

MEDICAL TOURISM:
IS TRAVELING TO A MEXICAN HOSPITAL
A GOOD IDEA
WHEN IT COMES TO SURGERY?

By

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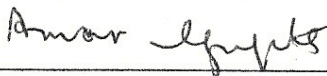
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Abstract

Over the past decade, the medical tourism industry has sprung up around the world. Due to increasing costs of healthcare and health insurance in many Western countries, citizens of these countries are beginning to travel to developing nations to receive healthcare at affordable prices.

This paper aims to build an overview of the medical tourism industry, specifically focusing on Americans traveling to Mexico. High quality private hospitals with JCI (Joint Commission International) accreditation and American trained doctors have already been built in towns relatively near the United States border, with the hope of attracting American patients. To the dismay of these hospitals, they are not seeing nearly the volume of foreign patients that they anticipated. Some potential reasons for this are lack of information on price transparency and cost saving potential as compared to the same procedures in the US, fear of low quality of care, and a mistrust of Mexico due to recent and increasing publicity of cartel and gang related violence.

These issues are discussed in order to help a potential patient decide if medical tourism is the right option. The continued growth of this industry will likely have a large effect on the future of American and other Western healthcare, adding an element of competition that has not been there before.

Intro

Global competition is emerging in industries around the world, and it is hard to pinpoint an industry/country that has not been affected by its neighbors. The medical industry is one that many believed would not be affected by globalization due to the proximity required when performing healthcare services, yet a new mechanism for delivering healthcare is now present.

Medical tourism, patients traveling to receive healthcare at discounted rates, is a growing industry around the world. From India to Singapore to Argentina to Mexico, patients from Western countries are traveling to developing nations to receive quality healthcare at affordable prices.¹ Also, many of the hospitals currently focusing on medical tourism are JCI (Joint Commission International) accredited. This accreditation acknowledges that these institutions offer a high standard of care. For example, the following costs are from JCI accredited hospitals overseas:

- Apollo hospital in India charges \$4,000 for cardiac surgery, compared to approximately \$30,000+ in the United States.²
- A knee replacement at hospital CIMA in Monterrey, Mexico, costs approx. \$20,000 versus \$66,000 in the US.
- Kent hospital in Turkey charges \$8,000 for a spinal fusion that typically costs over \$100,000 in the US.³

¹ Herrick, Devon. "Medical Tourism: Global Competition in Healthcare." NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

² Ibid.

The medical tourism industry has had significant growth over the past 10 years. In 2004, the McKinsey consulting firm determined that the world medical tourism industry had revenues of \$40 billion. This number increased to \$60 billion in 2006, and was projected to be at \$100 billion by the end of 2012.⁴ It is difficult to ascertain the accuracy of these numbers due to the fact that the medical tourism industry is so disjointed, and is occurring all over the world. People traveling to different areas of their own country could easily count as medical tourism, and this most likely happens and is not recorded as such. Thus, these predictions and quotations of worldwide revenue are likely to be off.

Westerners are currently traveling to a variety of different countries worldwide. Each country is typically known for a certain specialty when it comes to medical tourism. For example, India is an extremely popular venue for medical tourism, seemingly regardless of how distant it is from the US. India is said to have “the lowest cost and highest quality of all medical tourism destinations.”⁵ There are multiple hospitals that are JCI accredited and the quality of the physicians are very high. Two other Asian countries that follow similar trends are Thailand and Singapore.

In the opposite hemisphere of the world, central and South America offer their own specialties. Brazil and Argentina have been known for plastic surgery expertise at

³ “Medical Tourism Procedures.” Companion Global Healthcare, 2012.
www.companionglobalhealthcare.com. April, 2012.

⁴ McKinsey & Company and the Confederation of Indian Industry, cited in Laura Moser, “The Medical Tourist,” *Slate*, December 6, 2005.

