

CHALLENGES OF MEDICAL TOURISM IN “VULNERABLE” INDIA

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ABSTRACT

As latest trends show India is at the threshold of a boom in medical tourism. There is a scurry of activities around holistic treatment centers to modify their facilities to make it inviting and appealing and at the same time to meet global standards. Also there are the five star hospitals with their attractive packages to allure deep pockets that are ill.

The big question however is whether India is environment ready to meet the requirements for a healthy India so that a person seeking cure in India may not return home with fatal contaminants in his/her body. Though holistic centers and branded hospitals are doing their best to flaunt a germ free environment, it is a far cry when it comes to practice. Segregating different types of waste at the hospital, disposing them and using un-sterilized medical implements are a growing concern in the field of medicine making India “vulnerable” as far as medical tourism is concerned.

Information from newspapers, websites and firsthand comments from experts would uncover the challenges that is in front of us and the plausible solutions and suggestions to make India from being “vulnerable” to an enchanting fortress where people could come without fear of infections and get well with a smile.

KEYWORDS: Breeding Ground, Contaminations, Drug Resistance, Holistic Health, Infection Surveillance, Super Bugs, Untreatable Infections.

INTRODUCTION

MEDICAL TOURISM – MEANING

This paper is based on the opinions received through interview of doctors and patients and also from other reference materials. It is quite a paradox: Two terms which portray entirely different states of mind are used in relation to each other. A bit of clarification – Tourism is undertaken to fulfill the senses for pleasure. It signifies free time, enjoyment and many such related activities which make a person happy, content and such related activities which gives the person many musing memories. But the term medical is always related to hospitals, ill health, pain and sorrow and the memories of being confined to a hospital are best when not recalled.

Well, the media and various travel agencies have coined the term and made it look alluring by portraying medical tourism destinations as exotic and that post medical procedures, a person can

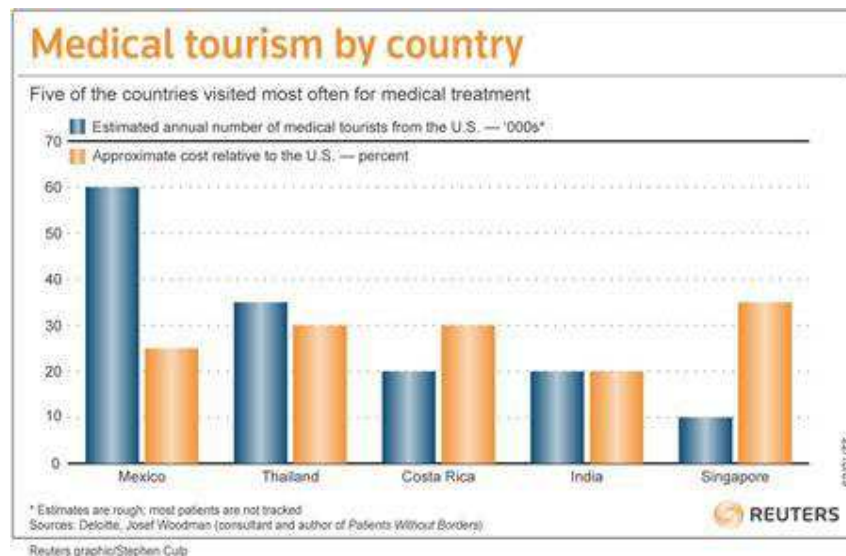
recuperate in the bosom of nature. The phenomenon refers to traveling to another country in the search of affordable and convenient health care (Cheung & Wilson, 2007).

Medical tourism's lineage can be traced back to the ancient Greeks, Egyptians, and Japanese. The earliest destinations of people on health pilgrimages were mineral-rich thermal springs, natural resources which have been utilized for their therapeutic qualities for eons

Since the practice of yoga gained popularity 5,000 years ago, India has been visited by a constant stream of health travelers seeking to heal themselves through alternative medicine. The same can be said about the Ayurveda system of medicine too.

