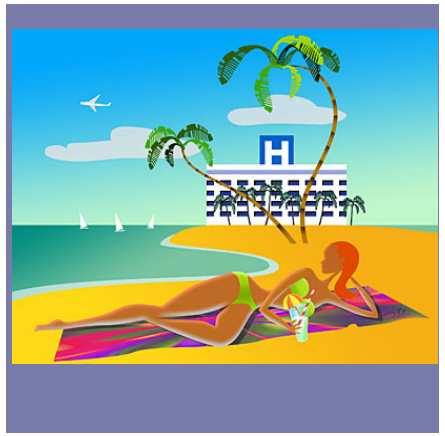
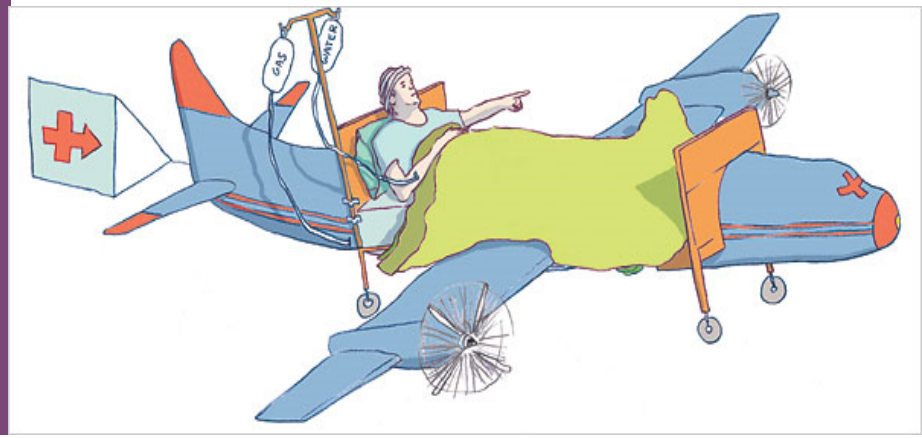
Networks & Markets: The Constitution of Medical Tourism in Delhi





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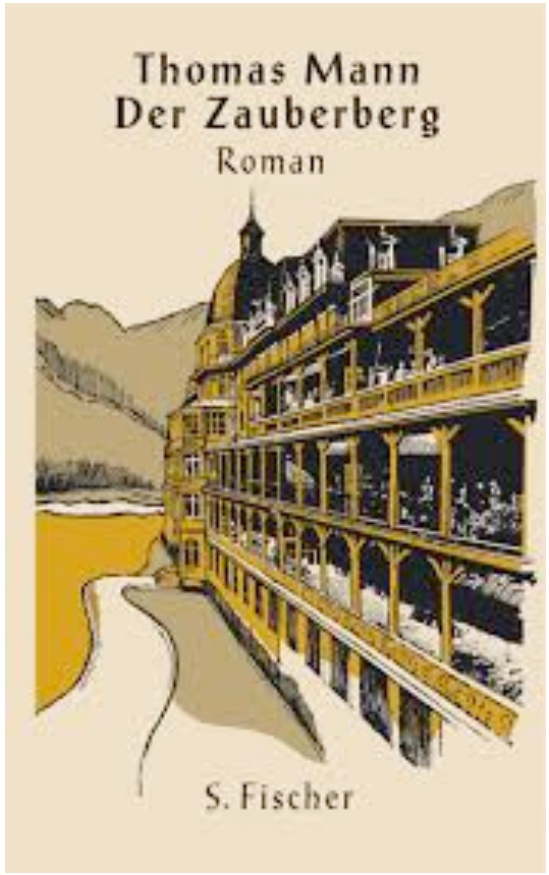
Overview

- Historical trajectories and geography of medical travel
- Political economy of medical travel to India
- First findings on the functioning of the medical travel market in Delhi
- Emerging questions for further research
- Planned research and exchange activities

