

Sun, sand and silicone

Jeanette Davidson looks at a new frontier of tourism

Medical tourism has grown from a relatively small niche market to a major economic

commodity, particularly in India, Africa and parts of South-East Asia. Studies show that the average medical tourist spends about 360 per cent more than the leisure traveller, making them the target of vigorous competition between nations.

Depending on what country and procedure is chosen, patients travelling overseas can save up to a third of the price of their chosen surgery and have a holiday into the bargain. A major attraction for medical tourists, particularly those availing cosmetic procedures, is anonymity. Overseas, patients can relax in their hotel and wait for the ill-tale swelling and bruising to subside away. The hotels selected are usually at the top end of the market and chosen specifically for their attention to patients' wants and needs after surgery.

In South-East Asia, Thailand is currently the front runner in medical tourism, treating more than a million foreign patients last year alone. Keen to attract some of this trade, the Singapore government has set up Singapore Medical Centre. It has committed \$1.12 billion to the development of this

organisation offering overseas surgery for uninsured Americans, he and his sister, who was the donor, flew to India for the surgery at a cost of \$50,000. He was the first American to have a liver transplant in India.

There is much debate in India regarding the country's involvement in medical tourism. Dr Nilima Kshirsagar, dean of one of Mumbai's biggest public hospitals, the King Edward Memorial, told the World Health Organisation: "The government has not examined how our patients will benefit or whether they will lose out. The need to benefit Indian patients is the main goal and medical tourism cannot be at their cost."

Private sector hospitals argue that the trickle-down effects from medical tourism will benefit the economy as a whole, but many such as Dr Manuel Daryit, director of WHO's human resources for health department, say that it remains to be seen how significant these effects are going to be and it is doubtful whether



Illustration: Don Lindsay

patients who jump the queue by going overseas for their surgery return to Australia with the expectation that if there are complications, the health system here will support them.

Malaysia has selected 35 private hospitals to take part in the Malaysian Health Tourism Program. Last year, 296,700 medical tourists generating \$65 million travelled to Malaysia for

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organises cosmetic surgery, along with flight and hotel packages. They have four hospitals and eight surgeons in Bangkok, Pattaya, Phuket and the Philippines, including Bunnaragrad International, the biggest private hospital in South-East Asia serving more than one million patients annually, 400,000 of them international.

But the AMA's Professor Dobb has more words of caution for those choosing overseas destinations for their surgery. "People need to be aware of the potential dangers," he said. "If things go well there's not a huge risk, but there are concerns over viral infections picked up in foreign hospitals and other complications that can arise when patients return home." "The training of overseas surgeons is also unlikely to be as rigorous as those in Australia." He also stresses that in the case

billion to the development of this industry, hoping to attract one million medical tourists a year by 2012.

It's not just cosmetic surgery that is tempting patients to foreign hospitals. India is heavily promoting itself as the ultimate in destinations for heart surgery or an organ transplant. In November last year, American Kevin Stewart had been given only a month to live and was on a four-month waiting list for a liver transplant that would cost \$380,500.

Through Worldmed, an

to be and it is doubtful whether any funds will make their way into the public sector without national laws or regulations being put into effect to make it happen.

Professor Geoff Dobb, president of the Australian Medical Association in WA, says that organ transplants raise extreme ethical issues for the countries and individuals involved. In China, he says that "most of the organs used for transplantation come from prisoners who have been subject to the death penalty".

He is also concerned that

million travelled to Malaysia for surgery. That figure is expected to rise to \$650 million by 2012.

Julia Watson, 65, of Maylands, has wanted her nose fixed for years and is heading to Thailand to have surgery this month.

"Sixty is the new 40 you know," she said. "If it's good enough for Joan Collins, it's good enough for me."

In March, Rana Tapiata, 55, flew to Phuket to have upper and lower eyelid surgery, scar revision, a breast lift and a tummy tuck. She was overweight as a child and lost

on overseas surgery on A Current Affair. She researched her own breast augmentation and realised it was cheaper to go overseas.

Ms Schimpf found Dr Wittoon Wisuthseriwong at Bangkok hospital in Phuket. He has been practising for more than 30 years, averaging around 400 plastic and reconstructive surgery procedures a year since 1974.

"I was really happy with the results and when friends started to ask me to organise holidays for them I decided to make it official," Ms Schimpf said. The company

of surgery for personal appearance, if things go wrong it can leave a patient with noticeable disfigurement that can be difficult if not impossible to correct.

It pays to research thoroughly before committing to surgery no matter where you decide to have it. But with governments like Singapore and India's investing big money into medical tourism, the dark and light side of this business and the effects that it has on both the medical and tourism industry globally will only become more evident