

By Dr Jason Yap Chin Huat

Medical Tourism/Medical Travel (Part Two)



The first part of this article covered the basics of medical travel (remember, not medical *tourism*), its definitions, trends and benefits. I chose my words carefully in that article, taking time to find *les bon mots* and careful not to offend. Other authors were rather more caustic, in particular my fellow Tolkien connoisseur who quite mangled the fundamentals of international medical services, but at least he ends off by confessing to ignorance and apathy. This Part Two may prove a little more controversial.

ETHICS OF INTERNATIONAL MEDICAL TRAVEL

“How do you sleep at night? You do ‘marketing,’” a young doctor asked me, curling his lip on the last word. So I asked him whether he intended going into the private sector one day, and when he does, would he have name cards, brochures, clinic signs, a listing in medical directories and a website? He said “Yes” to each question, and I hope he realised then marketing is perhaps not that unusual to the medical professional.

A patient goes to the general practitioner who refers him to a specialist who performs a procedure. The third-party payor settles the bill. On another occasion, the patient looks up a medical directory and chooses another specialist to go to. These are common everyday events, and probably nothing to do with medical travel unless the patient crosses international boundaries in the process. Then it becomes an international referral, medical travel, international health financing and an international healthcare directory.

There is, in my mind, no separate ethics for international medical travel. There is only the ethics of caring for patients and

for medical professional behaviour. What is appropriate behaviour for medical practitioners and for healthcare facilities internationally is fundamentally the same as that which is appropriate locally.

- Patients are customers and doctors are service providers only up to a point. There are some behaviours accepted as part and parcel of the general business environment that would not be condoned in our profession. For example, there is no justification for comparison marketing (that is showing you are good by saying others are not so good). When our doctors review cases seen by doctors in other countries, it is simple professional courtesy not to disparage our international colleagues, and simple common sense that patients can and will carry unguarded words back to their home doctors. Such statements often say more about the speakers than their counterparts, whether local or overseas.
- On the other hand, it is the patients’ choice which doctor they go to, whether in their home country or in Singapore. So we contend that international patients coming to Singapore are using this freedom of choice. When we previously sought to restrict registration of doctors to those of only certain schools (thereby limiting the patients’ freedom to choose from a global set of doctors), the reasoning was economic. Rightly or wrongly, the intent then was to limit the supply of doctors to contain supplier-induced demand. Some restrictions continue today and we should examine them



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to ensure that they are indeed for the sake of the patients, and balance our responsibility to ensure acceptable medical standards with the patients' right to choose.

- When marketing overseas, each healthcare facility puts its best foot forward to present its own advantages for the patient, but they have to be careful not to bad-mouth fellow Singaporean facilities. There are anecdotes of public facilities saying that private sector facilities profiteer, while private facilities contend that public facilities lack the service quality private patients want. Neither accusation is really true and again says more about the speakers than their subjects. However, to be fair, these incidents are few in reality and I have observed a greater measure of cooperation between the healthcare facilities in the past year.
- Advertising is still a touchy subject in many places, not least within Singapore. When does the provision of critical information become shameless marketing? While there are ethical considerations, there are also legal and social ones. Each healthcare facility should be careful to observe the local mores and practices, as these differ from country to country. It is not enough just to fulfill the legal requirements for advertising, as one must also consider the social acceptability of advertising.

MEDICAL ECOLOGY/ECONOMY

"How can you call Singapore a medical hub? Do you really think we can ever be one? Look around you. We can't get the best doctors in Singapore because many of them happen not to be from our "allowed" list of universities. Oh, they can teach here but they can't see patients! Good but foreign-trained family physicians cannot work even in expat clinics. We are so small, we are so closed and yet we want to be a medical hub?" I took the verbal assault silently and thought about paradigms.

For more than a decade now, I have been hearing the debate over whether Singapore is or is not a medical hub, whether we can ever be one, or what on earth is a medical hub anyway? I suppose the case can be made that Singapore is a medical hub:

- In 2004, there were 320,000 visitors to Singapore specifically for healthcare (compared with Malaysia's 174,000, Thailand's estimated 520,000, and India's estimated 150,000), so we are up there for international patient services. The natural destination for evacuation in many

crises is Singapore, so it is not only the fully conscious who chooses Singapore.

