
Introduction: the emergence and significance of medical tourism and patient mobility

Neil Lunt, Daniel Horsfall and Johanna Hanefeld

THE RISE OF MEDICAL TOURISM ACADEMIA

The past decade has witnessed growing academic and professional interest surrounding patients who travel abroad to receive medical treatments. There has been much media coverage – of individual patients, of unusual places, of life-saving and life-changing treatments, and medical mishaps and the risks travellers face. Discussions have typically involved a great deal of hyperbole regarding future market development and how it will benefit or impact detrimentally on systems and patients.

In recent years the academic literature on medical tourism has burgeoned and a first wave of ‘discovery and description’ publications documented the novelty of medical tourism and its broad characteristics. What is perhaps a second wave of scholarship since 2010 includes more detailed empirical investigations of particular aspects and local development. This second wave has drawn from across disciplinary settings, identifying medical tourism as a complex phenomenon that escapes straightforward categorisation.

There has been the rise of an academic community – a loose grouping of research-minded individuals and research teams – seeking to understand both specific nuances, and broader dynamics, of medical tourism. The scope of activities includes academic symposia, special issues of leading journals, and a number of edited and single-author book contributions. Such scholarship has taken the field beyond an endless futurology of media and commercial commentary that too often consisted of estimates and extrapolation, but without a clear empirical basis.

The Elgar *Handbook on Medical Tourism and Patient Mobility* is another step towards analysing and documenting the drivers, shape and impact of medical tourism and patient mobility. Previous publications notwithstanding, this *Handbook* of almost 50 chapters draws together leading experts from the field and constitutes the most comprehensive collection of papers to date, reflecting the breadth of activities and processes that make up medical tourism and its research agendas.

HANDBOOK COVERAGE

To acknowledge the richness and diversity of medical tourism scholarship currently underway contributors were given remit to present their perspectives and expertise. As editors we sought to distil insight and evidence relating to medical tourism and patient mobility, and to reflect the disputes and divergence in approaches. The aim was to avoid a simple orthodoxy or set of straightjacketed contributions. Organised within six parts, the *Handbook* addresses the core themes, questions and developments from across the

field, with a sequence that moves from macro discussions, to meso consideration, and to more micro, treatment-focused, elements. At the same time the *Handbook* is premised upon there being continuous interplay across these different levels.

Part I introduces the history and context of medical tourism and patient mobility, setting the backdrop with the emergence of medical tourism and its underpinning drivers. Here, overviews of concepts, definitions and numbers are given full flight, with the aim of freeing-up successive chapters from endlessly re-covering such ground. This part highlights the forms of medical mobility and how motivations vary across these; historical and conceptual contributions point to the manner in which medical tourism blends the familiar and unfamiliar. The schema of globalisation runs throughout the *Handbook*, shaping the relations of the health trade.

Part II continues macro-level reflections, examining a family of issues around funding, financing and system-level accounting of medical tourism and patient mobility. For what is typically a form of commercial activity, key questions centre on market shape and structure, their operation and impacts. The insights of economics and health systems help unpick the implications for sender and destination country systems, providers and purchasers, as well as for individual patients themselves. A significant challenge for medical tourism and patient mobility is suitable system-level accounting to provide a robust evidence base concerning patient flows. The measurement, understanding and judgement of medical tourism are interrelated considerations. The multitude of forms of patient travel utilises varied sources of funding, and the expansion or otherwise of such funding mechanisms may fuel or stymie growth. Longstanding concerns around medical tourism include its equity dimensions and whether exchange benefits lower- and middle-income countries and developed health systems. The geography of medical tourism, both supply and demand for treatment and the distribution of activity across the globe is fundamental. Indeed, whilst emphasising medical tourism as an icon of global mobility one should not overlook how medical treatments are situated activities, transacted in specific places and at specific times.

Part III moves from macro considerations to the intermediate level of organisations and activities that constitute these market/clinical encounters. The focus is the processes and stakeholders associated with treatments overseas: providers and facilitators, governance processes, and the gamut of marketing and promotion techniques. At the heart of medical tourism is a commercialised sector (typically, private providers) securing new treatment opportunities. The heady future of medical treatment abroad is promoted at conferences, through media, trade-shows and internet coverage, involving both niche and large providers, and professional and ancillary supporting roles. In situating these developments in a wider context there is also exploration of related questions regarding the nature of markets and the nature of bio-security risk.