SOME FACTS OF MEDICAL TOURISM (International Medical Travel Journal (IMTJ) - Medical Tourism Facts and Figures 2012)

1. Most business is regional or even within a country.
2. Many medical tourists do not seek out the cheapest destination.
3. The top 3 European destinations are also the most expensive ones.
4. The USA sees as many inbound medical tourists as outbound.
5. Much medical tourism is for cosmetic, fertility or dental treatment.



(Reuters Health) - Medical tourism is booming as health care costs in developed countries spiral upward.

Here are five facts about the industry:

1. Some 648,000 Americans will seek medical treatment abroad this year, and that number will grow by 35 percent over each of the next 3 years, according to the Deloitte Center for Health Solutions. Other researchers, such as Josef Woodman, author of *Patients Beyond Borders*, put the number of outbound U.S. patients at 240,000 per year.

2. U.S. health providers are predicted to lose as much as \$67.7 billion in revenue in 2010 because of medical tourism, Deloitte says, adding that consumers can save as much as 90 percent. Mexico is the No. 1 destination for U.S. medical tourists, while Costa Rica and Panama are also big markets.
3. Asia is home to the industry's biggest names, including Dusit Medical Services, Bumrungrad and Bangkok Chain in Thailand; Parkway Holdings and Raffles Medical in Singapore; and Apollo Hospitals in India.
4. U.S. insurers Wellpoint and Health Net have recently launched medical tourism pilot programs.
5. The second annual congress of the Medical Tourism Association, featured an estimated 2,000 representatives from major insurers, international hospitals, and agents who book medical trips.

THE INDIAN SCENARIO

Market estimates value medical tourism in India at US\$ 40 billion with annual growth of 20%. CII estimates that 1,50,000 medical tourists came to India in 2005, based on feedback from the organization's member hospitals. The number grew to 2,00,000 (33%) by 2008. Experts expect that by 2015, India will receive more than half a million medical tourists annually. India sees around 150,000 medical tourists per year as per an official research. Quality of doctors and clinical infrastructure is considered good. However, general infrastructure does not satisfy the tourists. Accreditation is not considered by the current segment of tourists. There is a need for training of non-medical staff for cross-cultural sensitivities including language skills for the targeted source markets.

As the rising cost of healthcare continues to drive Americans out of the states and abroad to shop for more affordable medical procedures, the quality of care of these facilities comes into question. Many of the countries that are preferred by them are endemic to a number of infectious and parasitic diseases that include malaria, yellow fever, dengue fever, dysentery, typhoid, and HIV, just to name a few (Forgione & Smith, 2006).

India's traditional health care therapies like Ayurveda and Yoga combined with allopathic treatment provides a holistic wellness which is comparative advantage. It is rightly said that in India “To cure with care is a tradition”

The Joint Commission, formerly known as the Joint Commission on Accreditation of Health Care Organizations, developed the Joint Commission International (JCI) to help accredit hospitals worldwide (Fried & Harris, 2007). One country in particular, India, has benefited greatly from medical tourism. Tourism, overall, has contributed to 5.9% of the GDP (Jose & Sachdeva, 2010). It is estimated that 12% of foreign travelers traveled to India with the intent to obtain health care treatment. Medical tourism in India is projected to be a \$2.3 billion industry with an annual growth rate of 30% by 2012, a 18% increase from 2002. The Government of India (GOI) has recognized the potential economic impact and has gone to great lengths in order to raise their quality standards and attract more clients. The GOI has encouraged periodic renewal of registration of medical personnel and has undergone accreditation

with the JCI. Other accrediting agencies include the Trent International Accreditation Scheme in the U.K. and the International Society for Quality in Health Care. Both of these agencies are responsible for accrediting many medical facilities around the world and claim that their physicians are highly trained in the United States or are U.S. board certified.

