

ECO-MEDICAL TOURISM: CAN IT BE SUSTAINABLE?

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Abstract.—Medical tourism has gained popularity over the past few years. While its roots may be found in the Neolithic and Bronze Ages with visits to mineral springs around the Mediterranean, current medical tourism is more likely to be driven by patients seeking less expensive medical procedures in eastern Europe, southeast Asia, and Latin America. This paper explores the role of medical tourism in Costa Rica, a country better known as a premier ecotourism destination. In this exploratory study, the question of sustainability is raised.

1.0 INTRODUCTION

An Associated Press poll in late 2007 found that the most important issues for American citizens were the economy and health care (Associated Press 2007). While healthcare has been usurped by increased concerns about the economy and has dropped to third in importance in more recent polls (ABC News/Washington Post 2008), health is tied to both economic and personal well-being concerns. Bargain hunters are now seeking less expensive yet high-quality medical care outside their home countries. For instance, it is estimated that as many as 500,000 Americans are seeking medical procedures overseas today (Rahim 2007). “The medical tourism industry, as it’s called, is only a few years old,” Rahim (2007) reports, “and most tourists make arrangements through special agencies or the foreign hospitals themselves. As a result, it’s hard to find reliable, independent information on foreign hospitals’ standards, doctors’ qualifications, or patients’ legal protection” (Rahim 2007). This paper explores the role of contemporary medical tourism in one Latin American country that has both an established ecotourism industry and highly

acclaimed medical services. Costa Rica is becoming a world-class medical center as more and more hospitals cater to foreigners seeking high quality treatment at an affordable cost.

The origins of medical tourism may be traced back thousands of years. Visitors have sought the medicinal values of mineral springs for millennia. Cultures in Asia and northern Africa have written records of bathing in mineral and thermal springs that date as far back as 4000 B.C. when the Sumerians built the earliest health spas. Artifacts from the Bronze Age (2000 B.C.) provide evidence of well established spas in present-day France and Germany (Healism 2008).

Health spas became popular in the United States during the 19th century. In the northeast, Saratoga Springs, NY, became a popular destination for people escaping the urban centers found along the coast. As early as the 14th century, the sacred springs of Saratoga were visited by indigenous Native Americans for their healing powers. In the late 1700s, Sir William Johnson was the first foreign visitor to the region (Saratoga Spa State Park 2008). The waters became popular for therapeutic consumption and even today are considered an upscale equivalent of European mineral water (Saratoga Spring Water 2008).

Contemporary medical tourism has roots in the need to go to a foreign country for services unavailable or unaffordable at home. Fertility treatments (English et al. 2001) and faith healing (Baldoria and Osana 2007) are still popularly sought treatments. But today people are more likely to be seeking affordable health care in a world where the industry has become a \$3-trillion enterprise (Economist 2007). Further, even in the affluent United States, some 46 million citizens are uninsured (Alsever 2006), making the 40- to 80- percent savings on medical procedures abroad even more attractive. Burkhart and Gentry (2008) estimate that medical tourism could become a \$40 billion industry as soon as 2010, while Hansen (2008)

suggests that in less than two decades, medical tourism could be a \$190 billion industry in India alone.

Beyond the economic reasons, there are other benefits of overseas medical care. According to Forbes (Oxford Analytica 2006), high quality treatment, more personalized care, and the availability of procedures not yet approved by the U.S. Food and Drug Administration are influential factors. The chief advocate for the elderly, the AARP, adds that the convenience of a short waiting time to see a doctor is another possible benefit of overseas medical care (Mecir and Greider 2007).

Typically, American vacationers will find significantly substandard health care facilities abroad. In some countries it is best to evacuate back home for emergency medical care. In other countries, the lax regulation of prescription drugs allows visitors to self-medicate and address some immediate health concerns. For example, in Costa Rica it is possible to ask for some *medicina de la tos* at a *farmacia* and receive codeine (Fig. 1). The U.S. Department of State (2007) provides a formal assessment of health care in Costa Rica with this note of caution: "Medical care in San Jose is adequate, but is limited in areas outside of San Jose. Most prescription and over-the-counter medications are available throughout Costa Rica." By contrast, in a guide to living in Costa Rica, Borner (2001) recounts that her husband suffered a heart attack while on vacation in Costa Rica and received superior local medical care.

