

The Surgical Vacation

Travel agents aren't the only ones luring Americans abroad with big discounts this year. The overseas surgery industry, once a slightly scary medical niche, has taken off to a remarkable degree, its rise fueled by the continued rise in health care costs and by an economy that is creating an army of underinsured Americans looking for bargains. This unusual blend of tourism and medicine has doubled in the past year, with roughly 1.5 million Americans heading abroad for medical care in 2008, according to consultancy Deloitte Center for Health Solutions. They're traveling all over the map—to Turkey, to Thailand, to Costa Rica—for procedures ranging from perfunctory dental work to six-hour bypass surgeries. Indeed, to hear the hospitals say it, no procedure is out of the question now that more of them boast new affiliations with big-name U.S. hospitals and medical schools.

The movement is not without its critics; some consumer advocates are skeptical about whether surgery abroad really meets American safety standards. Finding out isn't easy, since reliable quality ratings, already hard to get in the U.S., can be even more elusive elsewhere. For their part, patients sometimes come back with horror stories about language barriers or the culture shock of getting cushy treatment while surrounded by poverty. Even fans of overseas care say third world medicine, upgraded or not, isn't for the faint of heart. "Put it this way," says Paul Keckley, executive director of the Deloitte health-consultant group, "it's still very much cowboy country out there."

Yet it's hard to argue with the savings, especially in recessionary times. Surgeries and dental makeovers in Asia and Latin America can cost as little as 10 percent of the equivalent services in the United States. Deals like that have some major U.S. insurers now peddling the overseas option as a way to cut the costs of pricey procedures. And many patients say they're surprised to find that, at least for them, overseas hospitals offer the kind of pampering that would be unthinkable here. With straight faces insurers say your next hip replacement can be a "five-star experience"—complete with attentive service, personal chefs, massages and haircuts.

Medical tourism isn't a new phenomenon, of course. As early as the 1970s, wealthy Americans and Europeans were known to slip away to Brazil for the occasional nip and tuck. But over the past 10 years, the game has begun to change dramatically. Hospitals in Thailand and India led the way, marketing heavily to international patients, often by piling on plush, hotel-style amenities. Bumrungrad, a pioneering hospital in Bangkok, Thailand, wraps its patients in a comfortable bubble of butler service, Oriental rugs and marble floors. Some countries have even invested in medical facilities catering almost entirely to foreigners: South Korea, for example, is building Health Care Town, a 370-acre beachfront oasis filled with hospitals and luxury apartments for foreign patients and their families. And on U.S. shores, an industry of medical travel brokers has popped up to help clients find these outposts and set up travel arrangements.

When Insurers Send You Abroad

Most American patients venturing abroad either lack decent insurance or want operations that their insurers and employers won't cover. But recently, some big insurance companies have started to get into medical tourism themselves—creating the potential for a whole new push for overseas surgery. Aetna, WellPoint and BlueCross BlueShield of South Carolina are all experimenting with including foreign facilities in their networks and making them available to their employer clients. The health plans step in to arrange—and, in many cases, pay for—travel and lodging for patients and their families. In practice, a patient might face the choice of paying a deductible of tens of thousands of dollars for a surgery in the U.S. or getting the same procedure abroad for nothing. At Serigraph, a West Bend, Wis., printing company that contracts for overseas health care with WellPoint, where to go is up to the employee. But the incentives to travel are clear, says Linda Buntrock, senior vice president of human resources: "They'd rather see their money in their 401(k) than in some doctor's pocket."

When Kris Mann needed both knees replaced, going abroad was her only affordable option. The 60-year-old uninsured legal assistant from Whitefish, Mont., went to Wockhardt Hospital in Bangalore, India, last year—and returned with a curious tale. Arriving, she says, she met a Harvard medical student who was actually visiting the hospital to study its close-to-zero infection rate for joint replacements. And after the operation, far from being rushed out of the hospital like she would have been at home, she says she remained for 25 days, getting daily physical therapy from physicians. But the country and its care had a rougher side, too. Mann says she got sick from eating ice cream made with unpasteurized milk, and after that, her stomach couldn't tolerate Indian food. (She says doctors and nurses tried hard to compensate, bringing her Domino's pizza, among other things.) Mann was also jarred by the poverty she saw around her; outside her cool, private suite, she says, patients were bunked four to a room, without air conditioning. Getting treated like royalty in such an environment, Mann says, "is almost embarrassing."

