Patients who travel to another country to seek health care are referred to as medical tourists. The term arose because many Americans seek less expensive elective surgical, dental, or cosmetic procedures while vacationing abroad.1 Of course, US hospitals and physicians have also long cared for medical tourists from other countries. Now, many medical tourists are going the other way—from the United States to other countries to receive health care. In 2007, it is estimated that 750,000 Americans traveled to other countries for health care.1 In 2017, more than 1.4 million Americans sought health care in a variety of countries around the world.2

The reason more Americans have become medical tourists is simply that they are seeking less expensive health care. Because we have the most expensive health care system in the world, it is not difficult to find countries that offer various procedures at 30%-65% of the cost of care in the United States.3 Other countries can charge less because of lower pay to physicians and other health care workers, much less overhead because patients pay cash, and subtraction of the substantial cost of malpractice insurance.3

The number of medical tourists to all countries in 2017 was estimated at 14-16 million.2 The number of US medical tourists and the number of medical tourists in the world is expected to increase by 25% per year.3 The financial implications of medical tourism are profound. The average cost for each medical visitor is estimated to be $3,800-$6,000 (cash) per visit,2 and the total spent per year globally is estimated at $45-$72 billion.2 The value of the entire medical tourist business per year is approximately $439 billion.3

Given the magnitude of income from medical tourism, it is not surprising that a number of cities and countries actively solicit medical tourism. Some examples are Dubai,4,5 Singapore,4 and Malaysia.5,6 Health care brokers are readily available in the United States and abroad to help arrange air travel and hotel accommodations and provide tourist information, in addition to arranging admission to various hospitals and access to physicians throughout the world.7,9 In 2008, there were 63 medical tourism companies in the United States.7 The total cost for hospitalization, physician fees, airfare, and hotel expenses for the patient and spouse is far less than the cost of the procedure in the United States.7,9 Several US medical centers, including Harvard,1 Boston University,1 Johns Hopkins,1 and the Cleveland Clinic,10 have established hospitals and clinics outside of the United States, hoping to capitalize on local and foreign medical tourism.

The top 10 destinations for medical tourism are shown in Table 1.2,11 They are listed alphabetically, not by frequency of visits.11 American medical tourists are most likely to go to South America, Central America, and the Caribbean.4 The most frequent conditions treated are shown in Table 2.11

Most Americans who go abroad for medical care lack health insurance or their health insurance (including Medicare) does not cover certain conditions, including dentistry.
The primary concern of Americans considering medical and surgical treatment in hospitals and clinics outside the United States is the quality of the care. The Joint Commission (formerly the Joint Commission on Accreditation of Hospitals) began to evaluate, inspect, and accredit hospitals outside the United States in 1998. By 2017, 800 foreign hospitals had been accredited, and the number is increasing by 20% per year. Many overseas hospitals are staffed in part by physicians and other health professionals who were trained in US hospitals. One hospital in India has 200 US-trained board-certified surgeons.

Americans continue to be concerned about the quality of care at hospitals outside the United States. Are foreign hospitals and physicians subject to malpractice suits? What if complications become apparent after a patient returns to the United States? Will US doctors treat patients for complications related to medical tourism, or does a patient have to return to the hospital that performed the care? Some medical tourists even purchase medical complication insurance because of the latter concerns.

US income from incoming medical tourism continues to exceed income lost by outgoing US medical tourism. However, the late noted medical economist Uwe Reinhardt warned that “medical tourism can do to the US health care system what the Japanese automotive industry did to American carmakers after the Japanese products developed a value for money and reliability reputation.”

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References