

Medical Tourism in the Caribbean Region: A Call to Consider Environmental Health Equity

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ABSTRACT

Medical tourism, which is the intentional travel by private-paying patients across international borders for medical treatment, is a sector that has been targeted for growth in many Caribbean countries. The international development of this industry has raised a core set of proposed health equity benefits and drawbacks for host countries. These benefits centre on the potential investment in health infrastructure and opportunities for health labour force development while drawbacks focus on the potential for reduced access to healthcare for locals and inefficient use of limited public resources to support the growth of the medical tourism industry. The development of the medical tourism sector in Caribbean countries raises additional health equity questions that have received little attention in existing international debates, specifically in regard to environmental health equity. In this viewpoint, we introduce questions of environmental health equity that clearly emerge in relation to the developing Caribbean medical tourism sector. These questions acknowledge that the growth of this sector will have impacts on the social and physical environments, resources, and waste management infrastructure in countries. We contend that in addition to addressing the wider health equity concerns that have been consistently raised in existing debates surrounding the growth of medical tourism, planning for growth in this sector in the Caribbean must take environmental health equity into account in order to ensure that local populations, environments, and ecosystems are not harmed by facilities catering to international patients.

Keywords: Caribbean, environmental health, health tourism, medical tourism

Turismo Médico en la Región del Caribe: Una Llamada a Considerar la Equidad en Salud Ambiental

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RESUMEN

El turismo médico – el viaje intencional pagado por pacientes privados para atravesar las fronteras internacionales en busca de tratamiento médico – es un sector escogido como objeto de crecimiento en muchos países del Caribe. El desarrollo internacional de esta industria ha planteado a los países anfitriones, un conjunto básico de ventajas y desventajas con respecto a propuestas para la equidad en la salud. Estos beneficios se centran en la inversión potencial en infraestructura de salud y las oportunidades de desarrollo de fuerza laboral en el área de la salud, mientras que las desventajas giran en torno a una potencial reducción de acceso a los cuidados de salud para la población local, así como en torno al uso ineficiente de los limitados recursos públicos para apoyar el crecimiento de la industria del turismo médico. El desarrollo del sector del turismo médico en los países del Caribe, plantea problemas adicionales en materia de equidad de la salud, que han recibido poca atención en los debates internacionales existentes, específicamente con respecto a la equidad en salud ambiental. Desde este punto de vista, introducimos cuestiones de equidad en salud ambiental que se suscitan claramente tan pronto se trata de desarrollar el sector del Turismo Médico en el Caribe. Estas cuestiones reconocen que el crecimiento de este sector tendrá impactos en los entornos físicos y sociales, recursos, y la infraestructura de la gestión de residuos en los países. Sostenemos que –

además de abordar las amplias preocupaciones en torno a la equidad de salud, que se han venido planteado constantemente como parte de los debates en torno al crecimiento del turismo médico – la planificación del crecimiento de este sector en el Caribe debe considerar la equidad en salud ambiental, con el fin de asegurar que los ecosistemas, el medio ambiente, y las poblaciones locales no sufran daño por parte de las instalaciones creadas para ofrecer servicios a los pacientes internacionales.

Palabras claves: Caribeño, salud ambiental, turismo de salud, turismo médico

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BACKGROUND

Numerous Caribbean countries have begun to seriously explore the prospect of exporting medical services internationally. Popularly known as ‘medical tourism’, the phenomenon of patients intentionally travelling internationally for medical care is popularly associated with well known, established destinations in Southeast Asia, such as India, Thailand, and Singapore (1–3). Within the Caribbean and Central America, Cuba has a long-standing reputation as a successful health services exporter; in the last decade, Costa Rica, Mexico and the Dominican Republic have emerged as medical tourism destinations (4, 5). Increasingly, national governments throughout the Caribbean region, and especially in the Anglophone Caribbean, are now touting the potential economic benefits of developing a medical tourism sector, publicly demonstrating this interest in press releases, speeches, and through attendance at international medical tourism trade shows (6–8).

For those in favour of medical tourism, it is argued that the sector will: 1) improve the local quality of medical care by encouraging investment into the tertiary healthcare sector and introducing internationally recognized care standards, 2) increase the number of health workers available locally by incentivizing the retention and return of physicians, nurses, and technicians, through both higher pay and the opportunity to practice in advanced sub-specialties, and 3) generally improve the economy of participating nations through increased employment, tax income, and the opportunity to earn foreign exchange (9). These benefits are tempered by concerns that medical tourism can: 1) reduce locals’ access to care due to higher costs from increased demand for health services and reduced availability of physicians and nurses in the local health system, 2) incentivize the development of a health system focussed on high cost tertiary care services with limited local benefits when compared with the efficient, high health impact of systems that prioritize preventative, primary care and 3) have limited economic benefits if linkages to the existing local economy are not developed or significant public resources (*eg* land, tax breaks, loans) be used to incentivize sector development (10). Both the health equity benefits and concerns we have outlined here raise compelling arguments that are often made both in favour of and against the development of medical tourism in the Caribbean even

though there is limited empirical evidence available to firmly ground the claims of either side.