Traveling to regain health is not new…

… but it can take a toll on people's wellbeing



source: www.fischerverlage.de

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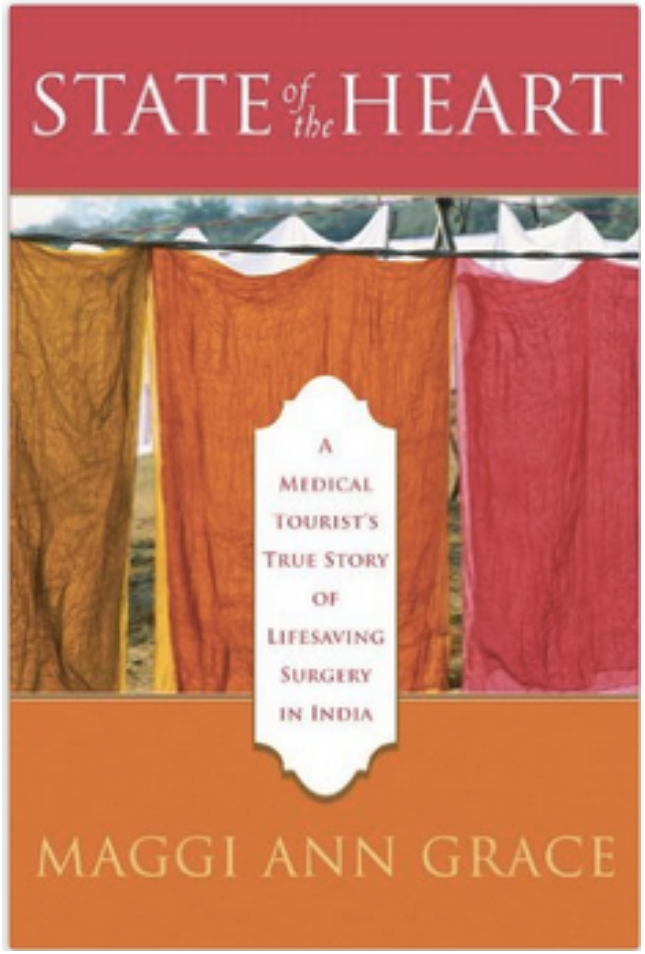
