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Nordic Committee on
Bioethics

Medical Tourism

Exploitation of vulnerable persons or a healthy supplement to the Nordic health care system?"

The Nordic Committee on Bioethics (NCBio) organized May 11-12, 2009, a conference in Sigtuna, Sweden, to discuss Medical Tourism. The title of the conference was “*Medical Tourism – Exploitation of vulnerable persons or a healthy supplement to the Nordic health care system?*”. Here we summarize some common views from the conference.

Patients travel to obtain a wide variety of treatments. On one hand, these include well-established treatments in both the country of residence and the country of treatment. Examples are dental and cosmetic surgery. On the other hand, treatments abroad also include treatments not scientifically confirmed or justified anywhere in the world. Examples are some types of stem cell transplantations and cancer treatments.

The term “medical tourism” is misleading because it wrongfully indicates that the patients experience such travelling as a vacation and furthermore undercommunicate the severity of the situation. “Cross-border treatment” is perhaps a better term, signifying an international activity that to an increasing degree is organized by enterprises searching for economical profit. This industry is here to stay as long as there are incentives for patients to travel.

The main reason for patients travelling abroad is to seek treatments that are less expensive, not available, or not accepted in their home country. Sometimes, decisions for seeking treatment abroad are caused by anxiety and desperation. In general, little is known about the numbers of patients travelling, where they travel, their reasons for travelling and the results of their treatments. This is due to little research done on the topic and the lack of system registering persons crossing borders to obtain medical treatment.



The Nordic Committee on Bioethics (NCBio) was founded in 1989 to promote Nordic cooperation and exchange of information between scientists, parliamentarians, opinion leaders and public officials in the area of bioethics. NCBio organise yearly public conferences and symposia. The Committee publishes reports and other publications to promote Nordic and international debate on bioethical issues.

Presentations and more information from the conference can be found at www.ncbio.org.

Cross-border treatment is generally considered not to involve the national health care system, since the patient is travelling on his or her own initiative and expenses. Given the fact that the national health care system has to deal with the consequences of treatment given abroad (both positive and negative), the Nordic Council of Bioethics asks whether national health authorities in some instances should try to get in constructive dialogue with the patients before they seek treatment abroad. A rationale for such a dialogue could be to gain insight so that future changes in the national health care system are made based on knowledge also about cross-border treatment.

It is important to discuss the consequences cross-border treatment has on the local community in the region where the patients are treated. On one hand, paying, wealthy patients could develop the local health care system by contributing to better-trained health personnel and improved facilities. On the other hand, local citizens could be exploited (e.g. The Philippines as the “One kidney Island”) or lead to a degradation of the local health care system due to preferences to treat paying customers.

Foreign clinics typically advertise their services through websites. In general, these websites are made to attract potential patients and it is difficult to obtain full knowl-

edge about their methods and standard of treatment. Furthermore, some clinics are marketing their services directly to a Nordic audience. Thus, the Nordic Council of Bioethics find it worth looking into whether this marketing is trustworthy and complies with Nordic legal standards of marketing.

Many of the speakers at the conference called for neutral information – “a patient guide”. A few scientific societies have already prepared patient guidelines with the aim of educating the patient to avoid being exploited. The Nordic Committee on Bioethics encourages the work scientific societies are doing in providing balanced information to patients seeking treatment abroad. In particular, the committee finds it most troublesome that a few clinics abroad make seriously ill patients pay large sums of money to undergo scientifically undocumented procedures with only a minute chance of success.

The Nordic Committee on Bioethics is preparing a small book entitled “Consumer medicine”. The book is based on the conference on “Medical Tourism” held in Sigtuna in May and a conference on “Genetic Self-testing” held in Aarhus in January 2009. The book will highlight some of the challenges associated with cross-border treatment and genetic self-testing.

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