Sometimes, cultural barriers can translate into more serious trouble for the patient. When Jeff Loren, a fireplace installer from Shoreline, Wash., got a spinal fusion in Seoul, South Korea, a hospital nurse slept on a futon in his room for four nights to accommodate his needs 24/7. But Loren says the nurse hardly spoke any English, and one night he couldn't communicate that he was in excruciating pain and needed more medication. "It wasn't a night to remember," he says of his 12-hour ordeal.

American Brands on Overseas Hospitals

Foreign hospitals are quick to acknowledge that the atmosphere abroad can take some getting used to. "You might see a little bit more chaos," says Vishal Bali, CEO of the Wockhardt Hospitals Group. But Bali and others in the industry say the benefits of their facilities go beyond lower prices. They point out that many of their surgeons perform a higher number of procedures than their

American counterparts—which can be a good thing, according to consumer advocates, since repetition tends to reduce the likelihood of mistakes. Technologically, many hospitals claim to be on par with their U.S. competitors, and some boast American-trained physicians. Independent authorities seem to agree that the gap is narrowing: By the end of this year, about 250 foreign hospitals will be accredited by the Joint Commission International, the global arm of the group that accredits most American facilities.

Putting too much faith in a label, however, can be a mistake. Sharon Kleefield, an expert in hospital quality at Harvard Medical School, says the accreditation itself is “hardly the be all, end all of quality.” She says it’s “more like a floor” that people should expect quality medical facilities to meet. Doing additional research for more information isn’t easy because data on success and mortality rates for particular procedures is available only from the foreign hospitals themselves. “Any hospital that won’t give you data,” Kleefield advises, “cross off your list.”

American consumers can’t rely on familiar brand names as guarantees of quality, either. Top U.S. medical centers, including Johns Hopkins Medicine, the University of Texas M.D. Anderson Cancer Center and Harvard Medical School, allow dozens of overseas hospitals and clinics to use their names, often for a fee; those hospitals in turn highlight their big-name affiliations in advertisements and on their Web sites. But that doesn’t mean patients are getting Harvard care for dimes on the dollar; in reality, the U.S. affiliates primarily provide foreign hospitals with continuing education and occasional second opinions. Seeing a U.S. institution’s name on a foreign hospital may actually be a sign that the facility isn’t at the top of its field. “If they’re doing such great work on their own,” says Harris Benny, CEO of Johns Hopkins Medicine International, “they don’t need us.”

Then again, not every patient needs the fanciest medical help on the planet. When Corinne Hardy of Selden, N.Y., decided to get a hysterectomy, traveling to Costa Rica wasn’t her first choice, and she worried about her safety. But her surgery last August went just fine, and it came with a consolation prize—a seven-day stay for her and her mother at a luxury beach hotel, set up with the help of the hospital administration. As for the hospital itself, it wasn’t exactly five-star, but it certainly assuaged Hardy’s fears. “I wasn’t walking into a scene from *Saw V* or anything,” she says.

Medical Tourism: The Basics

A whole new industry has emerged to serve Americans who travel abroad for health care. Some basics that consumers need to know.

Medical Brokers

Medical travel brokers like WorldMedAssist and Patients With Passports help consumers locate hospitals and book travel; some hire American expatriates to check in with patients while they’re abroad. Although some charge onetime fees, others may steer you to a hospital that gives them a cut of the business.

Insurance Companies

Some health insurers cover surgery abroad at pre-screened hospitals and dental clinics. Customers without such coverage can ask their insurer for an exception. BlueCross BlueShield of South Carolina lists 21 approved facilities on the Web, at CompanionGlobalHealthcare.com.

Guidebooks

Books like *The Complete Idiot’s Guide to Medical Tourism* offer advice, but some question their impartiality. The South Korean edition of *Patients Beyond Borders*, for example, was partly funded by the Korean government. Author Josef Woodman says he does the final editing and that his books are unbiased.

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