

Medical Tourism in the Caribbean: A Call for Cooperation

K Adams¹, J Snyder¹, V Crooks², L Hoffman²

ABSTRACT

Numerous Caribbean countries have discussed plans for developing medical tourism activities as a means of tourism diversification and economic development. These plans have been encouraged and shaped by outside agencies whose influence might cause a race-to-the-bottom environment between countries competing for the same niche of tourists. This paper provides a call for cooperation between local health officials in the Caribbean region to coordinate plans for the development of a medical tourism industry that enhances regional access to specialized healthcare and facilitates the movement of patients and healthcare resources throughout the region to enhance health equity and health outcomes in the Caribbean.

Keywords: Health policy, medical tourism, regional integration

WIMJ Open 2014; 1 (2): 70

INTRODUCTION

Medical tourism, the movement of individuals across national borders with the intention of privately purchasing medical procedures, has become a topic of increasing discussion amongst policy-makers in the Caribbean. Various Caribbean countries have developed policy documents with strategies for creating a domestic medical tourism industry to boost economic development and increase tourism revenue (1, 2). As one of the most tourism-dependent region in the world, countries in the Caribbean are interested in diversifying their tourism product in order to help make their economies more resilient and to help shield themselves from the effects of global economic cycles (3). Caribbean countries' interest in medical tourism appears to be primarily motivated by the hope that medical tourism can provide a diversification that will enhance their brand as a destination in a region of intense competition for tourism dollars (2, 4). This seeming race to develop a medical tourism sector has created competition between Caribbean islands for their share of finite foreign investment opportunities (5, 6). We believe this competition should be a matter of concern as it may impact the ability of countries to ensure their hopes for medical tourism are realized. If multiple countries vying for foreign investment create a race-to-the-bottom environment that tips the balance of power toward outside agencies and

interrupts efforts for enhanced economic integration in the region, then many Caribbean countries could see negative impacts from their entry into the medical tourism market.

Historical context of regional cooperation

Regional economic and political cooperation in the Caribbean has been a point of contention since the 1950s, with various agencies and governments advocating for increased trade liberalization with countries outside the region, while others have emphasized enhanced inter-regional trading to avoid reliance on foreign exchange and imports (7). The St Lucian economist Sir Arthur Lewis advocated strongly for enhanced political unity in the Caribbean to allow for the development of a self-sufficient economy based on domestic markets (8). If Lewis' economic development theory of "investment by invitation" was applied in the Caribbean context, regional cooperation would enable negotiations with foreign investors that ensure investment contributes to enhanced entrepreneurial, management and manufacturing opportunities. Lewis advocated for the use of foreign investment only in the absence of domestic capital, with harmonized regional action to mitigate the erosion of domestic markets (9).

Caribbean regional cooperation is cited as being stifled due to outside intervention, with individual nations seeking economic development opportunities from international sources (10). Despite numerous efforts at enhancing integration to strengthen the Caribbean's economic and social development, regional emphasis on tourism has potentially harmed trade complementarities by siloing countries in their attempts to increase foreign exchange through the tourism

From: ¹Faculty of Health Sciences, and ²Department of Geography, Simon Fraser University, Burnaby, British Columbia, Canada.

Correspondence: K Adams, Faculty of Health Sciences, Simon Fraser University, Blusson 10516, 8888 University Drive Burnaby, BC V5A 1S6, Canada. Fax: 604-341-0585, e-mail: kaa4@sfu.ca

industry (11). While Lewis' economic theory states that attempts to increase tourism flows on a regional instead of a national basis could provide beneficial foreign exchange, current competitive frameworks for tourism activities result in increased flows of tourists to one country at the expense of another (11). Without cooperation in tourism planning and policies, small and vulnerable countries may not have the ability to negotiate foreign direct investment in the tourism industry in such a way that ensures investments are optimally beneficial for domestic markets and social welfare.

Current interest in and discussion of medical tourism follows a similar trajectory to past tourism policies and plans in the Caribbean, with nations seeking to develop the industry to increase their competitive edge in attracting visitors (1). Regional fragmentation has been influenced by disagreements over diplomatic and economic interactions with 'the outside world' as well as a strong sense of island self-government following post-colonial independence that causes hesitation among individual countries to relinquish any of this independence for regional authority (7). Engagement in tourism in such a way that assumes successful tourism industries are contingent on developing a more attractive tourism brand than other islands in the region may spark a competition that overemphasizes relationships with outside interests rather than between nations in the region (12). As such, we believe the development of the medical tourism industry in the Caribbean warrants attention in terms of its potential role in further enhancing regional inter-country tourism competition and the impacts of this competitive environment on the ability to realize the desired benefits from the industry.