Part IV introduces the wider dynamics of mobility and captures specific regional experiences and detailed country case studies. There are wider processes of movement, mobility and connection including diaspora, culture, migration, and political relationships, and these staple concepts are fundamental to making sense of medical tourism. Whilst on the surface medical tourism reflects what are seemingly novel characteristics, deeper explanations draw upon a stock of familiar tools and knowledge, albeit supplemented with emerging concepts and explanations.

Part V addresses ethical, legal and regulatory dimensions, embracing related concepts

around risk, responsibility and protection. Information asymmetries are particularly pronounced in light of the element of 'distance' including jurisdiction with implications for the state role as well as other governance and regulatory bodies. Ideally, a common regulatory platform and reporting system should serve as the basis of an assessment of quality of care to allow for comparison of indicators.

The final part focuses on the experience of the individual, the patient, or, as so often portrayed, 'the tourist' who travels for treatment. It examines motivation, experiences and outcomes relating to specific treatments. Chapters draw from detailed empirical work to pinpoint treatment experiences, trends and drivers, including cases around cosmetic, bariatric and fertility treatment. The issue of outcomes lies at the heart of medical tourism – their definition, supporting evidence, and relationship they have to concepts including satisfaction. Whilst we may study medical tourism as a 'global' process and emerging phenomenon, we must not lose sight of how it impacts upon those involved in the treatment processes. Investigating and experiencing medical tourism is always a situated activity which requires us to understand particular markets, specific treatments and individual bodies.

TOWARDS A THIRD WAVE OF MEDICAL TOURISM SCHOLARSHIP

Distinguishing the *Handbook* amongst the wider medical tourism literature is its broader range of contributors, wider geographical coverage, and acknowledgement of conceptual eclecticism. Much of the early academic conversation around medical tourism was written with a strong American accent, understandable given that the US health context was anticipated to create huge opportunities for the uninsured and underinsured US population. European, North American and Australasian coverage and interest soon followed. Frequently absent from debates were voices, experiences and concerns of the global South. This *Handbook* maintains that understanding the wider dynamics of medical tourism must incorporate the broader range of southern perspectives. Whilst much of the emphasis has been on patients from high-income countries travelling to lower-costs destinations, there are cross-border flows – within South America, South East Asia, Southern Africa – that are more about the travel of local populations. The eclecticism includes the conceptual coverage of medical migration and other forms of travel. Medical travel scholarship is inherently multi-disciplinary. John Connell has talked about an A to Z disciplinary coverage of medical tourism. This *Handbook* draws across that range: health policy and management, law, ethics, economics, sociology, anthropology, political science, international relations, marketing, informatics, and many area study specialisms are clearly identifiable. Chapters are from clinical and non-clinical authors, academics, policy analysts and those with interests in programme management.

The *Handbook* must not be confused with an encyclopaedia, guidebook, or even almanac. Far from encyclopaedic, there are many small island states, and indeed large states, without devoted chapter coverage. The book offers little joy for those hoping for guidance on treatment selection. The *Handbook* doesn't seek to capture only current activities – given that volatility and faddism are particular challenges of medical

travel – and is not rooted in historical accounts. Rather, understanding medical tourism involves all three temporal frames. And whilst there is not reportage of each and every development, the concepts covered within the *Handbook* provide opportunities for understanding and application as the field moves forward.

In compiling this *Handbook* our aim was to open rather than close debate: medical tourism involves new markets, new treatments, new places, new regulatory spaces and involves a constant reinvention. The stand-alone chapters allow competing views and perspectives – including differences about the precise definitions, benefits and drawbacks. There are also inevitably differences in the future research agenda and methodological route to addressing that. The *Handbook* does not offer uncritical support for commercial claims; neither is it a vehicle for critics. Wider answers about the contribution and drawbacks of medical tourism depend on factors including the type of medical tourism, the individual experiencing it, where treatment is occurring and who is paying. There is no one narrative of developments but the book pays testimony to a growing academic grouping and understanding of the issues.

But does this point to an endless fragmentation of research? Perhaps here we can signal a *wave three* of scholarship that is more nascent – informed by empirical work but identifying some of the wider theoretical and conceptual understandings. Many of the researchers and practitioners who have contributed to this *Handbook* see medical travel as a fascinating and growing empirical phenomenon, as well as emblematic of broader cultural, political, economic and social changes associated with globalisation.

