

Index

- Abratt, D. 65
Abu Dhabi 95, 136
Abu Sneineh, H. 93
accreditation *see* quality standards
Adams, R. 166, 167, 168
add-ons, temptation to offer 210–11
 see also commodification
Adlung, R. 110
Alleman, B. 40, 83, 84
Alsharif, M. 26, 36, 80, 81
Amirthalingam, K. 86
Amiti, M. 117
Aniza, I. 26, 58
Apton, J. and R. 23, 62
Arunanondchai, J. 63, 120–21, 201
Australia 3, 37, 136, 158, 161

Bach, S. 160, 164, 166
Bangkok Dusit Medical Group 27, 136
Bangladesh 26, 94, 159
Beecham, L. 57
Behrman, J. 129
Belgium 41, 49, 60, 97, 169
Bergmark, R. 98
Berliner, H. 135
Bermuda 95
Bettcher, D. 115
Bevan, A. 105
Bhagwati, J. 117, 118, 172
Biggins, S. 101
Birch, J. 72
births, trade in *see* surrogacy
Blinder, A. 116
blood donation 206–7
Blyth, E. 194
body parts trade *see* organ donation
 and body parts trade
Bollard, A. 167
Bookman, M. and K. 93, 124
Brazil 24
Breinlich, H. 7, 10

Bridges, J. 14, 21, 26
Brown, H. 98
Brush, B. 153
Bumrungrad hospital 21, 23, 26–7,
 34–5, 58–9, 63, 77, 91–2, 136, 155
Burke, W. 210
Burkett, L. 190
Butler, S. 39, 60

Cambodia 94, 136, 150, 201
Canada 3, 17, 18, 58, 83, 93, 158, 159
Carrera, P. 14, 21, 26, 82–3, 211
Carzaniga, A. 110
Cattaneo, O. 24, 120, 196
Caves, R. 128
Chanda, R. 13, 42, 118, 132, 137, 139,
 140, 159
Chee, H. 16, 35, 141
China
 cultural community 97
 health travel growth 26, 89, 94
 middle class consumption growth
 32–3
 organ transplants, concerns over
 101, 103
 repatriation of savings 166
 as source of foreign-trained medical
 staff 161, 172
Chioy, H. 40, 55
clinical trials 88
Coase, R. 127
Cohen, I. 78, 168, 195, 201
collaborative research and education,
 need for 175
commercialisation *see* health-related
 commercial presence
commodification 204–15
 add-ons, temptation to offer 210–11
 blood donation example 206–7
 choice factors 211–12
 demand factors 210–13

- deregulation, international support for 209–10
 freedom of choice 204–5
 freedom to sell and freedom to share, differences between 207
 globalisation effects 209
 market exchange, unblocking 205–8
 market values 204, 205
 paradigm shift and rich/poor divide 208–10, 214–15
 personhood, losing sight of 212–13
 political responsibilities 213–15
 shareholder interests 211
 state sector versus private sector 209–10, 214–15
 supply chain factors and continuity of care 211
 tourism tag, problems with 211
see also difference from the norm as selling point; health-related commercial presence; marketing tactics
- community involvement 92–5, 175–6
 competitive factors 38–40, 64–5, 69–71, 196
 Connell, J. 5, 13, 63, 82, 124, 150, 151, 152, 153, 156, 160, 161, 162, 167, 168, 169
 corruption concerns 89, 134, 140
 Cortez, N. 71, 74, 84, 85, 188, 190
 cosmetic surgery 24–5, 28, 55–6, 60, 66, 72–3, 81, 86
 Costa Rica 39, 60, 71, 89, 124
 Criscuolo, C. 7, 10
 Crooks, V. 78
 cross-border arrangements 15, 113–19, 194–5
 crowding out effects, GATS trade agreement, rural services 120–23
 Crush, J. 94, 134
 Cuba 1, 70, 83, 89, 93, 123, 174
 cultural considerations 52, 63, 187–90
 Czech Republic 41, 153–4
- Daniels, N. 182, 198–9
 data *see* measurement factors
 Davis, T. 59, 65, 90
 De Haas, H. 167
 death tourism 89
 demographic effects 36–7, 55, 56, 57
- Denmark 97, 169
 dentistry 25, 38, 60, 62, 86, 92, 120, 121, 161
 deregulation, international support for 209–10
 difference from the norm as selling point 88–109
 alternative treatments 88–9
 births, trade in *see* surrogacy
 clinical trials 88
 cost factors 90
 death tourism 89
 fraud concerns 89
 globalisation, migration and cultural community 95–9
 location and proximity to home 92–5
 marketing tactics 91–2
 medical ethics and trade in body parts 100–101
 national stereotypes, attraction of 91
 organ donation *see* organ donation and body parts trade
 paternalism, and caution over new procedures 89–90
 pregnancy tourism 91
 privacy and confidentiality, importance of 90
 quality, significance of 90
 recreational facilities 90–91
 status-conscious patients 90
 stem cell tourism 89
 treatments only available abroad 88–92
see also commodification; health-related commercial presence
- Dollar, D. 202–3
 Donnelly, L. 164
 Dovlo, D. 150
 Doyle, M. 166
 Dubai 75, 94, 95, 133
 Durkheim, E. 185
 Dussault, G. 150, 152, 153, 166
- Eastwood, J. 162
 economic factors
 ethics of medical travel and economics of levelling up 201–3
 growth, effects of 30–38
 labour costs, effects of 63