⁵ Herrick, Devon. “Medical Tourism: Global Competition in Healthcare.” NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

significantly lower costs than other western nations.⁶ Mexico on the other hand, began with a booming dental industry. Americans typically chartered flights to Mexico to receive inexpensive dental care.⁷ Recently however, hospital groups such as CIMA, have begun to establish private hospitals in Mexico in order to build up a medical tourism industry for both elective and non-elective procedures. These hospitals, along with a group of others within Mexico, are JCI accredited and have their corporate headquarters within the US.⁸

Currently, the amount of medical tourism, aside from dental, occurring in Mexico is quite small. A member of the CIMA group stated that they only saw between 50 and 100 foreign nationals in 2010 at their three locations. These numbers are amazingly low in an industry that is quoted to bring in revenues of \$100 billion this year. Due to Mexico's proximity to the US, it would seem that medical tourism within Mexico would be much higher.

Mexico is depicted as dangerous due to attacks from drug cartels.⁹ Many Mexicans who currently live in the US fear returning to the country where they were born. There has been significant aggression against Americans traveling to Mexico, and this trend can be

⁶ Herrick, Devon. "Medical Tourism: Global Competition in Healthcare." NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

⁷ Ramirez de Arellano, Annette. "Patients Without borders: The emergence of Medical Tourism." *Int J Health Serv.* 2007; 37(1): 193-198.

⁸ "Medical Tourism Procedures." *Companion Global Healthcare*, 2012. www.companionglobalhealthcare.com. April, 2012.

⁹ Carpenter, Ted. "Mexico Bleeds over the Border." *CATO Institute*, November 2010. Web. April 2012.

seen even at the college level by students not flocking to Rocky point for spring break as they formerly had done.

High quality healthcare is available in Mexico at costs much lower than in the United States yet; it is not being taken advantage of currently. Is the lack of medical tourism with Mexico due to lack of information regarding the cost saving potentials, fear of receiving treatment in a 3rd world country, or fear of traveling/ visiting Mexico in general? This paper aims to assist the medical tourist assess both the benefits and potential issues with medical tourism; covering cost savings, quality of care, and safety when traveling to Mexico.

Medical Tourism Background

Traveling to receive healthcare is not a new concept; in fact, it is a practice that has been going on for thousands of years. Ancient Greeks and Romans would travel to different cities and villages to receive treatment from the best healers. More recently, in the 18th and 19th centuries, Americans and Europeans would travel to spas in remote locations with the intent of curing diseases such as tuberculosis.¹⁰ Back then, this type of endeavor proved difficult due to the time it took to travel, as well as the fact that information was not easily disseminated. The challenges of informing people about a healthcare facility across the country, or even the world, were infinitely more difficult than they are today.

¹⁰ Pickert, Katie. "A Brief History of Medical Tourism."
Time Magazine. November 2008. Web. April 2012.

Over the past 100 years, our world has shrunk, figuratively of course. Technologies such as the television and especially the Internet have allowed people from all over the world to connect with each other for extremely low costs. In addition to this, globalization has made it possible to see how the rest of the world lives, and has created an understanding of each other that had not been there before.

Globalization has led to worldwide competition within the business world. We are no longer in a time when each nation must discover certain technologies on their own; instead, companies and countries are expanding beyond each other's successes and inventions. Not only are there now more companies to compete with, but also there are more people willing to do the same labor for lower wages. The phenomenon of outsourcing, has allowed prices of goods all around the world to decrease.

Where does medical tourism fit into this? Like many other industries, globalization has begun to bring about a change in the healthcare field. As discussed previously, economists originally thought that the healthcare field would remain untouched by globalization. Yet, with the recent increase in medical tourism as well as in telemedicine, doctors from different parts of the world are able to connect with patients and each other seamlessly and across borders.

Initially, wealthy individuals from 3rd world countries started to come to the United States and other western countries in order to receive high quality healthcare. At that time, the hospitals in 3rd world countries provided subpar medical treatment versus those in Western countries.

This has begun to change in the last 10-20 years due to an occurrence that Fareed Zakaria calls “The Rise of the Rest.” Essentially, the 3rd world (developing) countries have begun to rise up economically, and have established quality infrastructure. In countries located in South America as well as Asia, certain parts of the healthcare system have gone from subpar to almost equal with American standards. The only difference is that these countries, due to their low GDP and lack of regulations (compared to the US), provide this healthcare at a fraction of the cost of the US.