However, although positive reports by countries like India assure high quality standards, many at the American Medical Association complain that the standards, by which these foreign medical facilities are graded, are much less stringent than the accreditation panels in America (York, 2008). The guidelines, such as those developed by the JCI, were created and based on the differing laws, cultures and religions of the various countries. It does not allow for a fair comparison between hospitals in different countries since the guidelines may at times defer to local laws and customs of those countries. Thus, AMA professionals and other experts in the field are not convinced that the foreign facilities are comparable to the quality of care status of the United States healthcare institutions.

ROLE OF GOVERNMENT IN PROMOTING MEDICAL TOURISM

To encourage the growth of medical tourism, the government should provide a variety of incentives, including lower import duties and higher depreciation rates on medical equipment, as well as expedited visas for overseas patients seeking medical care in India. "Budget 2012 needs to promote Health & Wellness sector by rendering service tax on all fitness & Spa services. Ayurvedic treatments need to be included in medical insurance claim" (Budget at ET: Budget 2012 | Union Budget)

The Ministry of Tourism has taken several steps to promote India as a Medical and Health Tourism Destination, which are as follows:

1. Brochure, CDs and other publicity materials to promote Medical and Health tourism have been produced by the Ministry of Tourism and have been widely circulated for publicity in target markets.
2. Medical and Health tourism has been specifically promoted at various international platforms such as World Travel Mart, London, ITB, Berlin , ATM etc.
3. A new category of 'Medical Visa' has been introduced, which can be given for specific purpose to foreign tourist coming to India for medical treatment.
4. Yoga/Ayurveda/Wellness has been promoted over the last two years in the print, electronic, internet and outdoor medium under the Ministry of Tourism's "Incredible India Campaign".
5. Brochures and CDs on Body, Mind and Soul been produced and circulated extensively by the Ministry of Tourism.
6. Road Shows focussing on Medical Tourism was organised in West Asia (Dubai, Riyadh, Kuwait and Doha) in October 2009 which was led by Minister of State for Tourism.
7. The Ministry of Tourism has commissioned a study on problem and challenges faced by Medical tourist visiting India. The study was commissioned on 26.03.2010 through Indian

Institute of Tourism and Travel Management, Gwalior. been produced and circulated extensively by the Ministry of Tourism. For participation in approved Medical/Tourism Fairs/Medical Conferences/Wellness Conferences/ Wellness Fairs and its allied Road Shows (PMT), Ministry of Tourism provides Market Development Assistance. This scheme was extended to the Medical Tourism Service Providers and Wellness Tourism Service Providers during the year 2009. Financial support under the MDA Scheme will be provided to approved medical tourism service providers, i.e. Representatives of Hospitals accredited by Joint Commission for International Accredited Hospitals (JCI) and National Accreditation Board of Hospitals (NABH) and Medical Tourism facilitators (Travel Agents/Tour Operators) approved by Ministry of Tourism, Government of India and engaged in Medical Tourism.

WHY IS INDIA “VULNERABLE”?

Poor hygiene has spread resistant germs into India’s drains, sewers and drinking water, putting millions at risk of drug-defying infections. Antibiotic residues from drug manufacturing, livestock treatment and medical waste have entered water and sanitation systems, exacerbating the problem.

There has been instances where Mutant germs that most antibiotics can’t kill has entered the body, post surgery from a contaminated hospital catheter or such medical implements in India. In such cases there is a risk of life-threatening infection if the bacteria invaded the bloodstream. This is caused by a new type of superbug that scientists warn is spreading faster, further and in more alarming ways than any they’ve encountered. Researchers say the epicenter is India, where drugs created to fight disease have taken a perverse turn by making many ailments harder to treat. India’s \$12.4 billion pharmaceutical industry manufactures almost a third of the world’s antibiotics, and people use them so liberally that relatively benign and beneficial bacteria are becoming drug immune in a pool of resistance that thwarts even high-powered antibiotics, the so-called remedies of last resort.

