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## Destination Health

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### Body&Soul

## Health in a suitcase

BY DAVID ROWAN

**Our correspondent investigates the risks of treatment abroad through unregulated agencies**

The blocked artery that limited blood flow to her legs meant a rapid decline in quality of life for Mavis Childs, a 67-year-old retired wages clerk. "I could walk maybe 10 yards (9m) before I'd have to stop, and was relying on crutches or a wheelchair," she recalls in her home in Wombourne, near Wolverhampton. "It made me very dependent on other people and I didn't like that at all. But though the doctors knew what was wrong and could do something about it, all I was getting was appointments to attend hospital every six months without getting any treatment."

Her condition was diagnosed in May 2003. Yet, she says, it took the NHS more than two years — until August 31, 2005 — to schedule the aorto-bifemoral bypass surgery that could have put things right. Even then, two weeks before she was due to be treated, the hospital abruptly cancelled the operation without explanation or the offer of a replacement date. "By coincidence, my husband and I had read an article about an agency which arranges medical treatment abroad," Childs recalls. "So we asked them for a quote and a week later we were on our way to India."

For about £5,000 — plus the cost of flights and a week's hotel accommodation for two — Childs had successful surgery at **the Apollo Hospital in New Delhi**, one of a growing number of private hospitals catering for the booming market in health tourism. "We could not have afforded private treatment in the UK, which we were given to believe would have cost about £20,000," she says.

"Obviously we had some trepidation, never having known anyone who had been to India, but the treatment was fantastic. I had a day nurse and a night nurse, who weren't allowed to touch another patient so that there could be no cross-infection, and the cleaners were in the room three times a day. My anaesthetist had just returned from a six-month stint at Walsgrave Hospital, in Coventry, and the three surgeons had practised in this country. I've no complaints. I'm as right as ever now."

Faced with NHS waiting lists, thousands of British patients are seeking medical treatment abroad each year as a cheaper alternative to private UK care. Thousands more are going abroad for treatments — cosmetic surgery, for example — that they would never get on the NHS and would be unable to afford privately in this country but are within their reach abroad.

It is impossible to know exactly how many of us are admitting ourselves as health tourists — by their unregulated nature, these treatments go unrecorded by government statisticians — but in the past two years, inquiries have risen sharply at private agencies that offer to arrange surgical, dental or even cosmetic treatments anywhere in the world, from Turkey to Thailand.

These agencies — with names such as Mediescape and Surgeon & Safari — typically offer all-inclusive packages that include surgery, travel, visas and recovery time in a local hotel for the patient and a friend or relative, all for a fraction of the cost of private care in Britain. In India alone, medical tourism is forecast to be a £1.2 billion business within six years, according to the consultants McKinsey & Company.

Yet this is still a largely unregulated industry, often recruiting patients through slick marketing presentations in hotels or using hard-sell websites. Concern is growing among British healthcare specialists that patients are exposing themselves to unexpected risks in the rush for a bargain.

"No procedure is risk-free, and you have to ask yourself what happens if something goes wrong," says a spokeswoman for the British Medical Association. "Will you even be able to speak the language?" Post-operative care is another concern: if a treatment has side-effects, or if there are unexpected complications, it will often be left to the British health services to pick up the pieces. Other worries being debated on the pages of the medical press range from the legal — how would a patient seek redress for malpractice? — to the ethical: with profitable medical tourism redirecting healthcare resources away from local populations, won't it be poor Indians and Thais who ultimately suffer? For the moment, such concerns are doing little to dampen the rapid growth of the sector. India is actively marketing itself as a "global health destination", with government backing to organise exhibitions abroad and to offer prospective patients one-year medical visas. Last November, India's tourism ministry and Healthcare Federation even introduced common price bands for treatment of foreign tourists in oncology, cardiology, orthopaedics and some types of surgery. Private hospitals in 15 cities, including **the Apollo, Escorts, Fortis and Wockhardt chains**, have agreed to keep to rates that can be anywhere from a third to a tenth of prices in Western Europe and North America.

For British patients considering private treatment, the cost savings are remarkable. A heart operation, such as a pacemaker replacement, may cost £20,000 in Britain; in India it can be arranged for less than £4,000, plus travel and accommodation. Knee surgery in the UK costs £20,000 privately, but may cost £8,000 in India; a £3,000 dental package can be arranged for £600.

No wonder British patients are joining continental Europeans, North Americans and Middle Easterners in their hundreds of thousands each year to take advantage of such price differentials. India is estimated to have treated 150,000 foreign patients in 2004, a figure rising at 15 to 30 per cent a year. Hospitals in Singapore are attracting more than 200,000 a year, and Thailand at least 600,000. So customer-focused is this industry that Bangkok's International Medical Centre offers assistance in 26 languages.

Overseas clinics are targeting not only diagnosed health conditions. Cosmetic surgery is booming, with clinics from South Africa to Malaysia heavily undercutting British prices for tummy tucks, breast enlargements and facelifts. For laser eye-correction surgery, the Lexum Eye Clinic in Prague promises to undercut the UK price by up to 75 per cent. Hungarian and Polish dentists advertise guaranteed quality crowns at a third to a quarter of Western European prices. And for IVF fertility treatments at a fraction of UK prices, dozens of clinics in Eastern Europe are standing by for your call. Their success rates are as good as, if not better than, UK clinics, and in some instances you can specify an implanted embryo's gender, a practice forbidden here.