- offshoring benefits 117–18
 - see also* price levels
- education
 - and collaborative research, need for 175
 - learning by doing, effects of 57
 - levels in destination country 51
 - student loans, cancellation consideration 173
 - subsidised training suggestion 172–3
 - training costs, Third World 168–9
- Ehrbeck, T. 12, 22, 23, 45, 55, 93, 95, 122
- Einhorn, B. 39, 98
- employment, and labour mobility *see* labour mobility and input
- ethics, body parts trade *see* organ donation and body parts trade
- ethics of medical travel 178–203
 - collective conscience 185–7, 194
 - competitive aspect 196
 - cross-country policies 194–5
 - cultural effects 187–90
 - demand-led marketplace for morals 191
 - epidemics and infections, global aspect 182
 - fairness factors, health and human development goals 197–203
 - globalisation and international protocols 195–7
 - health expenditure/GDP compatibility 201–3
 - healthcare market 179–82, 190
 - humanitarianism and mutual respect 182–5, 191
 - inverse care law 168, 169, 200
 - justice theory (Rawls) 197–9, 200, 201
 - levelling up, economics of 201–3
 - majority, tyranny of 190–97
 - Millennium Development Goals 202
 - moral autonomy, respect for 191–2
 - professional standards, maintenance of 180, 192
 - public/private healthcare comparison 189
 - social consensus on right to health 180–82
 - social division problems 191–2
 - social values and citizen integration, benefits of 193–4
 - spillover effects and social costs 192–4
 - supplier-induced demand 180, 183
 - trade losses 193
 - trade objectives, benefitting from 202
 - veil of ignorance 187, 198, 199
 - wealth, effects of 193–4, 199–200
- European Union
 - cross-border medical recruitment 169
 - cross-border medical services 50, 92, 93
 - e-health industry 118
 - European Court of Justice cases 48, 49
 - European Health Insurance Card (EHIC) 48
 - free rider problems 47
 - health records, online transfer 50
 - healthcare immigrants, discrimination against 49
 - IVF treatment 25
 - medical error cases 73
 - medical travel, reasons for deciding on 56–7
 - as multinational marketplace 47–50, 56–7
 - Patients' Rights in Cross-Border Healthcare Directive 47
 - public spending on health 41–2
 - recreational tourism, spillover effects 57–8
 - remuneration factors 153–4
 - treatment costs 62
 - see also* individual countries
- Farrand, A. 194
- Fink, C. 63, 120–21, 201
- Firhat, E. 65
- foreign direct investment (FDI)
 - see* health-related commercial presence, foreign direct investment (FDI)
- Forgione, D. 69, 84
- France 41, 61, 105
- Franceschini, M. 150, 152, 153, 166
- free rider problems 47