Once it was discovered that quality healthcare was becoming available in developing countries, free market capitalism began to take over. Private brokerage companies have opened all over the world that provide medical vacations where people can travel to a foreign country, receive quality healthcare in private hospitals, stay in 5 star hotels, and participate in all kinds of tourist attractions for a fraction of the cost of the same surgery in the US and other Western countries. These brokerage firms advertise package deals such as “surf and surgery” or “safari and surgery” which are being mainly taken advantage of by Americans, Canadians and Europeans.¹¹

The growth of the infrastructure for this market, typically private hospitals, has become a self-propagating system. The more the medical tourism industry grows, the bigger the demand for hospital space in these developing countries will become. The massive growth that this industry has undergone in the past 10 years has already led to an increase in the number of hospitals in certain developing countries, mainly India. If this

¹¹ Herrick, Devon. “Medical Tourism: Global Competition in Healthcare.” NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

trend continues, medical tourism may actually prove beneficial to the citizens of these countries who will have more options for receiving healthcare, as well as boost their countries economy.¹²

Initially, dental and elective procedures were the only types of healthcare involved in medical tourists. Elective procedures are not covered by health insurance within the United States, and thus require cash payments by the patient. These types of surgeries typically fall in the category of cosmetic. For example, bariatric surgery in India and South America costs a fraction of the price that it would in the United States.

Currently, elective surgeries are the most common types of procedures performed on medical tourists, yet the high cost of health insurance plus deductible and co-pay have led US citizens to travel abroad for treatments that would traditionally be covered by insurance as well.

Essentially, “medical tourism reveals the shape that medicine takes when it is commodified, subjected to international competition, and subsumed within a global market economy.”¹³ It has gained footing in the US where health insurance is high, and in Europe/Canada where wait time for public care is ridiculously long.

The main deterrent to medical tourism is that people are wary about going “under the knife” in a foreign country that they do not completely trust. The quality of healthcare

¹² Turner, Leigh. “Medical Tourism’ and the global marketplace in health services: US patients, International Hospitals, and the search for affordable healthcare.”
Int J Health Serv. 2010, 40: 443- 467.

¹³ Ibid.

abroad has yet to be completely transparent, which turns many Americans and Europeans away from traveling abroad for healthcare.

Currently, many private hospitals in foreign countries are working on receiving accreditation by the JCI, which will add a quality assurance factor to medical tourism that has not been there before. As stated above, one country that contains hospitals that have already done this is Mexico, and the fact that it borders the US makes it a prime spot to receive medical treatment for a fraction of the cost.

Cost Saving Potential: Mexican Private Hospitals

Over the past decade, the costs of both individual and family health insurance premiums in the United States have more than doubled. Sadly, this is not a trend that is ebbing off; in fact, premiums increased over 5% between 2008 and 2009¹⁴, 9% between 2010 and 2011, and expected to increase 10% in 2012.¹⁵ On top of this, insurance deductibles are also increasing, and are averaging over \$1000. For lower income families, this means that in order to see their health insurance benefits, they have to have already spent at least \$1000 on healthcare that year.

When looking at the health insurance costs, an average family in 2011 paid a \$15,000 premium with a \$1,000 deductible. This means, that in order to receive insurance covered healthcare, they would have to spend \$16,000 per year. In an average healthy

¹⁴ Fritze, John. "Average family health insurance policy: \$13,375, up 5%." USA Today, September 2009. Web. April 2012.

¹⁵ Abelson, Reed. "Health Insurance Costs Rising Sharply This Year, Study Shows." The New York Times, September 2011. Web. April 2012.

family, a group of primary care appointments plus perhaps an urgent care visit barely cost \$1,000. Unless an emergency strikes, the plan that cost \$15,000 is not utilized.

Based on increasing costs, many Americans are turning away from purchasing health insurance. Before 2000, US health insurance was really the only option aside from paying American hospital bills on your own, yet with the recent increase in medical tourism, patients can now receive healthcare for a reduced cost outside US borders.