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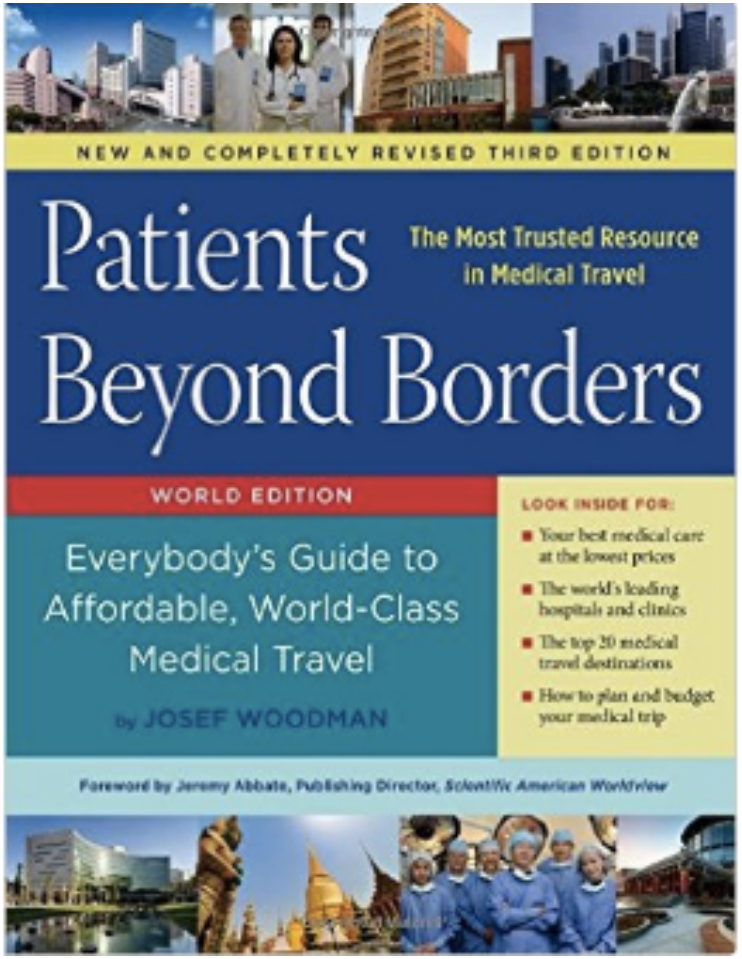
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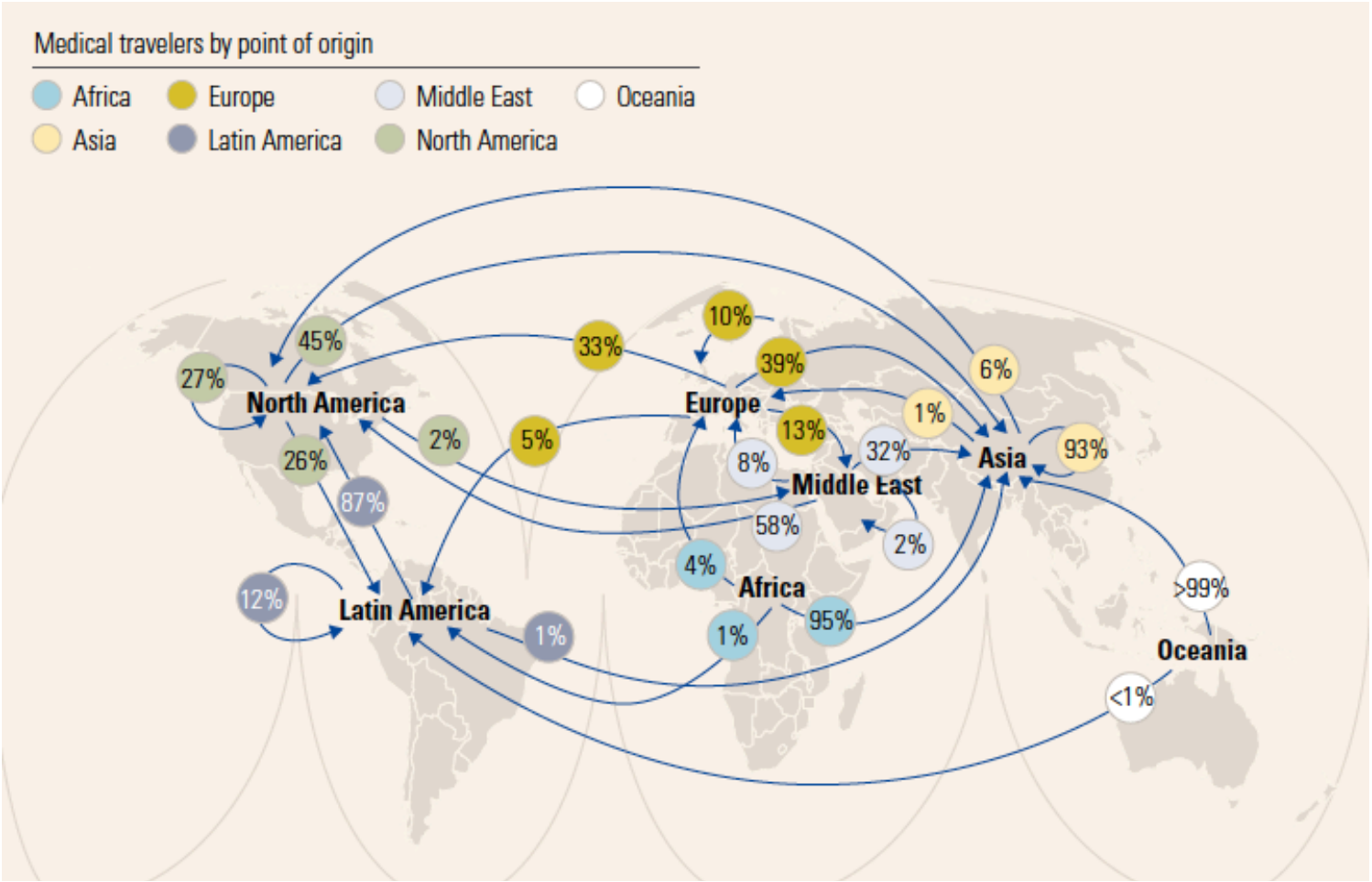
Nevertheless, traveling for health has increased and diversified