As the superbacteria take up residence in hospitals, they’re compromising patient care and tarnishing India’s image as a medical tourism destination. The new superbugs are multiplying so successfully because of a gene dubbed NDM-1. That’s short for New Delhi metallo-beta- lactamase-1, a reference to the city where a Swedish man was hospitalized in 2007 with an infection that resisted standard antibiotic treatments. The name itself is enough to deter a potential medical tourist from visiting India – A great name shame indeed! NDM-1 is changing common bugs that drugs once easily defeated into untreatable killers, says Timothy Walsh, a professor of medical microbiology at Cardiff University in Wales. Cancer patients whose chemotherapy inadvertently ulcerates their gastrointestinal tract are especially vulnerable, Newborns, transplant recipients and people with compromised immune systems are at higher risk. Newborns, transplant recipients and people with compromised immune systems are at higher risk. Sometimes, even if doctors think the patient may not be fit to travel, they discharge them because the visa process for extension is complicated. Further the dilemmas affecting patients post-surgically is a lack of follow-up care and the high cost to risk scenarios that may develop due to complications once they are discharged.

India is susceptible because it has many sick people to begin with. The country accounts for more than a quarter of the world's pneumonia cases. It has the most tuberculosis patients globally and Asia's highest incidence of cholera.

"Combine sophisticated medicine, poor sanitation and heavy antibiotic usage, and you have a rocket fuel to drive the accumulation of resistance," Livermore at the U.K.'s Health Protection Agency says. "That surely is what India has created."

Exercise in the great outdoors is good for you, but exercising on the coast is even better according to a new study. The study, from the [European Centre for Environment and Human Health](#) (ECEHH), found all outdoor locations were associated with positive feelings. Visits to the coast were found to be most beneficial, giving feelings of enjoyment, calmness and refreshment. Going to an urban park was found to be the least beneficial to health. The study looked at 2,750 people's responses about their engagement with the natural environment over a two year period. According to the results of the ECEHH study those who spend more time outdoors, especially by the beach will improve their mental and physical health than those who are more inclined to stay indoors.

But the big question is whether a healthy outdoor or a "harmless" visit by the beach is possible in India? India's inadequate sanitation increases the scope of antibacterial resistance. More than half of the nation's 1.2 billion residents defecate in the open, and 23 percent of city dwellers have no toilets, according to a 2012 report by the WHO and UNICEF. Uncovered sewers and overflowing drains in even such modern cities as New Delhi spread resistant germs through feces, tainting food and water and covering surfaces. India's jammed cities, poor sanitation and abundant antibiotics produce an ideal incubator for these drug resistant germs.

A STORY OF A FIFTEEN YEAR OLD LIVING IN AUSTRALIA: (AS NARRATED BY HIS MOTHER)

Adin was treated by different doctors the first one who treated him said that since he hadn't lived in India for a while his body was unable to cope with the pollution and that is why he got the virus and advised him to stay in doors and not to visit any public places and started him with a course of antibiotics. But his treatment did not do any good, I had to take him to emergency doctor that treated him said that he was very weak and put him on glucose drip started with another set of antibiotics. They did few tests to check the reason for his fever but his entire tests were normal. The next day we were advised to see a physician to examine him and get an opinion on the test that was conducted. The next day Physician examined him and said that he has throat infection and that was the reason for his sickness, entirely different from what he was treated for and he started of him with another set of antibiotics. This was his treatment history in India but when we came here I took all the results and showed him to our family doctor who said that he was diagnosed incorrectly and overly treated.

