

THE WEEKLY NEWSMAGAZINE

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OUTLOOK

NEWSSTAND COPY



SUSHI THE NEW FOOD FAD

CRICKET

SHAME IN KARACHI

Lob Higgs from
Southampton UK, in
Kerala for surgery,
sun and sand

MEDICAL TOURISM

The **NEXT** Big Boom

High quality, low costs make foreigners flock to Indian hospitals



Narendra Bisht

Ergash Giyasov; Uzbek

HEALTHCARE

Carry On, Doctor

The Americans, the British, the Canadians, they are all coming. The tourist attraction: a hospital.

[ANJALI PURI](#)

"I have been waiting for over a year in Canada to have an abdominoplasty, liposuction, and breast lift and reduction performed. I am 55 years old and really want to get on with these surgeries as soon as possible."

"We have no health insurance. My wife suffers constantly with her back pain. We cannot even begin to think about treatment here in the US because of the extremely high cost. After seeing your operations on 60 Minutes, we both have new hope. Please contact us."

"Can you tell me what I would have to do to get a referral to your fine hospital and what it might cost to fix my problem?. I have never been outside of the usa...I await your reply with fingers crossed (for good luck)."

Shortly after it was featured in the American TV programme 60 Minutes, e-mails began hitting the inbox of Delhi's Indraprastha Apollo Hospital, seconds apart from each other. From Illinois, Florida, Washington, Texas, New Mexico, California, Oregon, Oklahoma, Tennessee, Virginia, from British Columbia and Alberta, Canada. Curious, hopeful or frankly desperate, they were all looking for deals, asking prices, checking out packages: what will a new hip cost, by itself, and with bigger breasts thrown in? What about a package for two—a facelift for me, Lasik eye surgery for my companion? How much for a bridge, a root canal, ivf, angioplasty, gastric bypass surgery.... This is my budget, what can I get for it?

It might sound discordant, this price-tagging of body parts, but for Indian private hospitals, nothing is more musical than these noises from a global healthcare bazaar. They demonstrate that an idea that seemed absurd at the start of this decade has entered the realm of reality: that people from the West will travel thousands of miles, to so-called cholera country, for medical treatment—if the price is right, and the quality is right. It's an idea with big money attached to it: medical tourism is forecast to become a \$2.3 billion business for India by 2012. Some

analysts predict it could be the next major driver of the Indian economy after information technology—if the industry and the government play their cards right.

If 2003 and 2004 saw a trickle of refugees from the healthcare systems of western countries seeking medical treatment in India, in 2005 it became a stream, much of it fuelled by a blast of free publicity from programmes like 60 Minutes. Western TV crews accompanied often elderly people to India, filmed them hobbling out of Third World airports, with bhangra on the soundtrack, and driving into First World tertiary hospitals with the best technology money could buy. They showed them being "swamped by staff" and "feeling like kings", as one delighted patient described it, and seen by western-qualified senior consultants within an hour of arrival—which could be 2 am.

The crews tracked the pilgrims' progress, finding their way into an operating theatre where a surgeon obligingly delivered a tribute to the British system that trained him. To complete the picture, they also took gruesome shots of operations being performed at public hospitals and tell-tale ones of a row of empty beds in a poor ward at the Apollo Hospital. But the main message came through loud and clear: white people getting knees replaced, hips resurfaced, and dental work done at bargain-basement prices by experienced doctors who knew their job. British tabloids went to town on teenager Elliot Knott who successfully underwent spine surgery here last August after being told to wait a year for an operation by the National Health Service.

That the publicity was good for business shows in the numbers: British-Gujaratis Jagdish and Dipa Jethua, who saw a business opportunity in facilitating medical travel, could only send four patients to India for major surgery in January 2005.

In December, however, thanks to Elliot, and other high-profile visits arranged by their start-up, Taj Medical Group, they were able to send 27. Most private hospitals saw a marked upward trend in western arrivals last year, most of them from the UK, US and Canada.

