Chapter 154
Medical Tourism: Will this Help India’s Health?

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INTRODUCTION
From time immemorial human beings are traveling all around the globe to seek food, shelter, lifestyle, peace of mind and for health. The western people used to visit India to learn meditation than for the purpose of medication. 2000 BC the merchants from Rome and Arab countries visited us to get pepper and cardamom for its medicinal values.

Elite people visited Switzerland for treatment of tuberculosis even before antituberculosis treatment (ATT) drugs were introduced, since the climate and the food were considered important for cure.

In India, reiki, pranic healing, ayurvedic, massages, siddha, yoga, aroma therapy, naturopathy and homeopathy attracted foreigners to learn healthy living and for rejuvenation. Now India is the favorable destination in the world for medical tourism.

WHAT IS MEDICAL TOURISM?
The term medical tourism is applicable only for those healthy persons came to get beauty treatment, dental workups, cosmetic surgeries and rejuvenation therapy.

But many people visit India for more serious, life-threatening conditions like coronary artery disease, for bypass and open heart surgeries, liver and bone marrow transplants, and cancer treatment. They come with lot of agony, pain and suffering in addition to financial constraints. So, the pleasure of tour is replaced by the pressure of ill health and therefore the apt terminology would be medical value travel or global health care visit.

WHY INDIA?
India is world’s most preferred country for health tourism.

Atithi devo bhava is the mantra of tourism that is even we are hungry we will treat the visitors as God and offer them all. We produce the largest number of technically-skilled individuals (ready to work for low salary). We also have the largest number of US Food and Drugs Administration (US FDA)-approved drug manufacturing units outside the US and exporters of US FDA-approved low-cost generic drugs worldwide (especially to African countries). They literally worship us for this.

All our medical graduates learning and tuned (only) for diseases which are common in western countries even after 65 glorious years after independence.

Travelers from the United States and the United Kingdom (to their surprise) appreciate that there is no waiting time for specialist consultation or surgery.

Normally in western countries it takes a couple of weeks to get an appointment with a general practitioner, 3 weeks waiting period for a radiology procedure like ultrasound-abdomen and more than 3 months to get an appointment with a coronary care physician or neurosurgeon, though emergencies are attended to immediately.

All these things are available in India at unbelievably low cost of one tenth of their cost and without any waiting period. Cost comparisons on some major procedures between India and the US have been given in Table 1.

Affordable health care does not mean our medicine is inferior to any superpowers. I would like to say our medicines are indigenous, they are superior, and superiority does not come by escalating costs. Hence, India’s cost-effective and efficient medical sector has made it a favored destination for global health care.

In western countries, next to information technology the medical field is mainly occupied by Indian doctors. Under almost stagnant salary increments, the disposable income and saving considerations of the US citizens are still well below the precrisis levels. “In this scenario, the low-cost treatment and nearly zero waiting time coupled with its proven track record offer convenient procedures for tourist arrivals from various geographical locations including the US.” So, they come to India for medical treatment not by choice but for lack of cheaper alternative options and this is a naked truth.

“If patients see value in what India has to offer, they will continue to come.”

Now in the global health care market we are in the fifth position. Countries like Panama, Brazil, Malaysia and Costa Rica are ahead of us. Whenever we enter global market the first threat is from China. But in this deal they are not at all our competitors.

Guess who is the biggest beneficiary of medical tourism? It is the US. The largest segment, with 40% of all medical travelers, seeks the world’s most advanced technologies but we attract the US citizens.

REAL SCENARIO IN INDIA
Thickly populated, lack of diet consciousness, lack of exercise and westernized cultures make urban India sitting on the volcano of hypertension, diabetes, obesity and very young individuals suffering from coronary heart diseases.

In rural, we have to admit that we are not able to offer the bare minimum health requirement, such as sanitation, proper nutritional support, potable water, affordable housing, electricity, hence the large number of patients suffers from communicable diseases.
Medical insurance is still a budding stage in India. The ability to purchase health is highly impossible for many Indians. Persons living below poverty line in India are not covered by health insurance (except in few states). They cannot even dream of the five-star facilities of corporate hospitals. Hence, basic life care and advanced life care support are not reachable to the last citizens free of cost or at affordable cost.

In contrast, many of our first citizens of India immediately after assuming office first visit western countries for health checkup and surgeries (except very few gentlemen like former President Mr KR Narayanan, former Prime Minister Atal Bihari Vajpayee and now Dr Manmohan Singh).

The corporate sectors which get subsidies and tax exemptions from the government with an undertaking to give free treatment to poor do not have any accountability for social causes. Moreover, growth in India's medical tourism market will be a boon for several associated industries, including the hospital industry, the medical equipment industry, hotel, pharmaceutical and infrastructure will grow.

Availability and requirement of doctors, bed strength, nurses and medical technicians in India have been given in Table 2.

India spends gross domestic product (GDP) of 2% on health care whereas it is 5–20% in developed countries.

### WHAT ARE THE OBSTACLES?

The superman, president of the United States, warned Americans in a gathering not to go for cheap treatments in India because he believes that their financial crisis will not last long.

Another attack is from a leading medical journal, *The Lancet*, regarding a superbug, which it named, the New Delhi metallo-beta-lactamase 1 (NDM-1) and concluded that it required international surveillance the medial journal's claim is not supported by any scientific data and the editor of *The Lancet* had to apologize for naming the bug after New Delhi.

We are able to realize that these things are purely done to keep the western patients away from India.

If there is threat due to the danger of superbug, and no financial gains they may think twice before visiting us. But in real people will always weigh the cost and the benefit (travel + treatment + 80% savings).

### WHO IS PROMOTING?

So far the initiatives for global health care are done only by few corporate giants in hospital industry and few tour operators and few individual doctors and some insurance companies.

The visitors for this sector is tremendously increasing and attract the money in dollars and pounds now reached 600,000 (figures given...
by private hospitals and government is not having any particulars!) and paid more than one billion dollars for treatment. Patients many of them are from countries like Pakistan, Bangladesh, Nepal, Afghanistan and Arab countries, and Russia. We expect many of the visitors from the United States and the United Kingdom.

Our government sectors now only realizing the potency money and started giving medical visas for one year.

The government should upgrade the hospitals all over the country at least one in each district to attract the global health seekers and can generate money that can be used for developing infrastructure. The incentives can be in the form of exempting the taxes if they really treating poor patients free of cost (if referred by the authorities for ailments for which treatment is not available in the government hospitals).

The required bed strength for whole India is projected in Table 3.

Fifty percent of government hospital beds and 30% private hospital beds are nonfunctional due to human resource constrains, but the required bed strength to make 2 beds per 1,000 population is 2.705 millions beds for population of 1,353 million.

**WHAT ARE REQUIRED?**

We need persons with political willpower to establish, maintain, and operate, with vision to make India as health superpower.

All the practitioners, hospitals should be fine tuned for this as dramatic improvements are needed in efficiency.

**CONCLUSION**

The author strongly believes that many developments across the world will put India in a fantastic position, by promoting this, we can become health superpower in the world after all health is wealth.