source: Ehrbeck et al. 2008, p. 5

Advertising

- *"Bright sun, blue sea, cosmetic surgery",*
- *"where the cost saved on one MRI could pay for a return ticket, medical tourism is bound to boom",*
- *"Medical Treatment in USA = A tour to India + Medical Treatment + Savings",*
- *"Medical Tourism: Sea, Sun, Sand and…Surgery"*
- *Your Health is Our Wealth".*

Medical Tourism

- 'Medical Tourism' and 'Health Tourism' often used interchangeably.
- India offers World Class Medical Facilities, comparable with any of the western countries, with state of the art Hospitals, best qualified doctors, best infrastructure and facilities, accompanied with the most competitive prices.
- Min. of tourism and culture, GOI 2002 lists 160 hospitals across the country, AIIMS and other public hospitals of repute are listed.

"First World Treatment at Third World Rates".

The Comparative Costs between India and other developed countries like US, UK, and Singapore Approximate Figures In US Dollars.

	US	UK	SINGAPORE	INDIA
Bone Marrow Transplant	upto 200,000	upto 200,000		20,000
Bypass Surgery	15,000-40,000			2,000-6,000
Breast Lump Removal		2,500-3,500	1,000	700
Haemorrhoidectomy		3,500-4,000	1,500	1000
Knee Joint Replacement		15,000	6,000	5,000
No Stitch Cataract Surgery	4,500			500
In-vitro fertilization (IVF) cycle	15,000			2,000

Source: http://www.sociologyindex.com/medical_tourism.htm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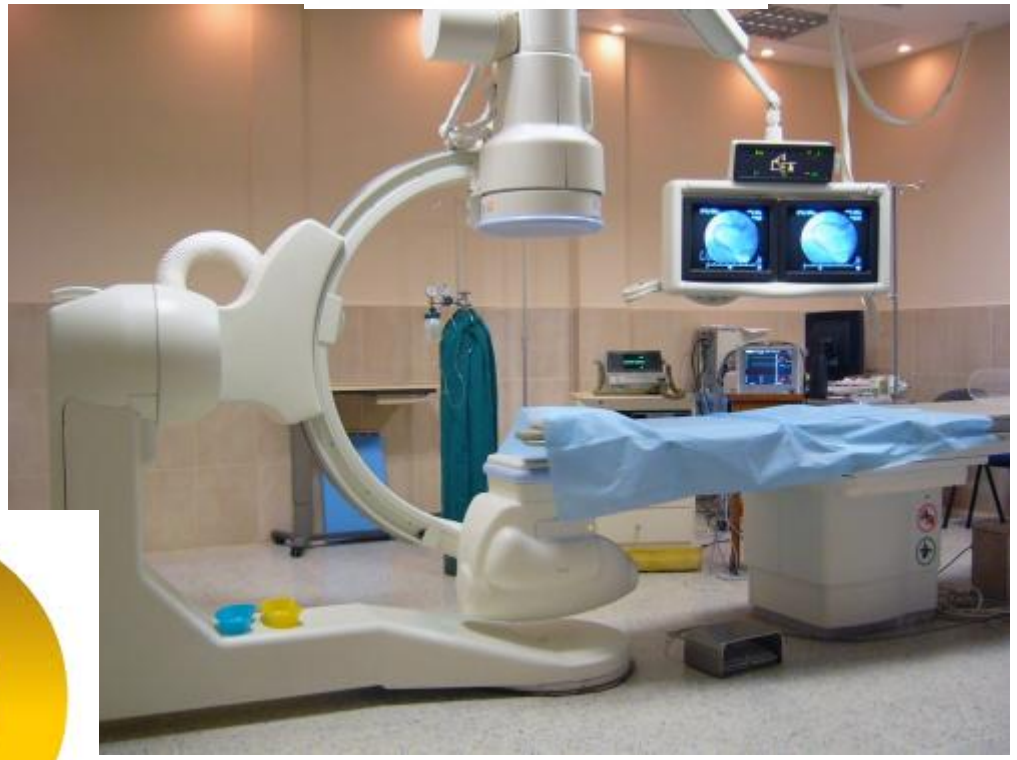

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Political economy of medical travel to India

- Seen at global level, the increasingly expensive medical care in the west and middle east, pushing the patients to Asian countries.
- MT is projected as a next big business in India, thus motley of businessmen getting into it.
- Low cost, cheaper travel, good medical expertise, infrastructure, state of art technology, English speaking, lack of legal frameworks and regulations are all favourable conditions.
- At national level, there are several implications seen from political economy perspective

Globalization and Health Services

- Globalization and progressively liberalized trade in health services in the ASEAN regions has contributed to widening inequalities in health and health care.
- It has increased disparities between urban and rural areas and between rich and poor, resulting in polarization of health care provision.
- The health outcomes are in relation to social, economic and geographical marginalization. Studies have also shown the undesirable consequences of rising costs, consumer exploitation and increasing inequity.