Vishal Bali, CEO of the Wockhardt Hospitals group, told Outlook that from the second half of 2004 and through 2005, the number of western patients went up to between 8 to 10 per cent, from the 1 to 2 per cent that it had been previously. The Escorts Heart Institute and Research Centre (ehirc) in Delhi said that of over 1,500 foreign patients received last year, about 700 were from non-SAARC countries, including the US, UK, CIS, and the Gulf, a significant change from previous years.

Western TV crews accompanied elderly people to India, filmed them in high-tech hospitals.

Individual doctors are seeing the difference, too. Dr Mohan Thomas, a Mumbai and Goa-based cosmetic surgeon, says his practice got 1,200 international patients last year, double the number from the previous year.

The Apollo Group saw

an overall five per cent increase in the number of western medical tourists, according to executive director (finance) Sunita Reddy, despite no special effort to market to them. But at Apollo's flagship Delhi hospital, which gets more medical tourists than its other hospitals, the arrivals from some countries seem to have doubled. For example, it got around 80 American patients from April to November last year, more than the entire number in the previous financial year.

Many of those mouse-clicking their way to a hospital bed in India are escapees from western medical crises: whether it's waiting lists for complicated elective surgeries in the UK and Canada, which can't deliver the free healthcare they promise; or the uninsured and under-insured in the US, where medical treatment is extortionately expensive.

Any international marketing executive—and every upmarket private hospital now has one—can recite the numbers in her sleep: 8,50,000 waiting for a hospital bed in the UK, 45-million plus uninsured in the US.

The patients in the brochure are white and middle-aged, not the harried ones from SAARC nations.

Medical value-travellers, as hospitals

like to call them, are also people looking for body shapes that insurance companies won't pay for and dreams that even efficient public healthcare systems won't deliver, like those of the 5 feet 4 tall Frenchman who recently came to India for a leg-lengthening operation. Many are also in quest of treatments not available at home, like hip resurfacing, less radical than hip replacement, but yet to be approved by the US Food and Drug Administration.



Marlene and Paul Smith; Canadian

Treatment: Spinal fusion surgery

"Much of Marlene's pre-operative pain has gone. We're 100 per cent satisfied. We paid \$19,000, including airfare. In the US, the metal alone for her back would have cost \$40,000."

EHIRC's chief surgeon Dr Naresh Trehan recently operated on an 83-year old Canadian cardiac patient who needed a valve replacement with a bypass, but had been turned down by doctors back home. "No doctor was willing to do it for him. It's my specialisation, patients with 10 or 20 per cent heart function. I told him the risk was less than five per cent," said Trehan.

Contrary to the popular stereotype, not every medical tourist is dying to see the Taj. He could be someone for whom a hospital room is the only piece of India he can handle. In a month's

stay at Apollo Hospital for complicated surgery to correct his wife Marlene's curved spine, Paul Smith, from Barrie, a small picture-postcard town in Ontario, left the hospital only once, on a trip to the airport to sort out ticketing. "With Marlene in bed, why would I want to sightsee?" he said.

It was desperation that drove Paul to type "surgery in India" into a search engine after reading a story about successful treatment in India in *The Barrie Examiner*. Agonising pain kept his wife in bed for 16 to 20 hours a day, and the wait for an appointment with the right kind of doctor—leave alone surgery—was no less painful. Google took Smith to the Jethuas in Warwickshire and they found him spinal surgeon Dr Yash Gulati in Delhi. The Smiths e-mailed him 15 questions through Taj Medical Services, covering the range from AIDS to aftercare, and booked their seats after they got his answers.

They are going home in a few hours and they won't be returning.

After an operation at Apollo, you can recuperate at Fisherman's Cove, a beach resort off Chennai

One giant leap into the unknown was probably enough. And yet, they couldn't be more grateful, raving about their doctor, dreaming about a better life for Marlene, determined to spread the word about India.

Fortunately for the tourism ministry