Yet, it would be naive to believe that only Western citizens are seeking medical treatment abroad. At the Annual Health Tourism Congress, held in Spain in April 2008, 40 percent of the attendees were from Arab countries, including Saudi Arabia, Kuwait, United Arab Emirates, Qatar, Bahrain, and Oman (Health Tourism Congress 2008).

The next section of the paper summarizes the current state of eco-medical tourism in Costa Rica, where the ecotourism industry is well established and extensive. A Certification in Sustainable Tourism (CST) program is sponsored by the Costa Rican Tourism



Figure 1.—Farmacia in La Fortuna, Costa Rica (Source: Author, 2005).

Institute to distinguish tourism businesses based on a sustainable model of natural, cultural, and social resource management. The medical equivalent to this accreditation is the Joint Commission International (JCI). The appropriateness of both accreditations for eco-medical tourism will be explored.

2.0 METHODS

A comprehensive review of eco-medical opportunities in Costa Rica was undertaken using primary sources, the Internet, and the popular press in the country. A review of business-to-business and business-to-consumer organizations was tabulated. This database provides an overview of the existing eco-medical tourism in a country best known as an ecotourism destination.

Located between Panama and Nicaragua, Costa Rica enjoys a relatively high standard of living. The average per capita income is US\$5,000 a year, and the adult literacy rate is 95 percent (United Nations Statistics Division 2008). These statistics exceed those of neighboring Latin American countries.

For the well established ecotourism industry, Costa Rica has an extensive national park system that protects natural areas along the coasts and in the interior mountains. Currently there are 20 national parks, 8 biological reserves and monuments,

27 protected forest areas, and 9 wildlife refuges. Collectively these lands represent 25 percent of the country, a larger percentage than any other country on Earth. For many, this small country is exactly what the International Ecotourism Society means by its definition of ecotourism: “responsible travel to natural areas that conserves the environment and improves the well-being of local people” (International Ecotourism Society 2008).

How can we be sure that natural resources are protected and that the industry is sustainable? One way is to have an independent body evaluate the practices of the industry. The Costa Rican Tourist Board’s CST emphasizes the need to: evaluate physical and biological interactions; assess management policies and operational systems for infrastructure and service; review management practices to encourage clients’ participation in sustainable actions; and evaluate the companies’ socio-economic interaction with local citizens and businesses. These four areas cover the sources of potential positive and negative impacts generated by Costa Rica hotels (Instituto Costarricense de Turismo 2008).

Costa Rica also has a comprehensive healthcare system. Foreign eco-medical tourists are attracted to the high-quality healthcare opportunities and extremely competitive pricing. American or western European eco-medical tourists may be able to save 40 to 90 percent of the cost of having the same procedures in their home countries. The extensive eco-tourism industry in Costa Rica addresses the needs of recovering patients and can provide a variety of traditional ecotourism experiences. For example, every week, the White House Hotel, Restaurant, Casino and Medical Spa advertises in the Tico Times (e.g., Tico Times, Feb. 29, 2008, p. 9), Central America’s most popular English language newspaper; the spa’s thriving eco-medical business caters to visitors seeking hormone replacement and age management treatments.

For this investigation, we use a definition of eco-medical tourism suggested by the U.S. Senate: “the practice of patients seeking lower cost health care

procedures abroad - often packaged with travel and sightseeing excursions” (Smith 2006). As with ecotourism, an independent organization can evaluate the eco-medical tourism industry.

The medical equivalent of the CST is the JCI, a nonprofit arm of the Joint Commission that accredits some 15,000 hospitals in the United States. Based in Illinois, the JCI assures that medical standards are met at overseas facilities as they are in the U.S., but it also ensures that all medical facilities converse in the same language. This latter point is important since common language is meant to ensure safety and consistency among all providers (JCI 2008).

