Challenges to the NHS from 'health tourism' going unrecognised

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Since the establishment of the National Health Service (NHS) in 1948, health services in the UK have been funded primarily through general taxation and delivered free at the point of access to individuals. However, recent decades have witnessed an expansion in the global market for health services. This has been manifest in various ways, including an unprecedented increase in the volume of patients willing to traverse national borders for the purposes of receiving medical care.

An estimated 50,000 individuals from the UK each year elect to travel for cosmetic and dental surgery; cardio, orthopaedic and bariatric surgery; IVF treatment; and organ and tissue transplantation. The UK has also experienced inward flows of patients who travel to receive treatment and pay out of pocket, being treated in both private and NHS facilities.

Work conducted with colleagues at the University of York demonstrates that this rise in medical tourism presents significant challenges for the NHS.

Health tourism to and from the UK is a growing reality as patients seek to bypass waiting lists or access treatments not available in their own healthcare system. It has also been largely ignored by policy makers. Discussions of health tourism have tended to focus on the lived experience and identity, rather than the potential effects health tourism has on the quality and continuity of care patients receive.

Yet the reality is that patients choosing to travel for treatment raises fundamental questions about how medical decisions are made, continuity of patient care and the commercialisation, commodification and internationalisation of UK healthcare.

There are four key policy areas where the growth of medical tourism has major implications for the NHS:

1. **Patient decision making**
   Relatively little is known about how medical tourists make decisions on the treatments they seek and the destinations they travel to. One particular concern is how patients balance hard data like performance measures, with soft intelligence, information provided by websites, the recommendations of family, friends, when making a decision.
2. **Continuity of care**
   Continuity of care is increasingly viewed as a key factor in the delivery of high quality health care, but an aspect of care that is seemingly under threat from commercialisation. Health tourism creates challenges in this area including whether patients have informed consent for treatment, and the implications of complications, side-effects and postoperative care when patients do not have accurate treatment records.
3. **Safeguarding quality and safety**
   Modern health care is an inherently complex and risky undertaking, with the potential for clinical errors and medical malpractice ever present, particularly when accessing health care in countries where providers are poorly regulated. There is little comparable information with regard to the quality and safety of care provided by many of the destinations visited by UK medical tourists.
4. **The economic consequences of medical tourism**
   For the NHS there are implications from the inward flows of international patients, and from medical tourists from the UK using overseas providers. The Health and Social Care Bill proposes removing the private patient cap for foundation trusts, opening up the possibility for NHS trusts to secure greater numbers of patients travelling from overseas for treatment. Whilst this is a new revenue stream it has serious implications for patients in the NHS.

Large numbers of medical tourists travelling overseas will impact on the UK's own health system.

Travel overseas for health care that is not provided by the NHS (e.g. the latest fertility treatments, gender reassignment and organ transplantation) may generate debate at home about the importance of providing them locally. Finally, an exodus of largely middle class patients as medical tourists may have the effect of undermining further the 'social contract' of the NHS, reinforcing the idea that those who contribute most for the NHS use it least.

Medical tourism is an under-researched dimension of contemporary health policy which deserves closer attention by policymakers and academics alike. The price of treatment, the speed of obtaining treatment, and the availability of treatment are all potential attractions for UK patients seeking health care abroad, and – due to recent NHS reforms – treating international patients will increasingly be a key objective of NHS foundation trusts. Focusing on this phenomenon will allow us to understand key issues like how patients make decisions about private healthcare and the extent to which the growth of medical tourism represents part of a wider commercialisation and commodification of personal health where relationships are governed by commercial regulation (tort and contract) rather than professional ethics.

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