

# INDIA - AN ATTRACTIVE DESTINATION FOR “MEDICAL TOURISM”.

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## Introduction:

Medical Tourism involves travel across international borders with the intention of receiving medical care that is cheaper than in their home countries. India, Indonesia, Malaysia, Philippines, Singapore, Thailand and many other countries market themselves as major ‘destinations for Medical tourism’. Destination nations regard medical tourism as a resource for economic development.

Services typically sought by medical tourists include elective procedures as well as complex specialized surgeries such as Kidney / Liver/ Bone marrow transplant surgery, Hip/Knee Replacement surgery, cardiac surgery, Dental /Eye/ cosmetic surgeries, Reproductive tourism, Ayurveda treatment etc. Thailand and Brazil are more popular among medical tourists for cosmetic surgery, Singapore specialize in complex procedures and also offer cancer and stem cell treatments, Mexico is famous for inexpensive weight loss surgeries and cosmetic surgeries, while India is famous for World class orthopaedic, eye and cardiac surgeries.

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## Various reasons for patients preferring to seek medical treatment abroad:

Patients who travel abroad for medical treatment do so for a variety of reasons. Elevated cost of treatments and huge waiting periods for certain procedures, in the developed countries, particularly the USA, UK and Canada, has been forcing patients from such regions to look for alternative and cost-effective destinations to get their treatments complete. Other reasons include the ease and affordability of international travel, improvement in both technology and standards of care in many countries, dissatisfaction with their domestic health system. Globalization has lowered transportation costs and reduced language barriers. The patients might also decide to combine their medical treatment with tourism.

## India- an attractive destination for medical tourism:

India represents the most prospective medical tourism market in the world. India’s medical tourism sector is expected to experience an annual growth rate of 30%,

making it a \$2 billion industry by 2015. Confederation of Indian Industry reported that 150,000 medical tourists came to India in 2005, based on feedback from the organization's member hospitals. The number grew to 200,000 by 2008. A separate study by ASSOCHAM reported that the year 2011 saw 850,000 medical tourists in India and projected that by 2015 this number would rise to 3,200,000.<sup>1</sup> The city of Chennai has been termed *India's health capital*. Multi- and super-specialty hospitals across the city bring in an estimated 150 international patients every day. Chennai attracts about 45 percent of health tourists from abroad arriving in the country and 30 to 40 percent of domestic health tourists.<sup>1</sup>

The private hospitals in India are seeing an influx of patients from USA, UK, Canada, Gulf, Bangladesh and many other countries. The Taj Medical Group receives 200 inquiries a day from around the world and arranges packages for 20-40 Britons a month to have operations in India. Apollo Hospital Enterprises treated an estimated 60,000 patients between 2001 and 2004.<sup>2</sup>

## **Several factors that make India an appealing destination for Medical tourism:**

These include well-trained health practitioners, competent English-speaking medical and paramedical staff, high quality facilities and availability of these premium services at a competitive cost, a growing compliance on international quality standards, and a good mix of allopathic and alternative systems of medicine.

Many Hospitals have state of the art facilities for International patients, with world class Airport pick-up/ transportation and accommodation facilities prior and post treatment. They have interpreters in several languages to provide translation services to medical tourists and also have liaison with major international Insurance providers. The Indian corporate hospitals are getting certified by International accreditation schemes. There are 18 Joint Commission International (JCI) accredited hospitals in India

The cost of surgery in India, Thailand or South Africa can be one-tenth of what it is in the US or Western Europe, and sometimes even less. The cost differential is huge: e.g. Open- heart surgery costs up to \$70,000 in Britain and \$1, 50,000 in US, while in India's best hospitals it could cost between \$3,000 to \$10,000. Knee surgery costs Rs. 3.5 lakh (\$7,700) in India while in Britain it costs \$ 16,950. <sup>2</sup> Dental, eye and cosmetic surgeries in western countries cost three to four times as much as in India.

Patients from countries such as UK and Canada travel to India to beat the huge waiting period for many routine procedures. Using Canada as an example, an estimated 782,936 Canadians spent time on medical waiting lists in 2005, waiting an average of 9.4 weeks. Canada has set waiting –time benchmarks, e.g. 26 weeks for a hip replacement and 16 weeks for cataract

surgery and non- urgent medical procedures.<sup>3</sup>

Health services in India have the additional advantage of providing a good mix of allopathic and alternative systems of medicine. For instance, while New Delhi has emerged as a prime destination for cardiac care, Chennai for quality eye care, and Kerala and Karnataka have emerged as hubs for state-of-the-art Ayurvedic healing. Indian hotels are also entering the wellness services market by tying up with professional organizations in a range of wellness fields and offering spas and Ayurvedic massages.

## **Issues in Medical Tourism:**

### **1.Government of India promoting medical**

**tourism:** The National Health Policy, 2002, makes it clear that government policy supports medical tourism (Ministry of Health and Family Welfare). The Indian Ministry of Tourism has started issuing 'M' or Medical visas to patients and MX visas to the accompanying spouse. Though the Government has encouraged the growth of medical tourism, but these have mainly benefitted the private sector.

### **2.Medical risks:**

Various countries have different infectious disease related epidemiology. Exposure to diseases without having natural immunity can be a hazard for medical tourist. The quality of post-operative care can also vary dramatically. If there are complications, the patient may have to extend his visit, or if returned home may not have easy access for follow-up care.

### **3.Potential threat to Public health system in**

**India:** Medical tourism has stimulated unregulated growth in private sector by introducing an increasing number of joint ventures and collaborative endeavours. The private hospitals may demand greater subsidies from the government in the form of land, reduced import duties for medical equipment etc. Thus the scarce resources

available for health may go into subsidizing the private sector. To ensure equitable distribution of the gains, investments in the public health system will have to be increased. The government will have to undertake initiatives to improve the infrastructure, quality and efficiency of the public health sector.<sup>4</sup>

The public health system in India suffers from shortage of trained and skilled health personnel. Further growth in private sector due to medical tourism, may create an internal 'brain drain', as skilled health personnel from public health sector may flow to private sector due to more lucrative job opportunities and favourable working environment, potentially reducing access to care for local citizens.

**4.Ethical concerns:** Medical tourism has raised several ethical issues, especially where human body resources like organs and tissues for transplantation are involved. Also concerns are raised about possible social changes in doctor- patient relationship such that there could be transformation of health services away from a patient oriented moral mission towards a commercialization of health care.

**5.Legal issues:** Medical tourism has raised several legal concerns eg. Limited nature of litigation in various countries, limited legal remedies for medical malpractice and significant international variation in legislation and its enforcement. Also, Doctors/ hospitals in some countries may be unable to pay the financial damages to a patient who has sued them, owing to inappropriate insurance cover.

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## Conclusion:

The ‘Booming Medical tourism in India’ has a massive potential for future growth and development. However it may result in greater inequity in the health system, which could pose a potential threat to the already crippled public health system in India. Thus opportunities provided by medical tourism should also be utilized to improve the access and quality of public health care delivery system in India. Also, more scientific research is required that will enable countries to maximise benefits and limit the potential risks to public health arising from medical tourism.

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