Although readily available evidence of the benefits and drawbacks of medical tourism in the Caribbean is limited, there are several hospital projects underway in the region aiming to compete in the global market for international patients. For example, two multi-specialty medical tourism hospitals are scheduled to open in the Anglophone Caribbean within the next two years. In Grand Cayman, the 140-bed Narayana Cayman University Medical Centre is aiming to open in late 2013 on a greenfield site in the relatively undeveloped east end of the island (11, 12). The facility will initially focus on providing high volumes of cardiac, orthopaedic and cosmetic surgeries and will rely on recruiting health workers from all over the world to meet staffing needs. In Barbados, a new 85-bed hospital will be built on the grounds of the old and long defunct St Joseph Hospital (a brownfield site) in the northern region of the country by the United States-based American World Clinics (AWC) Corporation, with plans to open in late 2014 (13–15). Similar to the Narayana project, the AWC project plans on recruiting international physicians, primarily from the United States, to provide care for a largely international clientele. These planned facilities serve to highlight the considerable size and scope of medical tourism projects being undertaken in the Caribbean region, particularly relative to the size of their host island nations.

Questions of environmental health equity

We have been researching medical tourism for the past several years, and recently have started to focus much of our attention on the industry that is growing (or is trying to grow) in the Caribbean. In trips to Jamaica, Cayman Islands and Barbados, in the past two years, we were struck by the scale of the proposed projects we heard about in relation to the size of the countries seeking to host them, with proposed bed numbers of the final phases of some facilities being in the hundreds or thousands (11, 16). The sheer size of some of these projects in relation to the existing infrastructure, economies and environments of their host countries raise, not only for us but also for others with whom we have spoken, important questions about the true benefits and harms of medical tourism in the Caribbean region. For us, some of the most

pressing and yet neglected questions pertain to issues of environmental health equity, such as:

- * Most of the proposed medical tourism facilities we have heard about in the Caribbean, including the two we have mentioned above, plan to recruit significant numbers of international physicians and other staff. Will these international workers live in existing housing stock, or will housing facilities be built to accommodate them? If families should accompany the workers, will local education, transportation, and other basic services be able to meet the needs of new arrivals in addition to the increased numbers of medical tourists and their families? These questions are fundamentally about environmental health equity because population growth and resulting increased demand on services in small island nations can have significant implications for the health of local social and natural environments.
- * Hospitals require extensive, well-planned waste management systems (17). The medical waste generated by new medical tourism facilities will pose unique challenges to existing waste infrastructure in the Caribbean. How will a large influx of additional patients impact existing bio-hazardous waste capacity in Caribbean nations? What kind of financial burden will the waste management systems needed for medical tourism hospitals place on municipal infrastructure? These questions are fundamentally about environmental health equity as the natural ecosystems on island nations are both beautiful and fragile, and inadequate or inappropriate waste management planning can have lasting negative impacts on the health of ecosystems and local populations.
- * Electricity supply in many Caribbean countries is expensive, limited in supply, and derived from non-renewable sources (18). Fresh drinking water is also limited in supply throughout many parts of the region (19). Meanwhile, hospitals are extremely large users of energy and water (20, 21). How will medical tourism development in the Caribbean impact local capacity for delivery of both these important services, and how will it impact the treatment of wastewater and non-medical waste? These questions are fundamentally about environmental health equity as the disproportionate demand placed on resources such as power and water by medical tourism industry growth can limit access to these same resources by those with less purchasing power, namely local citizens, and ultimately negatively impact individuals' opportunities to maintain health and well-being.

Some of these environmental health equity concerns have already been realized in the Cayman Islands example, with the Narayana project starting its early stages of land clearing in an environmentally sensitive area without an environmental impact assessment, something that is not re-

quired by the Caymanian government (22). Given the international dimensions of financing, staffing and management for the medical tourism facilities that are planned for the Caribbean, there is a strong potential that differing, if not even competing, understandings of individuals' and corporations' environmental and social responsibilities will inform decision-making in this sector. Given this, national governments must work hard from the outset to extensively define the terms of these responsibilities, as understood by existing local traditions and expectations, to ensure that medical tourism develops in a fashion that is beneficial and equitable to the health of local people, environments and ecosystems.

Conclusion

Medical tourism operates at the novel intersection between tourism and health services. While neither of these sectors has traditionally been thought of as resource intensive, a growing body of research has demonstrated that both service sectors place considerable demands on local social and natural environments (23–28). The medical tourism industry may behave like an amplified version of both sectors, placing significant – yet often unacknowledged – demands on the health of local environments. As medical tourism is a growing sector in the Caribbean, we strongly believe that questions of environmental equity along the lines of the ones articulated in this viewpoint must be part of the conversation that shapes its development in order to ensure it grows in a manner that maximizes benefits and minimizes harm for local populations, environments, and ecosystems and the region on the whole.

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