- Frey, B. 206
 Friedman, M. 99
- Garman, A. 23, 24, 125
 Gensler, H. 184
 George, J. 155
 Gerl, R. 62, 120
 Germany 23, 41, 42, 49, 51, 56–7, 58, 62, 89, 93, 97, 105
 Ghana 63, 150, 153, 159, 160, 168, 175
 Glinos, I. 41, 49
 globalisation effects
 commodification 209
 epidemics and infections 182
 global estimates, measurement factors 10–11, 21–2
 justice considerations, and labour mobility 174
 migration and cultural community 95–9
 multinationals 144–5, 148
 services trade rise, measurement factors 7–10
 Goodrich, J. 1
 Gorz, A. 208, 215
 Gostin, L. 158, 159
 Greece 37–8
 Gruskin, S. 199
- Hagopian, A. 158, 159, 166
 Hamid, Z. 92
 Harling, R. 72
 Haslam, C. 62
 Hawkes, M. 156
 Hay, C. 144
 Hazarika, I. 160
 health-related commercial presence
 126–48
 horizontal integration effects 128–9, 137–8
 integrated structures and cost reduction 127
 market and hierarchy 127–9
 opportunistic behaviour, blocking 129
 vertical integration effects 127–8, 133–4
 see also commodification; difference from the norm as selling point; marketing tactics
 health-related commercial presence, foreign direct investment (FDI) 129–35
 balanced clusters, benefits of 132–3
 India 137–41
 joint ventures with local networks 131–2
 local infrastructure benefits 133, 166
 local practices, one-time transaction cost of learning 132
 as multinational investment 136–7, 145
 non-profit examples 135
 pharmaceutical companies 130
 physical and human capital 131
 price-fixing cartels, challenging local 134
 public/private bias, accentuating 134–5
 reasons for choosing 130–31, 147–8
 Singapore and Malaysia 141–2
 tariff and non-tariff barriers 131
 WTO guarantee of free movement of equipment and supplies 131
 health-related commercial presence, policy requirements 142–8
 balance of power effects 144–5
 free trade agreements, restrictions 147
 GATS membership 145–8
 multinationals and globalisation effects 144–5, 148
 multiplier effect of new investment 142–3
 property rights, protection of 143–4
 sovereign states and GATS membership 145–8
 state-supplied services, exemptions for 147
 taxation and interest rate concessions 143
 Trade Related Investment Measures (TRIMS) 146–7
 health-related travel definition 2–3, 4–5, 11, 14
 Herman, L. 117, 126, 137
 Herrick, D. 92
 Himmelstein, D. 45
 Hirshleifer, J. 204
 Ho, D. 192

- Hodges, J. 73
- home nation
 cultural advantages of 63
 desire to remain in or return to 156–7
 free healthcare policy, GATS trade agreement 122
 price and quality satisfaction 58, 59
- Hopkins, L. 18
- horizontal integration effects 128–9, 137–8
- hospital data, unreliability of 12, 18–19, 27
- Howze, K. 111
- Hudson, S. 4, 65
- Humbyrd, C. 107, 108, 109
- Hungary 23, 41, 57, 60, 61, 62, 92, 120
- Hyo-Mi, P. 92, 93
- Imhoff, I. 156
- income levels
 fee-splitting practices 80
 labour mobility and input, sustainability concerns 170–71
 price and quality effects 63–4
 pursuit of profit by medical professionals 120–22
 remittances, and repatriation of savings 166–8
 remuneration factors and labour mobility 153–4
 rich/poor divide 208–10, 214–15
 and trade preconditions 31–4
 wealth, and ethics of medical travel 193–4, 199–200
- India
 accreditation 76
 Apollo hospitals 74, 75, 95, 137–8, 158
 corruption concerns 140
 cultural community 97–8
 employment vacancies 160
 foreign direct investment (FDI) 137–41
 Fortis healthcare provider 138–9
 health inequalities 200–201
 health travel growth 26
 hepatitis B concerns 72
 income levels 63
 insurance cover, need for 140–41
 malpractice insurance 67
 middle class consumption growth 32–3
 migration and returning home 156
 Narayana healthcare provider 67, 138
 offshore call centres 117
 organ donation and body parts trade 103
 poverty levels 44
 private healthcare treatment 33–4
 public sector healthcare problems 34
 Public Trust Act and free healthcare provision 122
 quality and medical outcomes 74
 recreational facilities 91
 regulatory concerns 139–41
 repatriation of savings 166
 rural services, crowding out of 121
 as source of medical staff 158, 161, 162–3, 169
 training costs 169
 treatment costs 61, 62, 64
 UK outsourcing of patients to 41, 42
 Wockhardt group 138–9
- Indonesia 94–5, 98, 139, 142, 201
- infrastructure considerations 50–53, 64, 133, 166, 174–5
- insurance cover 18, 38–40, 56, 58, 60, 66, 140–41
- International Society for Quality in Health Care (ISQua) 77
- Internet access to medical tourism 80–83
see also technological advances
- Iran 103
- Iraq 93
- Israel 60–62, 124
- IVF treatment 25
- Jamaica 159, 160
- Japan 28, 51, 75, 94, 103
- Jesse, M. 57
- Johnson, T. 23, 24, 125
- Johnston, R. 6
- Jordan 26, 76, 77–8, 93, 124
- Jose, R. 26
- Kaelin, L. 159, 160, 162, 177, 199
- Kanchanachitra, C. 159, 161