Medical tourism's costs are completely out of the patient's pocket. As mentioned above, medical tourism primarily started with elective surgeries that were not covered by US health insurance, for example, gastric banding, gastric bypass, and other forms of cosmetic surgery. Due to the recent increases in health insurance premiums, many medical tourist targeted hospitals are now promoting their cost savings for non- elective surgeries as well. The table below illustrates the average costs of certain procedures charged to patients in the US (retail prices), charged to insurance companies (in the US), and charged at private hospitals in Mexico.¹⁶

Procedure	<i>US</i>		<i>Mexico</i>
	Retail Price	Insurers Cost	Private Hospital Avg
Heart Bypass	\$210,842	\$94,277	\$39,000- \$42,000
Heart Valve Replacement	\$274,395	\$122,969	\$37,500- \$39,500
Hip Replacement	\$75,399	\$31,485	\$37,500- \$39,500
Knee Replacement	\$69,991	\$30,358	\$20,000- \$21,000
Spinal Fusion	\$108,127	\$43,576	\$23,750- \$25,000
Gastric Banding	\$21,000	-	\$5,000-\$10,000
Gastric Bypass	\$25,000	-	\$9,000-\$12,000

¹⁶ "Medical Tourism Procedures." Companion Global Healthcare, 2012.
www.companionglobalhealthcare.com. April, 2012.

Some of the costs are still expensive, for example, a heart bypass surgery costs between \$39,000 and \$42,000 in a Mexican private hospital. Yet, these costs are quoted from a medical tourism brokerage company and include airfare as well as accommodations. Also, when figuring that a patient will be saving an average of \$15,000 per year by not having US health insurance, and considering the fact that major surgeries are not common occurrences, these prices are quite low

Another reason people are taking advantage of medical tourism's low costs is due to being under-insured.¹⁷ It is quite common for a medical procedure to be more expensive than a certain insurance plan would cover, thus requiring the patient to pay out of pocket for part of it. If the remaining costs are above or close to that of receiving the treatment outside the US, medical tourism may be the better option. Not only will receiving the treatment in the US be expensive, it will also raise the price of future premiums.

Overall, medical tourism is a viable option for people who either cannot afford US health insurance, do not feel that they need to pay \$15,000 a year as a precaution, or are under-insured. The cost savings of traveling to Mexico for healthcare are significant, yet it is up to the patient to decide if the potential risks are worth the benefits of not having US insurance, especially since medical tourism cannot help in an emergency situation.

¹⁷ Kim, Hyo-mi, and Amar Gupta. "Medical Tourism from US to Border Regions of Mexico: Current Status and Future Prospects." Eller College of Management.

Market Overview/ Infrastructure: Mexico

Typically, the hospitals that are frequented by medical tourists are private, and thus not covered by the public healthcare system. This is quite common; one example being in India where the private hospitals are tailored to the wealthy and the foreigners. These hospitals have essentially become classy hotels with private nurses and catered food.

Mexico's private hospital infrastructure has seen a dramatic increase over the past decade. Companies based both in Mexico and the US are building clinics, hospitals, and surgery centers that follow American standards, with the hope of bringing in US patients.

The main hospital groups that have established private facilities in Mexico are Christus Health, International Hospital Corp., and Grupo Empresarial Los Angeles.

- Christus Health is a nonprofit based in Irving, Texas. They currently own six hospitals in Mexico, four being relatively near the border of the United States.
- International Hospital Corp operates three hospitals in Mexico, as well as one in Costa Rica. Their hospitals are JCI accredited and contain state of the art medical technology.
- Grupo Empresarial Los Angeles is the largest private hospital chain in Mexico, containing 15 hospitals across the country. They currently have a marketing campaign specifically to target Americans, with the goal of 20% of patients seen to be American.¹⁸

¹⁸ Black, Thomas. "Mexico Builds Hospitals to Lure Medical Tourists from America."

