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Medical Bioethics and Medical Tourism in Thailand

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Abstract

Medical tourism has been growing rapidly in Thailand attracting over one million overseas tourists annually. Medical tourists have been attracted to Thailand due to the high standard of health care, professionalism of physicians and dentists, and cheaper health care prices. Consequently, medical tourism is transforming the nature of health care delivery in Thailand due to the advent of joint hospital collaborations. The high investments associated with medical tourism and its impact on the Thai health care system has various medical bioethics implications. These include follow up care to patients, easy access to post care medications, and the issue of counterfeit drugs. Furthermore, the growth of medical tourism needs to be governed in such a way that it does not compromise the public health care system.

Keywords: medical tourism, medical ethics, health care, protection

Global medical tourism is one of the most rapidly growing industries in the world, generating US\$3 trillion per year worldwide. The increase in global health services is characterised “in cross border delivery of health services” and in joint collaborations of health industries.¹ Thailand has reflected this global trend and is presently leading the Asia-Pacific region for medical tourists. Reports vary as to the amount of tourists coming to Thailand per year. Estimates vary from 400,000 to 1.1 million tourists annually.² Official statistics quote that the “number of foreigners receiving medical treatment in Thailand has risen dramatically in the past several years,” from “630,000 in 2002 and rose to about 1.28 million” in 2005.³

Many medical tourists are expatriates and from Europe, The United States, Australia, the Middle-East

and South-East Asia. According to *The Nation*, overseas patients account for Bt 87 billion which is a “majority share of Thailand’s Bt 100 billion annual revenue.”⁴ TAT (Tourism Authority of Thailand) also claims annual growth rates in medical tourism have risen to 40% in the past few years.⁵ These figures indicate the extent to which Thailand has been working at being the medical hub of the Asia region.

Thailand’s burgeoning medical tourist market has been a product of globalisation and aggressive marketing which now offers medical services to foreign tourists in 26 languages.⁶ Furthermore, the unprecedented growth of medical technology combined with mobile and affluent populations have expedited the medical tourism industry in Thailand.

Medical tourists’ attraction to Thailand is due to the high quality medical care given at comparatively cheaper prices.⁷ Medical tourists are also drawn to Thailand due to the good reputation of physicians and dentists. Thailand boasts more than 450 private hospitals staffed by doctors and specialists who are internationally trained. Key areas of medical specialisation include heart surgery, cosmetic surgery, laser eye surgery and complex dental procedures.⁷ In June 2004, the Thaksin Government proposed a plan for persuading foreigners to use Thailand’s medical services, which promised in many cases as much as 50% cheaper medical rates than medical services “in their countries of origin.” The strategic plan also aimed at providing “medical services to two million foreigners” by 2008.³

A unique feature of the medical tourism industry in Thailand is how it has appropriated itself within the ambit of Thai tourism. This has been a relatively easy exercise due to the popularity of Thailand as a tourist place. At the forefront of the medical tourist drive have been Thai private hospitals. Many Thai private hospitals have become collaborations such as the Bangkok Dusit Medical Services which owns the hospital chain of 14 hospitals of the Bangkok Hospital Group.⁷ At this time, there are four major hospital collaborations, Bumrungrad, Bangkok, Thon Buri, and Phyathai, which are leading the medical tourism industry in Thailand.⁴ The vast amounts of money being spent in medical tourism has consequently

¹ Chanda, Rupa. “Trade in Health Services, Bulletin of the World Health Organization,” *Genebra*. 2002 80 (2).
http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862002000200012&lng=pt&nrm=iso&tlng=en

² The, Ivy & Calvin Chu “Supplementing Growth with Medical Tourism,” *Special Report*.
www.synovate.com/bc/pdf/Supplementing%20Growth%20with%20Medical%20Tourism.pdf

³ Editorial. “Medical-Hub Plan Could Hurt Health,” *The Nation*. February 16 2006.
http://www.nationmultimedia.com/2006/02/13/opinion/opinion_20000803.php

⁴ Ongdee, Sasithorn. “Healthcare Competitiveness: The Future is in ‘Hotel-spitals,’” *The Nation*. June 30, 2003.
<http://www.nationmultimedia.com/search/page.arcview.php?clid=6&id=81246>

⁵ “Travel and Tourism in Thailand,” *Euromonitor International's Travel and Tourism in Thailand report*

www.euromonitor.com/Travel_and_Tourism_in_Thailand
⁶ “In-depth Healthcare Medical Tourism: Need Surgery, Will Travel,” *CBC News Online*. June 18, 2004. <http://www.cbc.ca/news/background/healthcare/medicaltourism.html>