- Kangas, B. 3, 4, 19–20, 43–4, 50
 Kant, I. 104, 182–3, 198
 Kaushik, M. 161, 175
 Kenya 156, 159, 160, 176
 Kharas, H. 32
 Kher, U. 23, 55
 Khoury, C. 55, 56
 Kimball, A. 73
 Korea 69, 71, 74, 94, 96–7, 103, 124
 Kraay, A. 202–3
 Krugman, P. 116, 126, 133
 Kruuda, R. 57
 Kuwait 95, 158
- Labonté, R. 197
- labour mobility and input 149–77
 demotivation factors 156
 expertise levels and reaccreditation,
 professional 164–5
 global shortage of manpower 151
 home nation, desire to remain in or
 return to 156–7
 isolation problems 164
 legal requirements 163–4
 manpower distribution 150–52
 migrant professionals 163–5
 migration, push and pull factors
 152–7
 migratory capital and employment
 vacancies 160–61
 oversupply problems and
 unemployment 153
 professional and social aspirations
 154–5
 racial imbalance 164
 remittances, and repatriation of
 savings 166–8
 remuneration factors 153–4
 replacement professionals to
 compensate for brain drain
 (carousel effect) 161–3
 short-stay continuity problems 151
 training costs 168–9
 under-resourcing as risk factor 155
- labour mobility and input,
 sustainability concerns 169–77
 collaborative research and
 education, need for 175
 global justice considerations 174
 income levels 170–71
 infrastructure contributions 174–5
 local community involvement 175–6
 managed mobility suggestion 173,
 174
 medical schools, need for
 sponsorship of 175
 policy instruments to stimulate
 reverse brain drain 177
 rural students, involvement of 176
 short-term permits, suggested
 restrictions on 173–4
 student loans, cancellation
 consideration 173
 subsidiary affiliation, retention of
 176–7
 subsidised training suggestion 172–3
 tax on negative externality of
 educated professionals,
 suggestion for 172
 telemedicine, place for 176
- Laing, J. 210, 212
 language considerations 51, 58
 Laugesen, M. 43, 214
 Lautier, M. 8, 10–11, 24, 42, 93, 124, 125
 Leach, B. 164
 Lee, C. 124
 Lee, O. 59, 65, 90
 Lee, W. 68, 69
 Lee, Y. 96, 99
 Leenhouts, P. 92
 legal requirements 85–7, 104, 163–4
see also policies
 Lennon, C. 7–8, 95–6, 114
 Liberia 159
 Lori, J. 160, 175
 Lunt, N. 6, 13, 25, 60, 82–3, 211
- McGuire, A. 210
 MacIntyre, A. 185
 McPake, B. 153, 159, 170, 173, 175
 MacReady, N. 21, 73
 Malawi 155, 159, 160
 Malaysia
 accreditation 76
 employment vacancies 160
 FDI 141–2
 foreign patients 94, 98, 123, 139
 government marketing strategies 71
 health expenditure 201
 hospital data biases 15–16