- Singaporean doctors regularly travel out to other countries to share with foreign colleagues, often at their own expense and are usually very warmly welcomed. There are many foreign doctors on training stints in Singapore, some funded by international organisations. One third of nurses in Singapore are international, and many go on to work elsewhere on the strength of their training here.
- We have more international medical conferences a year than any other country in the region, let alone cities. In fact, biomedical conferences represent some 40% of all conferences in Singapore, perhaps showing that doctors like to meet more than most.
- Despite the fact that we have a quarter (nine out of 34) of all JCI-accredited hospitals in Asia (and would shortly run out of hospitals to accredit!), JCI is setting up its Asian headquarters in Singapore. This is where the epicentre of the JCI wave is rippling out to the rest of Asia.
- Singapore is also the natural choice as a regional centre of operations for international healthcare providers and suppliers, and healthcare service and consultancy firms. The Biopolis is a purpose-built biomedical research hub to build up the biomedical sciences industry. The bid to become a hub for clinical and basic research and development is a bold one, and one that would truly stretch our ability to continue to "punch above our weight".

As Alice discovered in Wonderland, the answer you get really depends on the answer you want, and therefore the question you ask. After all, the talk about Singapore as a medical hub, whether Singapore is or can be a medical hub is the wrong question.

- The idea of a hub is, if you pardon the textual pun, hubris. The hub is a centre of gravity with spokes revolving around, and is inherently smarter than, better than, more significant than the spokes. This mental construct tempts us to either professional haughtiness (assuming that if we do not, others cannot) or abject despair (when we realise the relative sizes of the other medical economies).

- Singapore has to be connected to the world for its very life, for healthcare and for everything else, and whether it is as a hub for the rest of the world to revolve around or as a (perhaps very significant) node in a network is really immaterial. We are mistaking the model for the real thing, forgetting that all models have conceptual limits that limit our imagination.
- Most importantly, whatever our answer to the medical hub question, we still have real, practical questions on what kind of healthcare Singaporeans want, and to a significant extent, the answers are probably the same whether we are or are not or want or not want (read that again, slowly) to be a medical hub. We still have to decide the kinds of expertise to build, the technology to acquire, the foreign players to attract to Singapore, the services and facilities to export, and so on. For the medical professionals, it boils down to the kind of medicine you want to practise.

I referred to the book *The World is Flat* by Thomas A Friedman in the first part. It is an interesting read. Many people see international patient services as medical tourism, as a grafting on of medical services to the tourism industry. Many service providers similarly see such patients as a great revenue source, as indeed did the Economic Restructuring Committee's report. In some talks that I have attended, the exhortation is often "Let's grow this industry and make lots of money!", but it is not quite so simple.

- **Do we provide patient services to locals or serve foreign patients?** The instinctive response would be the locals because it sounds somehow morally wrong to say we should focus on the foreign patients (and make money). But focusing only on local patients means that we have to fund all of healthcare ourselves (with no cross-subsidy from foreign revenue), we have to forego some technology (when the local numbers are too small to acquire or sustain them) and pay high prices for those we do acquire (because the same costs are spread over the fewer local patients). The hardest to bear would be the services we have to forego, referred to by the Minister Mentor when he mentioned how the focus on cost-containment pushed some services out to our neighbours. Of course, it would be wrong to serve foreign patients at the expense of local patients. The *Nation* newspaper reported last year that the Thai

General Medical Council was concerned over the pulling of doctors away from rural hospitals to bustling international hospitals. We have to balance the two activities carefully.

- **Do we focus on bringing patients to Singapore, or do we also plant our healthcare facilities overseas?** The fear that setting up medical facilities overseas would cannibalise the inbound stream is a naïve thought, surely. These countries are desperate to improve their own healthcare services and finding places to send patients is a minor and transient concern as they rapidly import talent and technology, especially where the countries have other forms of wealth. This is where hubris strikes, when we think that if we do not give them hospitals, their patients will continue to come to Singapore. What really happens is that other countries give them hospitals and when there are more difficult, high-end cases that they cannot handle, they will naturally go to these countries. Anyway, after we get our one million visitors, what then? There is a natural limit to the growth of inbound services while there is essentially none for outbound. The answer to this question is again that we need to balance both strategies.
- **Do we grow our own healthcare facilities to international stature or invite the big-names to come?** Ideally, of course, we would prefer to create our own international big brands. Many doctors believe that we have the expertise, partly out of patriotism and loyalty, but partly also because in many cases it is true. On the other hand, there are many well-established healthcare providers who want to expand to Asia, and why should we not provide them their launchpads? The most important unstated consideration for an overseas headquarters is the safety and comfort of the accompanying families, and Singapore is simply unparalleled in this regard. Again, neither course of action would be best alone.
- **Should we go under a single banner (that is SingaporeMedicine) or is it every healthcare provider for itself?** I have heard opinions of every variation on this question. And the answer is both. SingaporeMedicine is a useful brand name to initiate contact, as it reflects Singapore's world reputation for reliability and integrity behind it. It is also a useful vehicle to convey certain attributes we want associated in the minds of all our patients – Excellence, Safety and Trustworthiness – but ultimately it is the healthcare providers themselves who