THIS IS AN INCIDENT FROM THE COSMOPOLITAN CITY OF BANGALORE

The hospital environment and practices too contributes to these infections and epidemics. And no matter how skilled or intelligent the doctor is, they are helpless when it comes to these infections. Healthcare-associated infections (HAI) are defined as infections not present and without evidence of incubation at the time of admission to a healthcare setting. As a better reflection of the diverse healthcare settings currently available to patients, the term healthcare-associated infections replaced old ones such as nosocomial (hospital-acquired infections), hospital-acquired or hospital-onset infections. Within hours after admission, a patient's flora begins to acquire characteristics of the surrounding bacterial pool. Most infections that become clinically evident after 48 hours of hospitalization are considered hospital-acquired. Infections that occur after the patient is discharged from the hospital can be considered healthcare-associated if the organisms were acquired during the hospital stay.

Infectious agents causing healthcare-associated infections may come from endogenous or exogenous sources.

Endogenous sources include body sites normally inhabited by microorganisms. Examples include the nasopharynx, GI, or genitourinary tracts. Exogenous sources include those that are not part of the patient. Examples include visitors, medical personnel, equipment and the healthcare environment.

Patient-related risk factors for invasion of colonizing pathogen include severity of illness, underlying immunocompromised state and/or the length of in-patient stay

Some other factors that contribute to additional problems are

1. Waste disposal - when the biological waste is not segregated or when the waste is disposed of in a very negligent manner. There should be a good waste treatment plant at all big hospitals.
2. Instruments and implements not being sterilized.

INFECTION SURVEILLANCE 24/7

India's major hospitals are marshaling tactics from common cleanliness to computerized databases to outsmart resistant bacteria and prevent more tragedies. Artemis Health Institute, a private, 300-bed specialty hospital in Gurgaon, southwest of New Delhi, employs an infection-control officer who collects data every month on the hospital's four most troublesome bacteria to review patterns of drug resistance. The officer, Namita Jaggi, also serves as national secretary of a Buenos Aires-based group that collates infection information worldwide.

Another pediatrician fumigates his neo-natal wards every four weeks and applies fresh paint every three months. He keeps hand-sanitizing liquid in his office, along the corridors and next to every bed in intensive care. Nurses must wash their hands with running water and soap and scrub with an antimicrobial sanitizer before handling patients. “The first and foremost step to avoiding hospital-acquired infection is to wash hands properly,” he says.

A cardiac surgeon Naresh Trehan's medical complex, Medanta-The Medicity, requires patients transferring from other hospitals to be screened for resistant bacteria. This procedure, routine in some Nordic countries, isn't standard in India. Medanta has a strict hand-washing policy and a 40-member team to monitor infections, says Trehan. "We have a very senior person whose sole responsibility is to keep the whole hospital under infection surveillance 24/7," he says.

Livermore at the U.K.'s Health Protection Agency says these efforts may not be enough in a country where 626 million people defecate in the open and that treats only 30 percent of the 10.1 billion gallons of sewage generated each day. Even the most modern hospitals can't exist as islands of cleanliness, he says. "How does the hospital -- however good its surgeons and physicians -- isolate itself when its patients, staff and food all come from outside, where they are exposed to this soup of resistance?" he asks.

There is a need for training of non-medical staff for maintaining personal Hygiene cross-cultural sensitivities including language skills for the targeted source markets.

BEST PRACTICES IN REDUCING HOSPITAL-ACQUIRED INFECTIONS

As the war against hospital-acquired infections (HAIs) continues to be fought on both domestic and global front, hospitals worldwide are faced with the challenge of emerging antibiotic resistance among invading bacteria and are increasing their efforts to combat the deadly epidemic.

Within the U.S., the Centers for Disease Control (CDC) as well as a variety of organizations, have put forth guidelines designed to limit HAIs. Many of the interventions proposed in these guidelines are quite simple but high levels of compliance remain elusive and difficult to achieve. Compliance among healthcare workers starts at the top, as healthcare leaders must strive to educate, motivate, and eliminate barriers to the routine adoption of these practices in everyday practice in order to prevent HAIs. A strong commitment to multidimensional best practices can undoubtedly make a significant difference in reducing the rate of hospital-acquired infections.