Trade Policy and Health Care Markets

- Trade policy in health care cannot be considered in isolation from domestic health care policy. From economic perspective, opening health care markets promises substantial economic gains and benefit the tertiary level corporate sector.
- When this becomes underlying principle, the long cherished ethos of India being a democratic, welfare state, where health care is the state responsibility and accessibility, availability of health care services is the right of people often goes in the backdrop.
- They further give primacy to tertiary care at the cost of primary and secondary health care undermining Alma Ata Declaration and Bhore Committee recommendations. When we are talking of Universal Health Care, it is pertinent to see these process and dynamics more critically and the way forward.

Trade in Health Care

- Some scholars envisage that trade in health services can have positive impacts on the national health system in a variety of ways. Foreign investors can bring in additional resources, new technologies and new management techniques that can improve the provision of services and financing of the system. These can improve working conditions and therefore reduce the health professional to leave the country.

- However, it is said that the trade can be harnessed to benefit the whole health system, only by strengthening of stewardship and regulatory functions of national governments (Adlung and Carzaniga, 2001).

Corporate Wealth and Social Objectives

- Studies have shown that the economic benefits from trade are concentrated in large business and individuals who are already wealthy. Commercial activity predominantly benefits individuals and corporate wealth, at the expense of social objectives such as expanded primary care system (Shaffer, E.R. and Joseph E. Brenner, 2004; Qadeer and Reddy 2006).

State Promotion

- State has been promoting directly and indirectly since 1960s and the private sector grew leaps and bounds.
- Big Private hospitals transforming to corporate hosp.
- Land subsidies, tax exemptions and buying privates services- CGHS
- Under ‘medical diplomacy’ promote MT.
- Tourism departments of states and health departments too promoting MT in some reputed hospitals.
- Linkages with Tourism and Corporate health care, Aviation, hoteliers, travel and tour operators.

Growth of private care

- Public spending on health care at 0.9% (GDP) is among the lowest in the world and ahead of only five countries—Burundi, Myanmar, Pakistan, Sudan, and Cambodia.
- India ranks among the top 20 of the world's countries in its private spending
- Employers pay for 9% of spending on private care, health insurance 5-10%, and 82% is from personal funds.
- 40% of all patients admitted to hospital have to borrow money or sell assets, 25% of farmers are driven below the poverty
- In 1947 the private health sector provided only 5-10% of total patient care. Today it accounts for 82% of outpatient visits, 58% of inpatient expenditure, and 40% of births in institutions.

Doctors views

- Few Doctors from public hospitals felt that it is awful, and crime on ordinary citizen, unethical.
- That the public hospitals are already overburden so no scope in public institutes
- If it is brought in will effect the general health care with two tier differential treatment.
- Private hospital doctors feel that health of the masses is the state responsibility and corporate sector has nothing to do.
- Not realizing the link that the policies shifts are favoring the expansion of corporate sector and cutting the resources for public hospitals

Implications- Creating Inequities

- At a time when India is being hailed as a medical destination, it is ironical that patients in government hospitals are suffering due to non-availability of emergency drugs/ lifesaving drugs worthy less than a dollar.

- Contrary to the general perception that competition is beneficial to consumers and society at large seems to be only partial truth (Krishnan 1999. quoted in Godwin S.K. 2004). The competition in the health sector can prove detrimental, where the profit is the underlying principle of any trade.

Implications

- Growing disparities in access to health care
- Those who can pay- getting "better?" tertiary and specialized care and those who cannot pay not even getting basic health care.
- Internal Brain Drain, Casualization and contract work force – exploited and paid less. Justice Qureshi's report. No trickle down effect
- Public subsidies going to private care- land, tax exemptions, tax free, Public sector buying private care- CGHS, Aarogyasree
- Clustering of tertiary care, competitions, overmedication, no regulations, now medicities in big cities.