It is apparent that hospital groups in Mexico and in the US are predicting a large growth in the amount of American citizens that will travel there for healthcare. From 2000 to 2005, the number of private hospital beds increased 28%, the number of private doctors doubled, and the number of surgery rooms increased by 46%.¹⁹ These occurrences are not coincidental, and there has not been an extremely large economic boost in the Mexican economy that would merit this kind of growth. The GDP per capita for Mexico in 2010 was approximately \$14,000 with an annual growth rate of around 2.5%.²⁰ The majority of Mexico's population cannot afford the costs of healthcare that these private hospitals charge.

In 2006, Mexico began undergoing public health reform, in an attempt to make healthcare more widely available for the masses. The Mexican public healthcare system started the 21st century with the inability to treat half of its citizens.²¹ They established the SSPH (System of Social Protection in Health), which is a nationwide health insurance, subsidized by the government. This public health insurance costs different amounts depending on family income, and the poorest 20% of families throughout the country are exempt from paying anything.

¹⁹ Black, Thomas. "Mexico Builds Hospitals to Lure Medical Tourists from America." Bloomberg, March 2008. Web. April 2012.

²⁰ "Mexico Country Report." Global Finance Magazine. 2011.
<http://www.gfmag.com/gdp-data-country-reports/220-mexico-gdp-country-report.html#axzz1rCli4UQ1>

²¹ Frenk, Julio. "Comprehensive Reform to Improve Health System Performance in Mexico." The Lancet 2006, v. 368: 1524- 1534.

Currently, private hospitals in Mexico are not seeing the amount of foreign patients that they would like. Ernesto Dieck, CEO of Christus claims “surgeons at San Jose operate on about two foreigners a day.” Grupo Empresarial Los Angeles stated in 2008 that only 5% of the patients they were seeing were Americans, and as stated above, they would like to increase this number to 20%.²²

Private hospitals with the goal of treating foreign patients have been setup all over Mexico, yet patients from the US are not taking advantage of these opportunities. Based on the information discussed earlier in this paper, the cost saving potential of traveling to Mexico for patients who don’t have insurance, are under-insured, or who are receiving elective surgery is quite large. Why then, are more Americans not traveling to Mexico, our neighboring country, to receive healthcare? Is it due to a fear of “going under the knife” in a less developed nation, a preconceived notion that the quality is not as good?

Quality Of Care- Mexican Hospitals

Quality of healthcare is something that people do not typically worry about here in the United States. We as Americans view ourselves as the “Mecca” of healthcare, out performing most Western nations and all developing countries. Yet, according to the World

²² Black, Thomas. “Mexico Builds Hospitals to Lure Medical Tourists from America.” Bloomberg, March 2008. Web. April 2012.

Health Organizations (WHO) health report, the US sits at 37th.²³ Mexico, a country with a GDP of approximately \$14,000 (versus the US's ~\$46,000) is ranked 61st.

Mexico established a national health insurance in 2006, and before that, they were unable to medically treat half of their citizens. When the WHO puts out their World Health Report, they take into account the countries' medical facilities and capabilities as a whole. As a whole, Mexico is not on the same level of health as is the United States, yet the private hospital industry that has built up over the past decade is a completely different story.

It is difficult to assess the quality that private healthcare facilities in Mexico offer because standardizing data becomes difficult due to all the possible externalities that can occur when practicing medicine. A certain procedure will work for one person and if performed the same way on someone else, it could go horribly wrong. The easiest way to judge quality of care is by facilities, specifically what type of technology and equipment they have, doctors, where they went to school and were trained, and accreditations that they may have earned based on quality.

The main type of accreditation that foreign hospitals are receiving and trying to receive in order to increase their desirability for medical tourism is the JCI (Joint Commission International) accreditation.²⁴ This accreditation shows that a hospital has a

²³ Kim, Hyo-mi, and Amar Gupta. "Medical Tourism from US to Border Regions of Mexico: Current Status and Future Prospects." Eller College of Management.