have to be known by name. As I keep telling the healthcare providers, SingaporeMedicine does not “do medical tourism” – they do.

- **Do we go for bread-and-butter cases or should we focus on high-end cases only?** People come to Singapore for healthcare for many reasons, from “touristy” add-ons to a leisure or business trip (for example, health screening, medical spas), to specific procedures (for example, knee or hip replacement, cancer treatment, cardiac procedures), to emergency evacuation after natural or man-made disasters. People from nearby countries often pop over to see Singapore doctors like a doctor in a big city in their own country. Bread-and-butter cases tend to be well, travel well and respond to the standard tourism marketing, but Singapore’s medical economic need for patient volume, is in the higher-end cases. So again, there is need for both.

It is clear that Singapore healthcare cannot survive if it looks after only Singaporeans or if it looks after only foreign patients. For every question above, the answer is never one or the other, but always a combination of both or somewhere in-between.

The world economy is changing. Perhaps not as big a change as when China and India became the manufacturing giant and software house (not the other way around, according to a typo in the previous article) but a sea-change nonetheless. Recently, Global Choice Healthcare announced its tie-up with Parkway Group Healthcare to bring Americans to Singapore. There are other such relationships currently under negotiation (I should know!) to bring patients from geographic regions like North America, Europe, Central Asia, and North Asia. They will be paid for out-of-pocket, by employers, by governments and by health insurance. Every indication is that medical travel will continue to grow.

FUTURE OF SINGAPORE

I was at a general hospital somewhere in Asia, and I saw two little boys, aged perhaps three and five years, playing at the end of a corridor. As I reached the corner, I realised with a start that both boys had similar, single but contralateral startlingly bulging eyes. They were laughing and playing as little boys do, and I thought to myself, that is all they will ever survive to be – little boys.

Whither “medical tourism”? There are some, in fact many if one believes the internet, who believe that medical tourism is a new form of tourism:

optional/voluntary leisure travel with a sprinkling of healthcare services. This form of medical travel has received much interest in the world. Besides the oft-cited Malaysia, India and Thailand, in recent times there have been indications of interest or announcements of programmes from Philippines, Taiwan, South Korea and several states of India.

Healthcare as a whole is on the brink of a major evolution, of which medical travel is only one aspect with perhaps too high a profile. Singaporean healthcare has undergone an evolution of sorts through the years. At first, it was the natural choice of the affluent and discerning, though that dropped when the Asian Financial Crisis hit. Through the SingaporeMedicine initiative (based on economic advantages), we have resuscitated the international clientele and promoted it yet further, not just to make money but also to maintain economies of scale, maintain skills and to sustain our medical economy. In a sense, this is to maintain our healthcare ecology, not just the economy.

We are, however, hampered by our small population, and to grow further, we have to send our hospitals and professionals throughout the world. “SingaporeMedicine International” would be like the healthcare version of Singapore Airlines, global in reach, excellent in service, trusted in reputation, headquartered in Singapore but hiring the best from around the world and delivering healthcare with the same Singapore standard, not only in Singapore but in key cities around the world. Trusted not only for the quality healthcare we deliver but for trustworthy stewardship and integrity, we can even be the preferred partner for non-governmental and international organisations for their global and local projects.

The evolution of worldwide healthcare is inevitable and inexorable. We cannot stop it but we can shape it and we will certainly share in it, for better or for worse. When I started work on SingaporeMedicine, I thought it would be an interesting job, so different from my previous experiences in an admittedly maverick medical career. It is also exciting as I realised that a global healthcare restructuring was about to happen. But it was those two boys who helped me realise that we are bringing Singapore healthcare to the world. As I said previously, the quality of our doctors has been built up through long years and much expense, and we have much to offer, not just for the international patients coming to Singapore, but also through our services, facilities, training and collaborations in the various countries. My guess is that the two little boys are already lost, but we can bring better care to many others like them in the future. ■