First findings on the functioning of medical travel to Delhi

- Current research on transnational medical mobilities is biased
  - There is a skewed focus on North-South mobility
  - … but the ground realities for South-South mobilities are very different
  - The misconception are rich from the west are coming to India, however, it is again the middle income or low income families travelling, as they don't have adequate services or cannot afford it
- Spaces and services set up to cater to a foreign clientele in Delhi resemble much what we know from studies on Thailand and Malaysia
  - Hospitals are built as hotel-hospital hybrids with exclusive spaces for foreigners
  - A particular team is dedicated to take care of foreigners; there is a special service package for international patients

Aziz, attendant of a patient sent by the ARCS (Afghan. Red Crescent Society)

- Farmer, living in a village in Afghanistan, his 6th child has a hole in the heart
- Stays with his 4-year old son in the economy ward (10 beds, 2 persons per bed); 50% success rate
- Medical journey: from the village healer to the French Medical Institute for Children (FMIC) in Kabul, to hospital F. in New Delhi
- In the French Hospital they recommended going to India and contacting ARCS for support, because they lacked the expertise for such a complicated surgery and medicines were not efficient
- For the treatment in Kabul, Aziz had sold half of his land, for the treatment in New Delhi, the ARCS covers the expenses
- Aziz belongs to the Uzbek minority; he fully depends on the interpreter for communication (to whom he speaks in Dari)

Abdul, freelance interpreter for foreign patients

- Born in Peshawar (Pakistan), worked in Kabul for international organizations, fled to India 9 years ago
- Speaks Urdu, English, Dari, Hindi and some Arabic
- Helps patients mostly from Afghanistan (4-5/month)
- "Patients fully depend on me"; the job is emotionally very demanding (care work!)
- Payment: hospital pays commission (10-15% of medical bill for inpatients), + informal payment by patients
- Recruitment: Word of mouth; network of former patients
- Youngest son (5 years) has hearing impair and cannot attend school, he needs implants, but they are too expensive

What do we learn from these stories?

Insights

- Organization of patient-flows is highly informal; word of mouth is crucial for mobilizing patients
- Foreign patients' wellbeing (emotionally, physically and financially) largely depends on interpreter-facilitators
- Interpreters' conflicting interests do not always work in disfavor of patients

Approaches to dig deeper

- Circulation of knowledge and emotions (mobilization of trust)
  - Sarah Ahmed (2004): Affective Economies
  - Laurent Pordié (2013): Spaces of Connectivity.
- Care work (emotion work, reciprocity, power relations)
  - e.g. Lynch & McLaughlin (1995): Caring Labour and Love Labour.

Emerging questions to follow-up

- How are patients from Afghanistan (and elsewhere) mobilized to Delhi?
- Who (else, apart from interpreters/facilitators) is involved in circulating knowledge and experience and hence mobilizing patients from Afghanistan and elsewhere?
- How do economic-altruistic entanglements look like? Which settings (dis-)favor the formation of 'alcoves of love' within a competitive, for-profit context? – unpick interpreters'/ facilitators' role in international medical travel
- Which settings, aspects and actors work in (dis)favor for foreign patients' (physical, emotional and financial) wellbeing?

Project objectives

- **Advance the understanding of the functioning and constitution of medical travel to Delhi**
  - Focus on networks and circulations forming medical travel from Afghanistan (and elsewhere) to Delhi
  - Contrast findings with insights from other contexts/regions (e.g. Switzerland)
  - Workshops with established researchers in the field to develop empirically grounded concepts
- **Intensify and build a solid ground for future collaboration between partners and beyond**
  - Extend the existing partnership into a larger network of researchers
  - Develop an application for a major research grant

Planned activities 2015-2017

Empirical Research

- Fieldwork in Switzerland – conversations with university and private hospitals, marketing associations, medical travel facilitators
- Fieldwork in Delhi – ethnographies including conversations with interpreters, facilitators and patients
- Who? – PIs, Indian MPhil, Swiss master student

Research Collaboration

- 1 international workshop in Zurich with invited speakers
- 2 workshops to discuss methods of data collection, empirical data and analytical concepts, 1 in Delhi, 1 in Zurich
- 1 application for a major research project