Medical tourism and regional competition

The tourism market in the Caribbean has dictated the need for islands to promote their uniqueness, while also appealing to the desires of the masses. This has resulted in a type of competition that has islands vying for similar forms of tourism diversification, increasingly (re) establishing competition between countries (13). Medical tourism is one form of diversification being sought. Well-established medical tourism destinations in Southeast Asia (*eg* India and Malaysia) and in Central America and the Caribbean (*eg* Costa Rica and Cuba) enhance the global visibility of the industry as a means of potential economic development (6). Tourism-dependent countries in the Caribbean have taken particular notice, and many have expressed interest in developing a medical tourism sector (1, 4). As a result, the past few years have seen increasing interest from groups positioned to profit in the creation of the industry in the Caribbean by providing development strategies, assistance with accreditation, and capital in exchange for financial resources and/or regulatory changes.

Our recent research in several Caribbean countries is showing that the involvement of international players, including the Medical Tourism Association (MTA), the

Caribbean Trade Centre (CTC), foreign investors and accreditation agencies, is fuelling competition between islands. These individuals and groups often shop around for 'the best deal' in terms of tax breaks or provide recommendations to local governments that emphasize a nation-specific approach to the medical tourism sector development. Media reports and our discussions with stakeholders in Barbados, St Lucia, Jamaica and Cayman Islands show that various countries in the region have met with representatives of the MTA to strategize industry development (14) while the CTC held a medical forum to bring together medical tourism stakeholders from the Caribbean and the United States of America (15). Such activities also indicate to us a potential lack of awareness amongst policy-makers that similar strategies for industry development are being shared with multiple countries, strategies that may result in an oversaturation of the regional Caribbean medical tourism market with similar plans.

Foreign investors can benefit from enhanced competition between islands for tourism dollars and foreign investment if the threat to invest elsewhere in the Caribbean with a preferred regulatory environment encourages countries to change their regulations to meet the investors interests (6). For economically vulnerable islands, the prospect of increased foreign exchange may present a coercive environment where countries make hasty, incautious changes to encourage the immediate influx of foreign investment *via* attracting medical tourists, hoping that this investment can spur further economic development in the long term (3). We are concerned that the siloed planning for medical tourism development in the Caribbean, that we learnt first-hand in Jamaica, Belize, Cayman Island, St Lucia and Barbados and that is likely occurring elsewhere, may enhance pressure on competing nations to quickly accept the conditions of investment without ensuring this investment is beneficial to the local population.

From our perspective, we believe that a focus on attracting international patients may result in overlooking the benefits of catering health service improvements to addressing the needs of the intra-regional patient flows that already exist throughout the Caribbean. For example, our recent conversations with St Lucians working in health-related fields indicate that while local citizens with financial means already travel to neighbouring islands for medical care and some regional patients travel to St Lucia in the same manner, investment in healthcare infrastructure should be regionally coordinated to avoid overlap and ensure sustainability. At the same time, there is some scepticism that the creation of new private facilities catering to international medical tourists will benefit the local population and address the greatest health challenges being faced there, including shortages of health human resources due to brain drain and over-reliance on tertiary medical care with limited primary healthcare infrastructure (16). Additional private healthcare facilities necessitate adequate numbers of patients who are able and

willing to pay for care, patients that could be drawn from within the region with the right coordination.

A call for cooperation

We believe that without cooperation between countries, foreign investment in the healthcare sector due to medical tourism may not be invested in such a way that optimally enhances patient access to healthcare throughout the Caribbean region. Our discussions with individuals in health-related fields in St Lucia, Barbados, and Jamaica highlight two possible modes of regional cooperation that could enhance equitable access to healthcare regionally. The first mode of development is through the establishment of niche medical tourism services in different countries in the region. By developing niche services that are not replicated within the region, islands will not be competing for the same pool of medical tourists and greater access to specialized services could be provided within the region without wasteful duplication, further enhancing regional patient flows and access to care throughout the Caribbean (17). The development of niche services would require cooperation between countries to ensure oversaturation of duplicate forms of medical tourism does not occur, thus enhancing the sustainability of the medical tourism activities. Regional planning and information sharing about development plans could enable the creation of niche specializations in different countries to provide desired specialized medical services that are currently limited in the Caribbean. Sustainable financing for these projects could be supported through international patient visits as long as this foreign exchange was not diluted among various islands offering the same services.

The second mode of regional cooperation to optimize the benefits of the medical tourism industry that we have heard discussed is characterized by fully regionalizing the industry. Beyond developing niche medical tourism operations, Caribbean countries could coordinate to share training and employment opportunities for health human resources required to staff medical tourism facilities to minimize the brain drain of resources to outside the region as well as between countries. We believe such niche specializations could also enhance training opportunities for health human resources that want further training, including those not working in the medical tourism sector, without having to leave the Caribbean.

Furthermore, by developing the medical tourism industry at the regional instead of country level, health system capacity could be enhanced throughout the Caribbean in its entirety. In particular, the existing flow of patients throughout the islands to access different types of care (18) could be further enhanced through the increased investment into supporting patient movement for care that is initially directed toward medical tourists. In other words, an enhanced ease of access for patients travelling into the Caribbean may have spinoff benefits for patients travelling

within the Caribbean for care. Profits from the medical tourism industry could support this inter-regional travel to enhance accessibility to care and health equity.

