

Canadians Seeking Medical Treatment in the Developing World

Patients fleeing long waitlists by paying for medical procedures abroad

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It used to be that affluent patients from developing countries travelled to the west for expensive medical treatments. But in recent years the tables have turned, with increasing numbers of patients from wealthy nations—Canada included—now travelling to countries such as Thailand and India for surgery and other medical procedures.

As waitlists grow ever longer, surgical tourism has become an option for many Canadians who are in pain and frustrated with the country's chronically overburdened medical system. Patients who travel to developing world countries for their surgical procedures are receiving top-notch medical care in plush hospitals, and enjoying a nice holiday in the process.

Procedures that are extremely expensive in North America can be had at bargain basement prices in developing countries. Medical tourism to India and Thailand has grown rapidly in recent years, with countries such as Singapore, Costa Rica, South Africa and Malaysia catching up fast. France, Belgium and Hungary are also popular destinations.

Yasmeen Sayeed, president and CEO of Surgical Tourism Canada (STC), a Vancouver-based firm that helps Canadians travel overseas for medical care, says countries such as India that have private health care have access to unlimited resources; they can afford the best surgeons—many of whom are trained in Europe and North America—and provide cutting edge technology in state of the art hospitals. In comparison, Canada's publicly funded system often uses "archaic" procedures and is limited in terms of equipment and standards.



A Thai therapist gives massage to a client before applying Thai herbs at Medical Spa in central Bangkok. Thailand has become a medical and spa destination for millions of foreigners. (Saeed Khan/AFP/Getty Images)

"If you compare with Europe and Asia, Canada is far behind in technology. People are getting more and more educated through the Internet and they want the best and latest techniques, but those techniques are not available in Canada," says Sayeed.

When 38 year-old veterinary technician Pierre Burke went on a waitlist for hip surgery in 2001, he was told he'd have to wait at least four years as there were only two doctors in Canada who could do the kind of operation he needed. An avid snowboarder and runner, Burke wanted a procedure called Birmingham Hip Resurfacing, a special kind of hip operation suitable for younger people which allows full movement after recovery.

In pain and frustrated with the delays in the public health care system, Burke did some research and decided to have the replacement done by a top surgeon in the United Kingdom, where he received "absolutely phenomenal" care. Burke has now been waiting for over a year to see a specialist for another problem. He needs surgery to correct a knee operation that was botched the first time around, and he says it's taking so long that his good knee is becoming damaged from compensating for the injured knee.

"We're paying into the medical system and yet we can't use it," says Burke. "The other downside to these waiting lists is, not only are you not getting the attention you need, but more problems are created as your body compensates for the injuries. For two simple operations I've been on a waitlist since 2001."

France was ranked by the World Health Organization in 2001 as having the number one health care system in the world, and as a result has become the destination of choice for many medical tourists. Dubai, already known as a luxury tourist destination, is scheduled to open a world-class medical clinic in 2010 which will include a new branch of the Harvard Medical School, making it the largest and possibly the most prestigious medical centre between Europe and Southeast Asia.

STC puts together complete packages that include visas, air fares, surgery costs, hospital stays, after-care and post surgery resort accommodations. The company has arrangements with hospitals in India, Singapore, China, Belgium, Dubai and the U.S., and patients can have their procedure immediately after arriving in country—no waiting.

In 2004 a Quebec man, forced to wait more than a year for desperately needed hip surgery, successfully sued the Quebec government for not allowing him to arrange for timely surgery through private health insurance. The judge ruled that forbidding George Zeliotis from contracting with a private insurer and making him endure a long and painful wait violated Quebec's charter of human rights and freedoms. As a result, Quebec's new proposals to deal with wait-times include a role for private clinics.

While Burke researched and organized his own trip, Gina Littlely of Penticton, British Columbia used STC to arrange her surgery in Chennai (formerly Madras) in southern India. Suffering for years from a degenerative spinal condition in her neck, 69 year-old Littlely had initially consulted a surgeon in Victoria who told her that the limited relief she would experience wouldn't justify the risk, as the operation would involve cutting close to the spinal cord. He suggested she take Tylenol.

Although the surgeon advised Littlely to get a second opinion, that proved easier said than done. Unable to see any of the neurosurgeons in the Lower Mainland (they told her they were too busy giving first opinions to be able to give second opinions) Littlely finally got a favourable second opinion from a Bellingham doctor, but as he was not registered in B.C. his diagnosis wasn't accepted. Littlely says at that time she felt as though she had "fallen through the cracks" of the health care system. So, after careful consideration, she and her husband went to India.

The total bill for the Littley's month-long trip for two came to \$20,000; that included the flight, the operation and hospital stay, other assorted expenses and 10 days at a beach resort on the Bay of Bengal. The initial quote for Gina's surgery was \$10,000, but she later received a refund of \$2,000 when the surgeon discovered the procedure was less complicated than he had thought.

"I cannot praise the care highly enough," says Littley. "I've never had such care in my life. The nurses were there at your beck and call, it was unbelievable. I really felt in the hospital that I was in a 5-star hotel, because I was pampered."

Littley is trying to get the B.C. Medical Services Plan to reimburse her for the surgery and has filed an appeal against the government's rejection. She is also part of a group of six that has initiated a class-action suit in an attempt to recoup their medical expenses. A similar suit has been filed by a group in Ontario.

Sayed warns patients to be careful about whom they book their overseas surgeries with, as there are people in the business who are travel agents or insurance brokers with no medical background.

"We tell people to do due diligence, because things can go really wrong if you don't have a solid backing. There have been cases of botched surgery where people have no recourse whatsoever. So it's very important to do due diligence before signing up with anyone."

The dangers of medical tourism made headlines earlier this year when two prominent Canadians released an investigative report into allegations that the Chinese regime has been extracting the organs of Falun Gong prisoners of conscience and selling them into the lucrative organ transplant industry. Some Chinese hospitals even had websites targeting westerners advertising how quickly one could receive organs from executed prisoners.

The authors of the report—former Liberal cabinet minister David Kilgour and human rights lawyer David Matas—estimated that 70 percent of organ recipients in China are foreigners.