Publications

- Kaspar, H., & Reddy, S. Providing medical and extra-medical care to foreigners – the 'parallel economy' in corporate hospitals in Delhi, India. In: International Medical Travel and the Politics of Transnational Mobility in Asia, edited by Andrea Whittaker, Brenda Yeoh and Heng Leng Chee (submitted).
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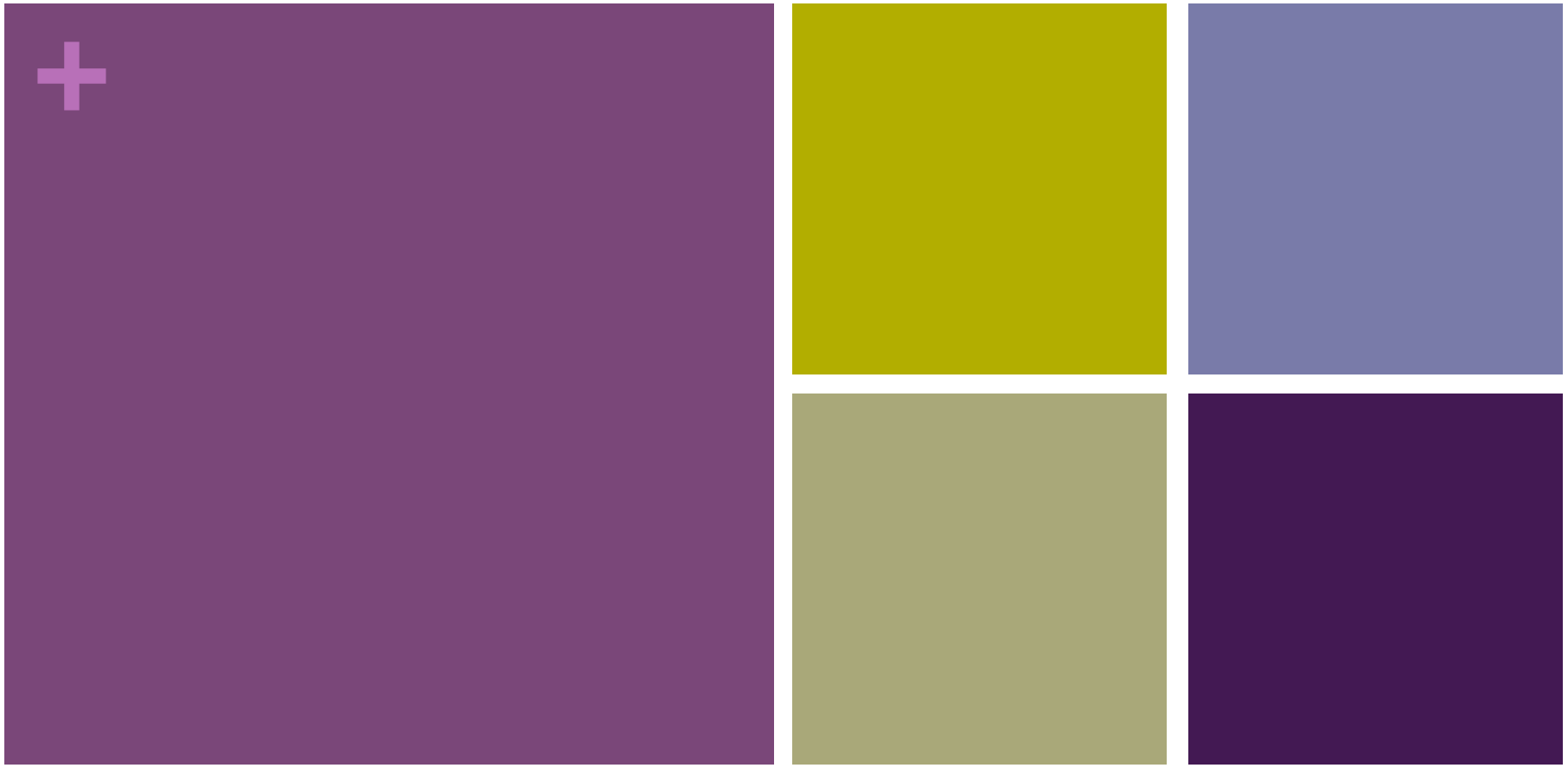

Thank you