²⁴ Herrick, Devon. "Medical Tourism: Global Competition in Healthcare." NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

high level of quality care for their patients, as well as safe environment.²⁵ In order to receive JCI accreditation, the hospital must go through a rigorous application process that can take up to 3 years and costs approximately \$42,000.²⁶ The Joint Commission has accredited 220 health facilities across 33 countries worldwide.²⁷ It has become a standard that is looked for when medical tourism brokerage firms team up with hospitals.

In Mexico, there are eight JCI accredited hospitals, 6 of which are located near the border. Of these eight, two are CIMA hospitals, operated by the International Hospital Corp headquartered in Dallas. These facilities are described as state of the art, and are typically large and/or wealthy hospitals due to the cost of the accreditation.²⁸

When it comes down to facilities, the major hospitals located near the border in Mexico, whom are also JCI accredited, offer technology and equipment that are comparable to those in the United States.²⁹ In addition, patient's rooms are often more comfortable and private than those in most Western hospitals, especially Europe. It is rare to receive a

²⁵ Kim, Hyo-mi, and Amar Gupta. "Medical Tourism from US to Border Regions of Mexico: Current Status and Future Prospects." Eller College of Management.

²⁶ Timmons, K. "JCI Corner: The Value of Accreditation." Medical Tourism Magazine. October 2007. Web. April 2012.

²⁷ Turner, Leigh. "Medical Tourism' and the global marketplace in health services: US patients, International Hospitals, and the search for affordable healthcare." Int J Health Serv 2010, 40: 443- 467.

²⁸ Ibid.

²⁹ Kim, Hyo-mi, and Amar Gupta. "Medical Tourism from US to Border Regions of Mexico: Current Status and Future Prospects." Eller College of Management.

single occupancy room with amenities such as Internet and TV in the US whereas in Mexico, specifically at the CIMA hospitals, this is a common occurrence.³⁰

Typically, hospitals that cater to medical tourism have online virtual tours of the patient rooms, surgery rooms, cafeteria, etc., which allow patients to be certain that they are attending a high quality facility.

Accreditation is a standard that provides medical tourists with the assurance that the hospital they are attending meets certain quality requirements. Also, the facilities play a large part in the quality of a hospital. Yet, one very important factor that has yet to be discussed is the physician who will perform a procedure. It is their physician that can make or break the experience, by being skillful and performing the procedure well, or the complete opposite.

When it comes to physicians, citizens of the United States expect perfection. In the mind of Americans, a doctor is supposed to perfectly perform every procedure, otherwise incur the wrath of a malpractice case. U.S. citizens are aware of the rigorous process that doctors must go through to earn the MD behind their name, and this offers a form of comfort. When deciding whether or not to travel to another country to receive healthcare, one underlying issue is the qualifications of the doctors who will be taking care of you.

Hospitals that cater to medical tourists have taken these fears into consideration, and hired physicians who are either trained or certified in the US, Canada, Australia, or

³⁰ Kim, Hyo-mi, and Amar Gupta. "Medical Tourism from US to Border Regions of Mexico: Current Status and Future Prospects." Eller College of Management.

Europe.³¹ A common occurrence with doctors working in Mexican private hospitals is to have received their medical degree in Mexico, and then undergone either a residency or fellowship in the US.

Ernesto Dieck, the CEO of a private hospital group in Mexico stated, “more than 90% of the doctors at the facility- which has performed heart transplants- have worked at US or European hospitals.”³² The overall message that medical tourism brokerages and hospitals are trying to get across is that their physicians trained at the best facilities in the world, regardless of where they are practicing. Since there is currently no global standard for medical training, hospitals that are trying to advertise to medical tourism recommend that their physicians obtain US board certification.³³

An additional benefit that the physicians working at private hospitals located in Mexico was identified in a paper published by Sarah Horton. After interviewing a large number of wealthy Latinos who have received healthcare in both the US and Mexico, she found that many Latinos preferred receiving the treatment in Mexico due to the doctor’s ability to act on discretion.³⁴ In Mexico, there are fewer regulations regarding required

³¹ Herrick, Devon. “Medical Tourism: Global Competition in Healthcare.” NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

³² Black, Thomas. “Mexico Builds Hospitals to Lure Medical Tourists from America.” Bloomberg, March 2008. Web. April 2012.