But what if something goes wrong? The British Association of Aesthetic Plastic Surgeons regularly describes cases of patients being "permanently disfigured" after foreign cut-price nips and tucks. The association does have its members' interests to protect, but occasional high-profile instances of disaster underline its warnings: last October, Stella Obasanjo, wife of the Nigerian President, died in Marbella after problems associated with a reported "tummy tuck" operation.

There are risks, too, associated with more conventional hospital surgery. The British Medical Association is concerned about the lack of regulation among some overseas healthcare providers at a time when UK clinicians are more tightly regulated than ever. "We'd prefer to see people treated at home, where there's continuity of care and the GP has access to the full medical records," a spokeswoman says.

Mavis Childs, now walking three or four miles with little effort, accepts that if her surgery had proved disastrous, she would have turned to the NHS to put things right: "But my GP didn't object to my going to India and the NHS has saved the cost by not having to operate on me, giving someone else a chance to step up the ladder. I'm all in favour of the NHS — but they simply can't cope."

**Childs's surgery was brokered by the Warwickshire-based Taj Medical Group**, one of a growing number of UK agencies acting as intermediaries between patient and foreign hospital. Dipa Jethwa, the "customer support manager", has no medical qualification beyond a biomedical sciences degree; her co-founder husband, who signs himself Dr Jagdish Jethwa, earned his doctorate in mechanical engineering. That did not prevent them sending "40 or 50" patients to India in November and December for major operations, including cardiac, spinal and orthopaedic surgery. "We're just the brokerage, and don't give medical advice," Jethwa says. "Let's say you are looking for spinal surgery. We'd need to see your MRI scans and any reports

from the UK, and can give you prices once the neurosurgeon in India has had a look at them. Taking into account the flight and the recuperation time in a hotel, prices are generally a third of the cost of private surgery in the UK.”

The three-year-old company works only with hospitals meeting standards set by the Joint Commission on Accreditation of Healthcare Organisations, an independent US body. It aims to ensure that all clinicians are UK or US-trained and qualified, claiming to benefit from a growing tendency among NHS-trained Anglo-Indian doctors to move to the subcontinent. Yet if something goes wrong, Jethwa says, the burden falls on the patient to seek redress: “The patient’s contract is with the hospital, so it’s the patient’s risk. We’re only putting them in touch, though these are reputable hospitals.”

Should a problem occur during or after surgery, liability specialists advise that patients may find themselves fighting expensive legal battles to establish responsibility. “If a seriously ill patient travels from country A to country B, and coming back at 35,000ft they collapse and become a vegetable, which jurisdiction will determine responsibility?” asks Leslie Smith, who runs Medibroker, a health-insurance brokerage. Smith has good cause to be concerned. Two years ago, he established his own medical-tourism agency, Treatment Choices. He estimates that it sent more than 1,000 British patients for treatment in Europe, Asia and South Africa, ranging from hip replacements to heart bypasses. But last October, he suspended the service “after my lawyers frightened me to death”.

An NHS trust had approached Treatment Choices the previous month to organise what Smith recalls was its 50th sex-change operation in Phuket, Thailand. “The trust’s lawyers wanted me to carry the risk as they did not have £30 million cover in case this chap came off the trolley and the NHS had to take care of him for years. I thought, that’s a good point.”

Until he can arrange suitable risk insurance — which he hopes to have in place for a relaunch this year — Treatment Choices will remain shuttered. Not that this will diminish the rising demand for such services, Smith suggests. “We were getting 300 inquiries a month and demand was growing. The NHS is in its death throes, and all my research shows that, over the next five to ten years, it cannot possibly deliver on orthopaedics, on obesity, on heart bypass. There will be a 60 per cent increase in hip replacement demand alone over the next five years. **The waiting lists are going to get painfully longer. There’s a desperate need for these arrangements (with foreign hospitals), but the NHS trusts and the Government are adamantly against them and want to kill off this sector.**”

The Government’s position is certainly ambivalent. Since 2001, the Department of Health has advised health trusts that they can send patients elsewhere in the European Economic Area — mainly France, Belgium and Germany — if overseas surgery would cut “unduly” long waiting lists in specific circumstances. This has typically involved group tours to hospitals no more than three hours’ travel away, typically for orthopaedic and minor cardiac procedures. But the policy does not extend to giving patients experiencing long waits the choice of arranging treatment abroad at NHS expense.

This could be about to change. The European Court of Justice decided last month that failing to provide this choice breaches our rights to free movement as EU citizens, supporting the case of Yvonne Watts, 74, who had argued that Bedford Primary Care Trust should reimburse her a hip-replacement operation in France. The court has ruled in her favour. This could, in theory, radically expand NHS patients’ rights to be treated abroad. But the ruling is not specific about how serious a condition has to be before the NHS would have to pay for treatment abroad, and there is plenty of room for legal wrangling.

Meanwhile, the Department of Health urges caution to those tempted to jump the queues by paying for their own treatment abroad, suggesting that overseas hospitals may not always deliver NHS-quality treatments. “It is important when considering surgery abroad to think about the standard of the facility, the qualifications and experience of the doctor, and what you can do if something goes wrong,” a Department of Health spokeswoman told *The Times*.

**In other words, buyer beware.**