- Pantai healthcare services 141
 Singapore state insurance 40
 as source of medical staff 159
 treatment costs 60, 62
 malpractice issues 66–7, 85–7
 Mareckova, M. 154
 marketing tactics 70–71, 91–2
see also commodification; health-related commercial presence
 Marshall, A. 132, 133
 Marshall, T. 187, 188
 Martinez Alvarez, M. 113
 Maslow, A. 154
 Mathauer, I. 156
 Mattoo, A. 39, 45, 63, 74, 75, 159
 measurement factors 6–29
 balance of payments assessment 24–5
 categorisation standards, need for 15
 cost assessment problems 12
 cross-border collaboration, need for 15
 data sharing, national differences 15–16
 data sources 13–20
 disaggregation factors 11–12
 global estimates 21–2
 global health-related services 10–11
 global services trade rise 7–10
 grassroots feedback 19–20
 health-related travel definition 11
 holiday home owners, effect on statistics 23
 hospital data, unreliability of 12, 18–19, 27
 international coordination 13–15
 medical outcomes, assessment problems 12
 national institutional data 16–18
 patient-counting problems 12
 private insurance data 18
 statistical data, unreliability of 21–9
 surveys, possible problems with 20
 trade and professional bodies, data from 19
 traveller exit surveys 17
 world trade as indicator 6–11
 medical schools, need for sponsorship in Third World countries 175
 Meghani, Z. 39, 74, 200
 Mendoza, R. 101, 103, 168, 170
 Mexico
 cross-border medical tourism with US 17, 39, 59, 86, 92–3, 98
 cultural community 98
 FDI 135
 healthcare services, export value 24
 manpower distribution 150
 medical malpractice 85
 medical school peer review 75, 79
 oversupply problems and unemployment 153
 quality, and extra-territorial compliance 79
 Social Security System 37
 migration
 migrant professionals 163–5
 migratory capital and employment vacancies 160–61
 push and pull factors 152–7
 Millennium Development Goals 202
 Milstein, A. 44, 45, 46, 54, 118
 moral considerations *see* ethics of medical travel
 Mortensen, J. 45, 118, 136
 Mozambique 159
 multinational investments 136–7, 144–5, 148
 Muraleedharan, V. 33, 44, 139, 140
 Murdoch, C. 89, 90
 Myanmar 51, 94
 NaRanong, A. and V. 26, 27, 28, 121, 123, 125
 national institutions, data held by 16–18
 national regulation, quality standards 78–9
 national stereotypes, attraction of 91
 Netherlands 41, 49, 121, 169
 New Zealand 96–7, 158
 Nguyen, L. 156, 170
 Nicaragua 150, 166
 Nielsen, S. 97
 Nigeria 95
 Norway 41, 169
 Nundy, S. 34, 44, 169
 Oatley, T. 142, 144
 Oberholzer-Gee, F. 64, 74, 137, 138, 158, 206

- O'Brien, P. 158, 159
 offshoring, economic benefits of 117–18
 Oman 95
 opportunistic behaviour, blocking 129
 organ donation and body parts trade 99–105
 cross-jurisdictional trade 104
 free market for biological materials, need for 104–5
 gift donorship, benefits of 105
 international scope 103–5
 legality in Iran 103
 morality issues 104
 risk factors, ignorance of 101–3
 voluntary and informed transaction requirement 102–3, 104
 Österle, A. 92
 outsourcing, and technological change 117–18
- Pachanee, C.-A. 121
 Paffhausen, L. 34, 70
 Page, J. 166, 167
 Pakistan 98, 103, 159
 Palmer, D. 155, 160
 Patel, V. 163
 Pellegrino, E. 189
 Pennings, G. 122, 191, 213
 Peters, D. 33, 44, 139, 140
 pharmaceuticals 69, 115–16, 130
 Philippines
 accreditation 76
 alternative treatments 89
 employment vacancies 160
 income levels 63, 153, 170
 local services, shortage of 122
 offshore call centres 117
 organ donation and body parts trade 103
 repatriation of savings 166
 as source of medical staff 158, 159, 160–61
 tourism spinoffs 125
 treatment costs 60
 Phillips, N. 202
 Poland 60, 161
 policies
 commodification and political responsibilities 213–15
 cross-country policies and dealing with differences, ethics of medical travel 194–5
 crowding out effects, reducing 122
 government marketing strategies 70–71
 health-related commercial presence *see* health-related commercial presence, policy requirements
 policy instruments to stimulate reverse brain drain 177
 regulatory standards 51–2, 139–41
 trade preconditions, government responsibility and involvement 53
 see also legal requirements
 Pollard, K. 21, 25
 Pond, R. 153, 170
 poverty, lack of insurance and patients in need 43–6, 98
 pregnancy tourism 91
 price levels
 access speed, importance of 55, 57, 58, 60
 capital costs 64
 competition, effects of 64–5
 competitive advantage and government subsidies 69–71
 cultural advantages of home nation employment 63
 demand curve of price 54–5
 demographic effects 55, 56, 57
 educational qualifications and willingness to travel 57
 equipment utilisation, maximising 64, 66–7
 fee-splitting practices 80
 government marketing strategies 70–71
 health insurance effects 56
 home nation service, satisfaction with 58, 59, 63
 income levels, effects of 63–4
 infrastructure and land costs, effects of 64
 insurance considerations 58, 60, 66
 labour costs, effects of 63
 language barriers, concerns over 58
 learning by doing, effects of 57
 malpractice insurance 66–7

