualities of various hospitals. So, there is a very qualitative improvement among major hospitals in terms of their equipment and expertise abilities, facilities and other stuff. And there are medical exhibitions and conferences.

So, the top management of the hospitals go out for international collaborations, meetings and conferences, and exhibitions exhibit their hospital basically to market it. These are kind of very unheard of some time back. Because even advertising a hospital was seen as unethical, sometime back promoting a doctor was seen as corrupt, some time since, but things have become relatively routine.

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- Setting Up National Level Bodies among top hospitals as a form of consortium-
 - The body would address issues related to infrastructure, health insurance, the role played by third-party administrators, biomedical waste management, investments by foreign investors, tax benefits and promote India as destination for medical tourism.
 - International Linkages



Now, also setting up national-level bodies among top hospitals as a form of a consortium, they have better bargaining powers and other stuff. So, this particular body would address issues related to infrastructure, health insurance, the role played by third-party administrators, biomedical waste management, investment by foreign investors, tax benefits, and promote India as a destination for medical tourism. So, this corporatisation of health care, especially with the advent of giant corporates like Wockhardt and Apollo's and others, has emerged as significant bodies catering to this particular kind of sector. They forge robust international linkages as well.

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Is it a 'win-win situation' for all concerned?

- the obvious contradiction between a vast uncared - for majority and an unethical focus on profits through medical tourism.
- The underdeveloped health system in India, especially at the tertiary level.
- Medical tourism caters to the diseases of the rich. Hence the services these institutions promote are not necessarily in accord with the epidemiological priorities in the country. Only the upper crust gains through this skewed priority in service structure.



Now, scholars want to ask, whether it is a win situation for all concerned. So, should we be delighted, that India can attract so many medical tourists and then they are giving us huge money in terms of foreign capital? They are spending money here. We can make use of that.

So, is it a win-win situation for all concerned? Is it something that which we can support in or in earnestness? Now, the apparent contradiction between a vast uncared for the majority and then unethical focus on profits through medical tourism, one of the important critical questions that we raise or we need to raise is that the scenario of healthcare in India is highly distorted is highly unequal with a vast number of people unable to get proper treatment. They cannot get appropriate treatment thousands are dying, whether it is young or age or other people. Thousands of people are waiting for very complicated surgeries and other stuff.

And the only reason why they cannot get the proper treatment is a lack of money; they do not have the lack of they do not have money to afford this health facility, which has become so costly. Now, we are confronted with a situation where thousands of poor people are awaiting or setting up; our hospitals are focusing on foreign patients. They are capable or willing to dole out so much money for these procedures.

And there are serious ethical issues; there are quite a lot of political and economic problems arising from such a scenario. The underdeveloped health system in India, especially at the tertiary level. So, what kind of health system do we have to cater to the people of the lower class. Suppose they require a high-quality treatment or a complicated procedure. What are the options

left for them? Even if there are situations where even if they dispose of all their wealth, they may not be able to meet the expenditure of the treatment.

So, how we are focusing on there or have we sorted out all those issues before we celebrate this, India's entry into medical tourism. Medical tourism caters to the disease of the rich. Hence, the services these institutions promote are not necessarily by the epidemiological priorities in the country.

Only the upper crust gains through this skewed priority of service structure. So, we know that, for example, epidemiology, a study about epidemics, is hardly an attractive field in our medical system. And there are very few doctors who want to study want to specialise in epidemiology.

Why because it is less romantic, it is less glamorous, it is less profitable, nobody cares about it, because it is about the masses. In contrast, there is a huge rush to become an oncologist and a neurologist, a cardiologist, because that is where the money lies. And here as well, our hospitals are investing vast amounts of money into some of the most advanced and most complicated procedures that might be relevant to very few people, and very few sections of people might be required.

But we celebrate it as the epitome of our advancements in health. And the reason episode of Corona brought out our glaring disparities in that scenario; it was not these high-quality procedures or techniques or expertise that became important; it was the knowledge of the epidemiologist, their expertise, their willingness, the data that we have about them about the population or primary health centres or health workers at the grassroots. They were the ones who fought this pandemic and then kind of emerging victoriously now. So, this whole question of medical tourism, you know, raises many questions about its ethicality and other stuff.

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- Unregulated privatisation and medical tourism in fact create distortions and have negative implications for health, as in the case of Assisted Reproductive Technologies (art) services that use underprivileged women for surrogacy and uninformed young women for harvesting of ova.
- Asian medical tourism is going to take away hi-tech procedures and leave American hospitals with unused capacity.



So, unregulated privatisation and medical tourism created distortions and negatively impacted health, as in the case of assisted reproductive technologies art services that use underprivileged women for surrogacy and uninformed young woman for harvesting of OVA.

So, there are a lot of interesting, fascinating studies about this whole question of surrogacy, the western women both maybe a couple come here. Then they go for a surrogate; they ask for surrogate mothers in India, and people from many impoverished backgrounds, rent their wombs.

And they spent these nine months 10-month period under strict observation. And once the child is born, the couple flies back with the child, and the woman gets some money. And also, a lot of people who are either knowingly or unknowingly donate their eggs. So, there are a lot of questions about its ethicality and many questions about exploitation, its legality, and whether what is happening, is it right, what happens to the woman's health, a series of ethical questions.

So now, this kind of conclusion, Asian medical tourism is going to take away high tech procedures and leave American hospitals with unused capacity, a series of questions or concerns about the implications of such large-scale migration of people from in their host countries, because that raises a lot of questions about how they manage their system about their medical insurance schemes, a lot of question.

But for me, more importantly, is how this medical tourism reflects our health scenario health system, where it is heavily privatised, where the state has withdrawn significantly and which is entirely in the hands of the market. And, and it goes well with the kind of an overall logic of

globalisation as neoliberal globalisation, where facilities such as this. However, it's not a facility as important as critical medical care gets more available for the rich people with disposable income.

While it becomes so difficult for the people from the lower classes to ask pay for that. So let us stop here as I told you; the reason why I included this is to give you a glimpse of an exciting area in which we are experiencing the effects of globalisation. We will meet for the sessions for the last week of the course. Thank you.