

MEDICAL TOURISM AND SINGAPORE



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Abstract

MEDICAL TRAVEL, POPULARLY BUT INAPPROPRIATELY KNOWN AS “MEDICAL TOURISM”, IS CURRENTLY MUCH IN THE NEWS BUT IS A LONG-STANDING INDUSTRY IN SINGAPORE. THE ARTICLE DESCRIBES WHY AND HOW PEOPLE TRAVEL FOR HEALTH CARE, WHY SINGAPORE HAS BEEN AN ATTRACTIVE DESTINATION FOR PATIENTS, AND THE SINGAPORE MEDICINE INITIATIVE TO MAINTAIN AND FURTHER DEVELOP SINGAPORE AS A MEDICAL HUB. SINGAPORE WELCOMES INTERNATIONAL PATIENTS BECAUSE, BEYOND SIMPLY EARNING REVENUE, TO MAINTAIN ITS MEDICAL ECOLOGY AND (PARADOXICALLY) TO SERVE ITS OWN POPULATION SUFFICIENTLY.

Google shows some 563,000 hits on a search for “medical tourism”, and newspaper articles appear regularly on the growth and potential, and the many new aspirants, in the industry. It is however not a new industry as many people have traveled for health care services in one form or another since the time of the Roman baths. On a personal note, my grandmother forced my mother, then living in a small town in Malaysia, to deliver her first-born (that is, me) in Singapore quite a few decades ago!

However, the popular term “medical tourism” is a misnomer. Patients seek health care in countries other than their own for many reasons and not just as “tourists”:

- + Deliberate:** when the trip is made explicitly to seek healthcare, with other activities secondary to the primary purpose of health care.
- + Incidental:** when the trip is made for other reasons (eg business, leisure) but healthcare is sought because of incidental illness or injury.
- + Emergency:** when the trip is made under emergency conditions eg when casualties of man-made or natural calamities are evacuated.
- + Expatriate** when the foreigner is already resident in the country for reasons of work, though the presence of good health care services is often a consideration for the choice of country to work in, especially for those with families.

Of the four categories, an international

health care industry is suggested by only the first one, and even then “medical tourism” carries the inappropriate connotation of some one on a “tour”. A high volume of incidental health care is actually not a good thing since it suggests a riskier tourist destination! Medical travel is not “tourism with a sprinkling of healthcare” but the extension of the age-old community of healthcare seekers and providers across international boundaries, and therefore more than just “sun, sea and surgery”. Just as we term those who travel for business “business travelers”, “medical travel” is the better term and will be used in this article.

There is much confusion today over the numbers of medical travelers, because some countries sometimes (but not always) report all foreign patients including expatriates (eg Thailand), others count just the deliberate health care seekers (eg Singapore), while only estimates exist for yet other countries (eg India). The following table shows some estimates of deliberate health care seekers for the key health care destinations in Asia.

Why do patients deliberately travel for health care?

Medical travel has always been around but

previously only the rich could afford it. Today, it is much more accessible to ever larger proportions of populations for various reasons:

- + Increased access to information via the internet and international media has created a global mindset and people are increasingly aware of the possibilities in medical care. In the past, people tended to settle for the clinic next door and the hospital down the road and, when really sick, they go to the big city. Today, they are much more willing to seek such care beyond their borders. With increased access to information also comes the ability to compare prices. Prices are high in many countries because of the way their health care systems have evolved, and patients realize that Asian prices, even the relatively more expensive countries like Singapore, are still cheap compared to their own.**
- + Access to air travel has improved tremendously despite the post-9/11 security concerns. The cost of air travel, especially with low cost carriers, is now much lower relative to the cost of medical care, and this has reduced a previous barrier to medical travel.**
- + In response to the greater demand,**

	2002	2004	2005	Remarks
Thailand	390,000	520,000		Estimates confirmed verbally with authority
Singapore	210,000	320,000	374,000	Official statistics based on surveys
Malaysia	117,000	179,000		Official reported statistics
India	100,000	150,000		Reported estimates by consultancy

TABLE 1: NUMBERS OF INTERNATIONAL MEDICAL VISITORS

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health care providers have internationalized their services. Hospitals now have international patient liaison centres, and retain marketing representatives in their source countries. Beyond the current main destinations in Asia of Thailand, Singapore, Malaysia and India, countries like the Philippines, South Korea, Taiwan and Hong Kong have announced their intentions to foster a medical travel industry.