³³ Turner, Leigh. “Medical Tourism’ and the global marketplace in health services: US patients, International Hospitals, and the search for affordable healthcare.” *Int J Health Serv* 2010, 40: 443- 467.

³⁴ Horton, Sarah. “Medical returns: Seeking health care in Mexico.” *Social Science and Medicine*, 2011; 72: 1846-1852.

tests. Doctors do not order unnecessary tests simply to prevent malpractice suits. The issue then becomes, as a medical tourist, what recourse is there as a patient if an unexpected outcome arises?

When it comes to malpractice cases, foreign laws are not as strict as those governing the US. Doctors are less likely to have extensive umbrella malpractice insurance and, even so, to file a patient would have to go through the court system within the country where the healthcare was received.³⁵ There is no possibility of filing through the American court system, and attempting to file suit in another country without being familiar with the legal system is not recommended.

One method of countering the issue brought up by the inability to receive compensation from a procedure with an unexpected outcome is malpractice insurance. Medical tourists can purchase insurance from companies such as AOS Assurance Company Limited.³⁶ Not only does this cover the patient in the event of a poorly performed procedure, it also adds another quality control factor. Companies such as AOS will offer insurance only for a procedure performed in an accredited hospital by accredited physicians.³⁷

³⁵ Herrick, Devon. "Medical Tourism: Global Competition in Healthcare." NCPA Report No. 304, November 2007. ISBN #1-56808-178-2.

³⁶ Ibid.

³⁷ Ibid.

Quality is a major issue that potential medical tourists must consider when deciding if traveling abroad for healthcare is a smart decision for them. As discussed in this section, a patient can reduce the risks of inadequately performed procedures by choosing JCI accredited hospitals, researching the specific hospital's facilities in advance, and making sure that the doctors are certified to the standards you seek. Also, medical tourism malpractice insurance adds another quality assurance factor. By properly combining these factors, one can eliminate the fears of "going under the knife" in a foreign country, specifically Mexico.

Traveling To Mexico: Good idea?

One fear that many have in regard to receiving healthcare in Mexico is simply the fact that they must travel to Mexico. It has become common knowledge across the United States that Mexican border towns are far from safe, especially for American tourists. Since 2006, over 40,000 people have been killed in Mexico, near the US border, by drug cartels and gangs.³⁸

In a recent PBS interview, the reporter named Bill Neely discussed the current violence that is occurring in Mexican border towns. Originally, the killings and kidnappings were very close to the border. The cartels' main goal was to smuggle drugs across to the US, and the murders were typically due to someone getting in their way.³⁹ Lately though, the

³⁸ Carpenter, Ted. "Mexico Bleeds over the Border." CATO Institute, November 2010. Web. April 2012.

³⁹ Neely, Bill. "Once safe, Mexico's Monterrey becoming 'City of Massacres.'" PBS News Hour, February 2011. Web. April 2012

cartels have been murdering people more frequently, and farther away from the border than in the past.

One of the major cities where JCI accredited hospitals are located, is Monterrey. Monterrey has become the economic powerhouse of Mexico, serving as a branch location for numerous international corporations. As a city, Monterrey has taken on a very “Western” feel, filled with fast food chains and a multitude of high-end hotels. One would almost forget they are in Mexico, due to Monterrey’s striking resemblance to a Southwestern US city.⁴⁰

Over the past 5 years, the drug war has continued to move south, and cities such as Monterrey have become plagued by gang violence. It is not uncommon for shootings to break out in the streets, mid day.⁴¹ The more this occurs, the less comfortable international corporations will be with having a branch in Mexico. Already, wealthy looking Americans are being targeted by gangs and cartel groups, and are taken hostage for ransom.⁴²

The police force in Monterrey is attempting to combat this increase in violence, yet they are being attacked and killed as well. On top of that, the amount of corruption in the Mexican police force is extremely high, and many cartels are paying off officers to “look the other way.”