- pharmaceutical generics 69
- price discrimination 67–9
- price dispersion 60–62
- price dispersion, reasons for 63–7
- price as primary reason 55, 56, 57, 59, 60
- rate of return from foreign patients, importance of 59
- recreational tourism, spillover effects 57–8
- security concerns 58
- technological advances, importance of 55, 56, 57, 58, 66–7
- two-tier pricing 69
- see also* economic factors; quality standards
- price-fixing cartels 134
- private sector, versus state sector, healthcare comparison 134–5, 189, 209–10, 214–15
- professionals
 - and pursuit of profit 120–22
 - qualifications and quality standards 75–6
 - social aspirations 154–5
 - standards, maintenance of 180, 192
- property rights, protection of 143–4
- public healthcare
 - insurance cover 38
 - private healthcare comparison 134–5, 189, 209–10, 214–15
 - state insurance and out-of-country costs 40–43
 - state-supplied services, exemptions for 147
- quality standards
 - communication of 75
 - concerns over low 71–3
 - cosmetic surgery complications 72 and disease risk 74–5
 - expertise levels and reaccreditation, professional 164–5
 - extra-territorial compliance 79
 - facilitators and travel consultants, quality concerns 83–5
 - healthcare accreditation 76–8
 - hepatitis B concerns (India) 72
 - hospital referral relationships 75–6
 - importance of 55, 56–7, 58, 59
 - Internet access to medical tourism, and lack of quality control 80–82
 - Internet access to medical tourism, personal recommendations and reputation 82–3
 - Joint Commission International (JCI) accreditation 26–7, 39, 52, 77, 78, 84, 95, 195
 - malpractice suits 85–7
 - and medical outcomes 74–5
 - multi-country pacts 79
 - national regulation 78–9
 - and professional qualifications 75–6
 - referral fees and facilitators 83–4
 - referrals, monitors and continuity of care 79–80
 - satisfaction levels 73
 - significance of 90
 - see also* price levels
- racial imbalance, labour mobility and input 164
- Ramchandani, N. 28
- Rao, K. 121
- Rathindran, R. 39, 45, 63, 74, 75, 159
- Rawls, J. 197–9, 200, 201
- recreational tourism 57–8, 90–91, 124–5
- Reddy, S. 56
- referrals 79–80, 83–4
- Regan, C. 135
- regulatory standards *see under* policies
- repatriation of savings 166–8
- retirement destination decisions 36–7
- Richman, B. 33, 62, 65, 67
- risk factors 58, 74–5, 101–3, 155
- Roemer, M. and R. 114
- rural services, GATS trade agreement 120–23
- Rutten, M. 153, 159, 168
- Sachdeva, S. 26
- Sandel, M. 204, 205, 206, 207, 208
- Saudi Arabia 158
- Scandinavia 93
- Scheper-Hughes, N. 100–101, 102, 103, 104
- Scherrer, C. 209
- Schwartz, B. 81, 205, 211, 212

- Scott, C. 89, 90
 selling point, difference from the norm
 see difference from the norm as
 selling point
- Sengupta, A. 34, 44, 169
 shareholder interests 211
 Shetty, S. 73, 82, 122
 Shimazono, Y. 102, 103
 short-term permits, suggested
 restrictions on 173–4
- Singapore
 FDI 141–2
 foreign health tourists 34, 35, 94
 health tourism income 28–9, 35
 high-end specialist care 28–9
 inpatients and outpatients, lack of
 distinction between 28
 malpractice insurance 66
 manpower distribution 150
 Parkway healthcare services 141
 price discrimination cases 68
 quality as main consideration of
 medical tourists 55
 quality and medical outcomes 74
 Raffles healthcare services 141
 recreational facilities 91
 SingaporeMedicine marketing 70–71
 as source of foreign-trained medical
 staff 159
 state insurance and Medisave
 accounts 40–41
 tourist exit surveys 17
 treatment costs 62
- Smith, A. 143, 178, 183, 186–7, 190–91
 Smith, E. 128
 Smith, M. 44, 45, 46, 118
 Smith, P. 69, 84
 Smith, R. 21, 43, 50, 63, 79, 113, 114,
 117, 124, 136, 143, 147, 158, 176
 Smith, S. 163
 Snyder, J. 78, 197
 social aspirations and labour mobility
 154–5
 social consensus on right to health,
 ethics of medical travel 180–82
 social division problems 191–2
 Song, P. 4, 210
 South Africa
 FDI 134, 136
 health risks for health workers 155
 health tourism 93–4
 International Passenger Survey 17
 manpower distribution 150
 medical staff of foreign origin 159
 medical tourism revenue 123
 organ transplants 103
 as source of medical staff 159, 160
 training costs 168
- Spain 37–8, 153
 Spar, D. 105
 spillover effects 34–6, 192–4
 Sri Lanka 156, 159
 statistical data *see* measurement factors
 status-conscious patients 90
 Steiner, N. 62
 stem cell tourism 89
 student loans, cancellation
 consideration 173
 supplier-induced demand 180, 183
 supply chain factors and continuity of
 care 211
 surrogacy 105–7, 195
 fair-trade pricing as remedy for
 exploitation 107–9
 see also difference from the norm as
 selling point
- sustainability, and labour mobility
 see labour mobility and input,
 sustainability concerns
- Switzerland 77, 89, 153, 205–6
- Taiwan 35, 51, 64, 71, 97
 Tawney, R. 190, 196
 taxation 143, 172
 technological advances
 communication and trade
 preconditions 52–3
 effects on trade 116–19
 health records, online transfer (EU)
 50
 importance of, and price and quality
 55, 56, 57, 58, 66–7
 Internet access to medical tourism
 80–83
 telemedicine, place for 118, 176
- Thailand
 access speed as advantage 58
 accreditation 76
 Bangkok Dusit Medical Group 27,
 136