While we acknowledge that an approach to medical tourism in the Caribbean characterized by regional planning and policy is ambitious and necessitates high levels of coordination between different countries, this approach may be the best way to avoid race-to-the-bottom style medical tourism development. Tourism planning has already been shown to fuel competition between islands, contributing to greater strain on political and economic integration, and medical tourism appears to be following a similar trajectory in its development. As we have pointed out above, health equity in the region relies on some form of cooperation in health service provision given the relative size of the island nations and could benefit from the development of a medical tourism industry to help finance the movement of patients and health human resources throughout the region. The realization of these benefits is dependent on the ability for islands to cooperate in their envisioning of the medical tourism industry, a cooperation that may be strained by people outside the industry.

REFERENCES

1. International Medical Travel Journal. Bahamas, Bermuda, Caymans, Jamaica, Turks and Caicos: developments in medical tourism in the Caribbean; 2013 May 31. Available from: <http://www.imtj.com/news/?entryid82=420236>
2. Ramirez AAB. Medical tourism in the Caribbean. *Signs* 2011; **36**: 289–96.
3. Grandoit J. Tourism as a development tool in the Caribbean and environmental by-products: the stresses on small island resources and viable remedies. *J Dev Soc Transf* 2005; **2**: 89–97.
4. Brendel P. The promise of medical tourism in the Caribbean. *The Cayman Islands Journal*. 2013 Sep 4. Available from: <http://www.compasscayman.com/journal/2013/09/04/The-promise-of-medical-tourism-in-the-Caribbean/>
5. Lowe A. Bahamas losing out to Cayman in medical tourism. *Caribbean News Now*. 2013 Aug 21. Available from: <http://www.caribbeannewsnow.com/headline-Bahamas-losing-out-to-Cayman-in-medical-tourism-17322.html>
6. Connell J. Medical tourism in the Caribbean islands. *Island Studies Journal* 2013; **8**: 115–30.
7. Payne AJ. *The political history of CARICOM*. Kingston, Jamaica: Ian Randle Publishers; 2008.
8. Bissessar AM. *Globalization and governance: essays on the challenges for small states*. Jefferson, North Carolina: McFarland and Company, Inc; 2004.
9. Bauer A, Cashin P, Panth S, eds. *The Caribbean: enhancing economic integration*. Washington, DC: International Monetary Fund; 2008.
10. Bryden JM. *Tourism and development: a case study of the Commonwealth Caribbean*. Cambridge, UK: Cambridge University Press; 1973.
11. Elbow GS. Surviving small size: regional integration in the Caribbean ministates [Book review]. *The Professional Geographer* 2003; **55**: 543–4.
12. Haslam PA. *The corporate social responsibility system in Latin America and the Caribbean*. FOCAL: Policy Paper. Ottawa: Canadian Foundation for the Americas (FOCAL); 2004. Available from: http://commdev.org/files/1469_file_csr_04.pdf
13. Wood RE. Caribbean cruise tourism: globalization at sea. *Ann Tour Res* 2000; **27**: 345–70.

14. Kanyuck C. Stakeholders to steer medical tourism strategy. The BVI Beacon. 2014 Jan 14; News. Available from: http://www.bvibeacon.com/2/index.php?option=com_content&view=article&id=4416:stakeholders-to-steer-medical-tourism-strategy&catid=854:local-news-jan-9-2014
15. Baptiste SA. Caribbean perspectives: an in-depth focus on Caribbean issues – Caribbean Trade Centre forging links to boost CARICOM-US trade. Guyana Chronicle. 2013 Sep 26; Features. Available from: <http://guyanachronicle.com/caribbean-perspectives-an-in-depth-focus-on-caribbean-issues-caribbean-trade-centre-forging-links-to-boost-caricom-us-trade/>
16. Pan American Health Organization. Health systems and services profile: St Lucia; 2008. Available from: www.paho.org/PAHO-USAID/index.php?option=co
17. Williams D. The challenges of medical tourism. BBC Caribbean. 2008 Apr 4. Available from: http://www.bbc.co.uk/caribbean/news/story/2008/04/080404_medical_tourism.shtml
18. Pan American Health Organization. Report of the Caribbean Commission on Health and Development. Washington, DC: Pan American Health Organization/Georgetown: Caribbean Community Secretariat; 2006. Available from: http://www.who.int/macrohealth/action/PAHO_Report.pdf

Submitted 04 Feb 2014

Accepted 24 Feb 2014

Published 15 Sep 2014

Online: <http://myspot.mona.uwi.edu/wimjopen/article/1594>

© Adams et al 2014.

This is an open access article made freely available under Creative Commons Attribution 4.0 International (CC BY 4.0). Users are free to share, copy and adapt this work as long as the copyright holder (author) is appropriately and correctly credited. See http://creativecommons.org/licenses/by/4.0/deed.en_us for more information.