⁴⁰ Martinez, Guillermo. “Monterrey must be a line in the sand in Mexico drug war.” Sun-Sentinel, June 2011. Web. April 2012

⁴¹ Ibid.

⁴² Carpenter, Ted. “Mexico Bleeds over the Border.” CATO Institute, November 2010. Web. April 2012.

Due to the amount of money it brings into the economy, it has been concluded that if Monterrey falls, Mexico will fail.⁴³ Due to this, the Mexican government has begun dispatching military units to Monterrey and other gang-ridden cities, to try and stop the rising increase in violence.

What does this mean as a medical tourist? It can be agreed upon that driving through border towns is the most dangerous part about traveling and being in Mexico as a Westerner. That being said, driving to a hospital in Mexico is not advisable. The combination of the cartels, gangs, and corrupt police make visiting Mexico by car a risky situation. When it comes to the police, one can typically pay them off with a chunk of cash, yet the gangs and cartels are not so forgiving.⁴⁴

The farther south one travels in Mexico, the safer it is said to be for tourists. This brings up an issue for medical tourists because the majority of JCI accredited hospitals in Mexico, are located relatively near the border. Luckily, most of the cities where these hospitals are located, i.e. Monterrey, have airports that are accessible from the US. Flying into Mexico cuts out much of the risk of running into violence.

When deciding to receive medical treatment in Mexico, it is important that one researches the current situation of the city they are planning to stay in. Since the drug war is currently going on and constantly changing, it is hard to say which cities should be avoided and which are safe. Some general guidelines to follow are: have a car waiting for

⁴³ Martinez, Guillermo. "Monterrey must be a line in the sand in Mexico drug war." Sun-Sentinel, June 2011. Web. April 2012

⁴⁴ Ibid.

you at the airport to take you to the hotel, do not travel or go outside your hotel at night, know if there is a US embassy near where you are staying, and try to stick to the populated/ tourist areas of the city.

Conclusion

In this paper, the issue of medical tourism with Mexico has been viewed from multiple standpoints. From a cost perspective, medical tourism can definitely save the un- or under insured American a lot of money. Typically, medical tourism brokerage firms create package deals that include travel, accommodations, medical treatment, and some type of tourist activity for a fraction of the price of the procedure in the US. Since Mexico's GDP is much lower than that of the US, hospitals are able to pay their staff less and thus perform treatments at a lower cost.

Although lower costs are a benefit, low costs with low quality, especially in healthcare, is a definite deterrent. Quality of healthcare is difficult to measure because each patient is so different, yet accreditations, equipment, and qualifications of physicians are aspects that are easily measureable. There are a group of Mexican hospitals that are JCI accredited, employ doctors who received training in Western countries (primarily the US), and are partnered with either US hospitals or US companies. Hospitals with these credentials hold to the same standards of care as most hospitals in the US.

Yes, medical tourism can save patients a lot of money, and there are hospitals specifically built to cater to the quality that a medical tourist desires, yet a final issue is personal safety when traveling to receive treatment. Mexico, especially the border areas, is plagued by gang violence and drug cartels; driving through these areas is extremely

dangerous. When traveling to Mexico for treatment, it is important that the patient does research on the safety of where they are going, and hopefully is able to travel there by plane.

Overall, medical tourism is a viable option for receiving certain types of healthcare, an option that globalization has created for us. When deciding whether or not to partake, one must weigh the issues discussed throughout this paper, and see if these cost savings are worth the potential risks.

This relatively new industry has the potential to help the economies of developing nations around the world, as well as to push them to increase their medical infrastructure. The next step in medical tourism's growth is to increase the reach that this industry has. As medical tourism grows, more and more options will become available to the masses for receiving treatment and providing payment to foreign hospitals. There have already been a few incidences where US health insurance companies have sent customers overseas to receive healthcare, and as the quality of foreign hospitals becomes more apparent, this trend is predicted to increase. It may not be too long before a new type of insurance is offered specifically for patients who will receive major healthcare procedures overseas, and in turn pay a much lower premium. The effects that the growth of this industry will have on the US hospital system will be quite interesting, adding a level of competition that has yet to be seen in US healthcare.

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