- Bumrungrad hospital 21, 23, 26–7, 34–5, 58–9, 63, 77, 91–2, 136, 155
- domestic market expansion 34–5, 176
- employment vacancies 160
- health expenditure 201
- health tourism 27–8, 94, 124
- healthcare services, export value 24
- medical malpractice 85
- private hospitals 26–7
- recreational facilities 90–91
- rural services, crowding out of 120–21
- as source of medical staff 159
- tourism spinoffs 125
- treatment costs 60, 61
- Thun, E. 129
- Titmuss, R. 104, 189, 206, 207
- Todaro, M. 163
- tourism tag, problems with 211
- trade factors
- trade losses, and ethics of medical travel 193
 - trade objectives, benefitting from 202
 - world trade as indicator 6–11
- trade preconditions 30–53
- cultural acceptance 52
 - demographic influences 36–7
 - discretionary conditions 37–8
 - domestic market expansion 34–5
 - earning and spending levels 31–4
 - economic growth, effects of 30–38
 - education levels in destination country 51
 - elderly, health status of 36
 - European Health Insurance Card (EHIC) 48
 - free rider problems 47
 - government responsibility and involvement 53
 - health records, online transfer (EU) 50
 - healthcare immigrants, discrimination against (EU) 49
 - high cost and high maintenance patients, demands of 38
 - infrastructure considerations 50–53
 - language considerations 51
 - medical bankruptcies (US) 44–5
 - medical travel as economic safety valve 45–6
 - middle class consumption growth 31–2
 - multinational marketplace and European Union 47–50, 56–7
 - ‘Obamacare’ (US) 46
 - occupational pension plans 37
 - poverty, lack of insurance and patients in need 43–6
 - private insurance and competitiveness 38–40
 - reciprocal arrangements 42
 - regulatory standards and security 51–2
 - reimbursement according to predetermined schedule 42–3
 - retirement destination decisions 36–7
 - second-tier interventions, demand for 37–8
 - spillover effects 34–6
 - stabilising effect of domestic patient base 35–6
 - state healthcare, place for 38
 - state insurance and out-of-country costs 40–43
 - technological advances in communication 52–3
 - visa regulations 52
- training *see under* education
- Tudor Hart, J. 200
- Tunisia 61, 93, 124, 125
- Turkey 61, 93, 97, 141, 166
- Turner, L. 73, 83, 84, 124
- UAE 94, 136, 150–51, 158
- Uganda 150, 156, 159, 175
- UK
- blood donations 206, 207
 - Commonwealth Code of Practice for the International Recruitment of Health Workers 174
 - cosmetic procedures, rectifying 72
 - cosmetic tourists 24, 60, 62, 81
 - cross-border integration 93
 - dentistry tourists 60, 62
 - donor supply 105
 - healthcare accreditation 77, 78