✦ Medical travel agencies have started in the past five years, in both destination and source countries, to support the travelling patient. In source countries, some are born out of the frustration of patients to get health care either within reasonable times (ie those with waiting lists) or with reasonable affordability (ie those with insufficient insurance or health care services).

✦ There are now medical travel “packages” where trips are planned with both health care and leisure activities. These much-publicized forms of medical travel catch the public imagination although, in my experience, they form only a fraction of all such travel. Most patients, at least those to Singapore, come on their own, with mainly health care in mind, and other leisure activities (eg shopping, dining, relaxing) are incidental.

Singapore and medical travel

Singapore has long been the destination of choice for ASEAN countries. Before the Asian Financial Crisis and before the current wave of medical travel, Singapore was receiving well over 300,000 patients a year in 1997. These numbers dropped drastically during the crisis but has now recovered.

With limited natural resources, Singapore has always had to rely on an internationalized economy to survive, not least in health care. Singapore receives hundreds of thousands of visitors (specifically) for health care each year, and is a destination of choice for evacuees from natural and man-made disasters. Doctors come to Singapore for medical conferences and training (Singapore has more medical conferences than most other cities and even countries in the region) and our doctors travel to other countries to share knowledge and techniques. Pharmaceutical and other health care-

related firms make their headquarters in Singapore, including Joint Commission International despite their having already accredited most of the available local health care facilities (Singapore has a quarter of all JCI-accredited facilities in Asia). There is also a strong culture of research and development, fostered in no small measure by the Biopolis, a purpose-built biomedical research hub for both public and private research groups.

Singapore is well-known internationally for efficiency and effectiveness, a city where “things work”. The country is cosmopolitan yet harmonious and accommodating of many cultures. Even visitors from cultures with relatively specialized needs (eg the Middle East) find their needs met (eg for mosques, halal food, social acceptance). Crime is so low that the police force in Singapore actually ran a campaign “Low crime doesn’t mean no crime” when the lax attitude towards personal security became a problem. In the event of an untoward medical outcome the legal system is reliable and trusted as corruption-free.

Ultimately, the combination of excellent health care services, a safe and reliable infrastructure and a welcoming community makes for a unique blend that gives patients peace of mind, something of great value in a time of stress.

SingaporeMedicine

Models for national leadership are quite different in different countries, with Thailand being led initially by the admirable Bumrungrad Hospital, and Malaysia by private sector hospital groupings like PenangHealth. Countries like South Korea and Taiwan have national initiatives fronted by their respective tourism authorities, possibly influenced by the “tourist” aspects of medical travel.

In its usual inimitable “Singapore Inc” style, Singapore created Singapore Medicine in 2003, a government-industry partnership that seeks to develop and maintain Singapore’s position as an international medical hub, not just for medical travellers but also for clinical research and development, conventions and exhibitions, training and education, and regional and international headquarters and operations. The inter-agency initiative is jointly driven by three statutory boards; the Singapore Economic Development Board (which promotes

inbound investment and develops local capacity and capabilities), the International Enterprise Singapore (which promotes internationalization by Singaporean companies) and the Singapore Tourism Board (which manages international marketing and branding and develops the associated people-oriented services). Industry partners include health care providers and medical travel agencies. Two ministries (Ministry of Trade & Industry and Ministry of Health) provide overall supervision of the initiative.

Beyond tourism and health care revenue which drives many other countries, SingaporeMedicine has as its agenda additional, and more fundamental, goals. Singapore must maintain and further develop its position as a medical hub with its many mutually supportive spokes. International patients attract international health care providers and vice versa. A larger medical economy creates a larger medical community which provides a larger base for research and development, and for medical conventions and training. Medical travel is thus only one spoke of this hub though an important one.

In the past decades of good economic growth, Singapore has been sending its doctors to the best international centres for specific conditions through its Health Manpower Development Programme. After extensive training in highly specialized and subspecialized areas, they return to a population of a mere four million which is insufficient critical mass to sustain their skills, hence the need to serve an international clientele.

There is also the need to maintain robust health care services, with sufficient volume to support more than just one or two doctors in the rarer but critical services (eg liver transplants). Hence, for Singapore, providing international health care services is not simply an attractive option to earn revenue, it is an unavoidable necessity to sustain the current level of health care for Singapore’s own people. □

Author

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