One of the most fundamental, and important, HAI prevention measures is the practice of proper hand hygiene. As infections are most often transmitted through the contaminated hands of healthcare workers, hospitals must ensure that their staff is fully educated on the importance of hand hygiene compliance and that barriers to achieving hand hygiene are adequately eliminated.

Decades of data have demonstrated that education without the elimination of barriers to this seemingly simple solution rarely achieves sustainable compliance. The introduction of new sanitizing hand products that can be dispensed easily at a variety of locations has significantly enhanced compliance. CDC guidelines recommend washing hands or sanitizing them with an alcohol-based rub both before and after contact with each patient.

Additionally, the use of gloves during patient care can also help to reduce transmission of infectious agents to patients. Hospital personnel should remember that gloves should always be changed

when moving from a contaminated site to a clean site on the same patient, and should never serve as a substitute for proper hand hygiene.

When placing transcutaneous, indwelling devices such as chest tubes and central lines, hospitals should ensure that healthcare workers are able to utilize full barrier sterile precautions as recommended by the CDC. These precautions include wearing a cap, mask, sterile gown, sterile gloves, and a large area drape that extends well beyond the working field. Additionally, chlorhexidine prep has been shown to be more efficacious than Betadine prep.

Chlorhexidine discs for dressing of central lines have also been demonstrated to reduce infections and to be cost effective. For such measures to be effective, a high degree of compliance is required. Achieving such compliance is greatly facilitated by monitoring systems designed to improve compliance, allow tracking, and enable the provision of feedback to the unit and individual healthcare worker.

In an attempt to reduce one of the more common hospital-acquired infections, central line-associated blood stream infections, hospitals should also consider the use of antimicrobial and antibiotic-coated catheters in high risk patients. The antimicrobial agents contained within the catheter material help to protect patients from those bacterial organisms that initially cause the infection. Of course, antimicrobial and antibiotic-impregnated medical devices should be used in conjunction with best placement practices to achieve the most effective outcome.

Hospital-acquired infection prevention is a personal responsibility of all members of the hospital staff. With a solid commitment and adherence to infection control best practices, hospitals worldwide will undoubtedly experience a significant reduction in the occurrence of fatal HAIs affecting their patients.

CONCLUSIONS

India represents the most prospective medical tourism market in the world. Factors such as affordable medical expenses, scale and range of treatments provided by India differentiate it from other medical tourism destinations. Furthermore, the growth in India’s medical tourism market will be a boon for several associated industries, including hospitality industry, medical equipments industry and pharmaceutical industry.

Adding together to the existence of modern medicine, indigenous or traditional medical practitioners are providing their services across the country. There are over 3,000 hospitals and around 726,000 registered practitioners catering to the needs of traditional Indian healthcare. Indian hotels are also entering the wellness services market by tying up with professional organizations in a range of wellness fields and offering spas and Ayurvedic massages.

India has immense potential for future growth and development in this sector. India is one of the most popular tourist destinations in the world, renowned for its historical and cultural diversity. It is ranked in

the top five favorite destinations worldwide. Let's hope it becomes the most favored destinations for medical tourism as well.

REFERENCES

1. The Economic Times :Union Budget 2012-05-18
2. *Study of problems and challenges faced by medical tourists visiting India* by Indian Institute of Tourism and Travel Management (IITTM)
3. Ministry of Tourism Govt. of Tourism - Annual Report 2010-11
4. International Medical Travel Journal (IMTJ) – Medical Tourism Facts & Figures 2012
5. The Mint Exclusive Partner for The Wall Street Journal - Wednesday, May 9, 2012
6. Tourism India – India's Tourism Magazine – April 2012
7. <http://www.ecehh.org/>
8. Hospital-Acquired Infections - Author: Ayesha Mirza, MD; Chief Editor
9. <http://emedicine.medscape.com/article/967022-overview>