- Human Fertilisation and Embryology Authority 105
- immigration data, and invisible health tourists 16
- income, average annual 170–71
- International Passenger Survey 17, 24–5
- intra-national mobility 3
- medical manpower distribution 150
- medical staff of foreign origin 158, 159, 162–3, 164, 169, 170–71, 174
- NHS outsourcing 18, 41, 42
- NHS social values 189, 193–4
- NHS training opportunities for migrants 154–5
- non-white consultants, proportion of 164
- nursing shortage, reasons for 170–71
- oversupply problems and unemployment 153
- Pacific Code 174
- private hospital revenue, London 25
- private hospitals and insurance, growth of 135
- reimbursement according to predetermined schedule 42–3
- service exports and imports 9–10
- statistical data estimates for health tourists 25–6
- treatment waiting times, consideration of 58
- UN, Millennium Development Goals 202
- Unti, J. 22, 67
- US
 - American citizenship birthright 91
 - blood donations 206–7
 - blood shield laws and malpractice suits 86
 - competitive practices 65
 - cross-border medical tourism with Mexico 92–3, 98
 - Deloitte statistical study 22, 23
 - dental care abroad 23, 62
 - earning levels 63
 - elderly health care 37
 - Hannaford Brothers Supermarkets initiative 39
 - health insurance, effects on travel decisions 56
 - healthcare accreditation 77, 78
 - healthcare services, export value 24
 - healthcare spending 45–6
 - holiday home owners, effect on statistics 23
 - immigration data, and invisible health tourists 17
 - international patients, sources of 58–9
 - intra-national mobility 3
 - malpractice insurance 66–7, 85
 - manpower shortage prediction 152
 - medical bankruptcies 44–5
 - medical error cases 73
 - medical manpower distribution 150
 - medical staff of foreign origin 158, 159, 168, 170
 - medical travel insurance 22
 - medical travel, reasons for deciding on 55–6
 - Medicare and Medicaid 37, 40, 44, 45, 62, 77
 - ‘Obamacare’ 46
 - occupational pension plans 37, 44
 - Patient Protection and Affordable Care Act 46
 - poverty and lack of insurance 44, 98
 - private insurance 39–40
 - quality and medical outcomes 74
 - rate of return from foreign patients, importance of 59
 - recreational facilities 91
 - statistical data estimates for health tourists 22–4, 26
 - treatment costs 60, 61, 62, 64
- Vargas-Bustamante, A. 43, 214
- Vasupuram, R. 153
- vertical integration effects 127–8, 133–4
- Vietnam 94, 139
- Vijaya, R. 44, 120, 121
- visa regulations 52
- Voigt, C. 210, 212
- Wagner, C. 51, 57, 58, 80, 81
- Walzer, M. 185–6, 187, 189–90, 199, 204

- Wangberg, S. 80
 Warner, D. 95, 99
 wealth *see* income levels
 Wei, S.-J. 117
 Weiner, R. 159
 Weiss, M. 87, 213–14
 Whittaker, A. 200, 215
 Wibulpolprasert, S. 121
 Widdows, H. 104, 108, 197, 215
 Williamson, O. 127, 129
 Wiskow, C. 153–4, 161
 Wolff, J. 44
 Woodward, D. 112, 152
 Woomer, J. 150
 World Health Organization (WHO)
 14, 202
 World Trade Organization (WTO),
 GATS trade agreement 110–25
 bilateral agreements 49
 country and sector decisions on
 111–13
 cross-border supply 113–19
 cross-border supply, distance
 facilitation and knowledge
 transfers 114–16
 cross-border supply, multinational
 policy involvement 115
 guarantee of free movement of
 medical equipment and supplies
 131
 health treatment and diagnosis,
 digitisation of 118–19
 health-related commercial presence,
 policy requirements 145–8
 health-specific access commitments
 111
 medical tourists, contribution
 measurement 123–5
 medical tourists, contribution
 measurement, recreational
 tourist comparison 124–5
 medical travel definition 4, 11, 14
 outsourcing, and technological
 change 117–18
 pharmaceutical drugs and TRIPS
 Agreement 115–16
 regional and bilateral trade
 agreements as intermediate
 option 112–13
 restrictive elements 112, 209
 short-term permits and temporary
 movement 174
 technological revolution, effects on
 trade 116–19
 Trade Related Investment Measures
 (TRIMS) 146–7
 withdrawal conditions 112
 World Trade Organization (WTO),
 GATS trade agreement,
 consumption abroad 119–25
 free healthcare, home nation policy
 for 122
 import substitution 122–3
 public policy requirements to reduce
 crowding out effects 122
 and pursuit of profit by medical
 professionals 120–22
 rural services, crowding out of
 120–23
 trade gains 120
 Yach, D. 115
 Yamin, A. 200, 208
 Yap, C. 17, 28–9, 35, 52
 Yemen 43–4, 93
 Youngman, I. 6, 22, 37–8, 40, 57, 88
 Zimbabwe 155, 159