⁷ “High quality high-tech treatments,” *ASEAN*. February 27 2006.
<http://www.unitedworldusa.com/reports/asean/thmedical.asp>

spurred investors in aiming to control “bankrupt hospitals.”⁽⁴⁾ Investors have found that bankrolling joint hospital collaborations is the most lucrative method in accessing the medical tourist dollar.⁴

Due to the highly competitive nature of the medical tourism industry, private hospital chains have incorporated a business model, which is evident in the blurring between healthcare and hotel styles of management. Private hospitals now provide deluxe hotel style amenities to patients. These may include menu lists, gifts and florid (non-regulation) patient gowns. This trend is also illustrated by the allurements of “dental spas” which intend to attract wealthy European and Asian clients. The process entails interested patients making reservations on a dental clinic’s website⁴ Moreover, patients are promised massages before and after dental procedures, as a way of relaxing them.⁵ Similarly, the Thon Buri hospital group has invested Bt 300 million to construct a health care spa unit, and has converted some floors of the hospital to house VIP patients.⁴

However, the Thai medical tourism industry’s sights on attracting wealthier foreign patients has the twofold potential in neglecting the “needs of domestic low-income earners,” and pushing smaller provincial hospitals to close.⁴ From a medical bioethics viewpoint, this is problematic since present indications reveal that the Thai public health system is unable to meet the target of providing “one doctor per 1,800 people” in Thailand.³ This problem is further exacerbated by the shortage of state employed doctors, many of whom have migrated overseas to the more “lucrative private sector.”³ *The Nation* also cites that “25,815 out of 31,039 physicians’ positions” were filled in 2005.³

The challenge here is to ensure that medical services are channeled to poorer Thai sectors without scaling down such services. From a bioethical perspective, the high tech medical tourism industry could be brought down from an affluent position in the global market to “become a partner of smaller scale, local solution.”⁸ The Thai Government’s contribution in funding BT 100 million in combating avian influenza in November 2005,⁹ as well as, the successful AIDS awareness and medical programs in the 1990’s, signifies how political will and medical resources can make a positive benefit. The rise of diabetes in Thailand further necessitates

political and medical resolve in controlling the disease.¹⁰

Establishing a successful medical tourism industry will demand the regulation of drug and healthcare laws. Medical researchers will need assurance in obtaining protection of their research and developmental innovations in technology.¹¹ Without such protection Thailand will prove to be a tenuous arena for “medical companies to transfer technology, know-how, and expertise.”¹¹

A further biomedical concern relates to the ability for medical tourists to access drugs “without unnecessary delays.” Currently, the medical system known as the “Safety Monitoring Period” limits patients from accessing innovative medications.¹¹ Fielding & Madden (2005) assert that “delaying access to new drugs creates a substantial roadblock to Thailand becoming a viable healthcare center.”¹¹ Foreigners seeking medical care in any one of Thailand’s prestigious hospitals may be discouraged if they cannot gain easy access to needed medications.¹¹

Linked to this theme is the apparent “little follow up-care” of medical tourists.⁶ Patients are usually in hospital for a few days, after which they go on vacation before returning to their countries of origin.⁶ Consequently, complications may arise where patients are forced to use the medical care systems of their countries.⁶ Additionally, basic medical insurance is often insufficient in paying for medical procedures, meaning that patients are faced to pay cash.⁶

Finally, there is the issue of counterfeit drugs. The *Bangkok Post* (June 2005) noted that “one-fifth of drugs provided to patients under the administration’s own Baht 30 plan are substandard.”¹¹ Added to this report, the US Food and Drug Agency indicated that “a significant percentage of drugs” in some Asian countries are fake.¹¹ Thailand needs to ensure that pharmaceutical and medical laws are enforced in order to mitigate the occurrence of counterfeit drugs, as well as, having a better capacity to treat overseas patients in advance.¹¹

⁸ Hongladarom, S. “Globalization, Bioethics and the Cultures of Developing Countries,” *Eubios Journal of Asian and International Bioethics* 12 (2002), 103-5.

<http://www.biol.tsukuba.ac.jp/~macer/EJ123/ej123g.htm>

⁹ “Influenza Pandemic: Are we ready?” *The Nation*. November 04, 2005.

<http://www.nationmultimedia.com/specials/influenza/oct015.htm>

¹⁰ Khwankhom, Arthit. “Diabetes epidemic to ‘devastate’ Asia,” *The Nation*. October 27, 2005. http://www.nationmultimedia.com/2005/10/27/national/index.php?news=national_18986265.html

¹¹ Fielding, Kimberly. & Edward A. Madden. “Thailand: Asia’s New Healthcare Hub?” *Thailand: IP Development*. July 2005.

www.tillekeandgibbins.com/Publications/event_articles/IP_JUL05/healthcare_hub.pdf