In the evaluation of overseas eco-medical facilities, one important question is whether it is possible to link sustainable ecotourism practices with sustainable practices of medical tourism. Are the two accreditations even compatible? The next section will delve into these questions and attempt to find common ground.

3.0 RESULTS

If the medical tourism industry continues to grow, and all statistics point to this future, two questions of sustainability need to be addressed: 1) Can local people living near eco-medical facilities get needed medical care? and 2) How are medical wastes being handled? This section of the paper will explore these questions.

The growth of medical tourism is so dramatic in many countries that local citizens are unable to get adequate health care. For example, Thailand has an extensive medical tourism industry, and many of the country’s doctors prefer to work for private hospitals, where they can earn a week’s salary in 1 day compared to the wages offered at public facilities (Hamilton 2007). In this case and others like it, public or nationalized healthcare provides equal access to free or low-cost medical care, yet the market allows more affluent citizens to pay extra for better and/or faster services than are available under the managed system. It is simply a case of supply and demand.

In Costa Rica, local citizens have access to medical care, at least at Latin American standards. Table 1 provides a summary of the spending on public health services (estimated per person in U.S. dollars) and the percent of public spending on healthcare in nine Latin American countries in 2001. It appears that Costa Rica is at least comparable to other countries in the region. By comparison, the United States spends \$2,217 per person on health care, has a population of more than 300 million, and spends 6.2 percent of its gross domestic product on health.

Second, environmental concerns need to be addressed. Medical waste is a worldwide problem. Simply defined, medical waste includes used needles, soiled dressings, blood, body parts, chemicals, pharmaceuticals, expired medicines, scalpels, medical devices, and radioactive materials. According to the World Health Organization (WHO), approximately 20 percent of the waste generated from health care facilities is hazardous. Hazardous materials could be infectious, toxic, or radioactive (WHO 2007).

Medical waste is a serious concern in Costa Rica. Hospitals in San Jose alone produce 17 tons of waste a day and about 25 percent of it is classified as biohazardous. These materials are disposed of in bright red plastic bags. The contents pose a health and safety risk to scavengers who comb landfills to gather items for recycling or financial reward in colónes, Costa Rica's currency (Rogers 2007).

4.0 DISCUSSION AND CONCLUSIONS

The two industries, ecotourism on one hand and medical tourism on the other, have quite dissimilar motivations, yet can reap the benefits of collaboration. Ecotourism has a fairly long history in Costa Rica. Medical tourism is a more recent phenomenon. What remains unanswered in this report is how to link the two. One might argue that linking the accreditation process may help. The challenge is large, since medical accreditation has the distinct motivation to consider the patient first and foremost, much akin to the way traditional tourism caters to tourists. If service is important to the patient, and it is certainly important, how can industry cater to the interests of the local people since this extra service comes at a cost? Since Costa Rica citizens spend approximately 8.6 percent of their per capita income on health care and Americans spend only 5.8 percent, it might appear that the eco-medical tourist can afford to pay extra for the additional service at a foreign destination. Differences in the exchange rates will also contribute to the disparity.

The Costa Rican healthcare industry should continue to seek JCI accreditation, which would enhance the likelihood of insurance companies' sponsoring medical procedures in Costa Rica. The Hospital Clínica Bíblica in San Jose is Costa Rica's first hospital to gain JCI accreditation (see Fig. 2). The hospital has 120 beds and employs more than 400 doctors. Two other Costa Rican hospitals are being reviewed for accreditation: CIMA Hospital (Escazú) and Católica Hospital (Guadalupe).

Table 1.—Comparison of Latin American countries' expenditures on health care

Country	Per person health care expenditures (US\$)	Population (Millions)	Percent GDP spent on health care
Cuba	326	11.30	6.2
Suriname	376	0.40	5.7
Argentina	555	38.00	5.1
Uruguay	399	3.40	5.1
Costa Rica	433	4.10	4.9
Panama	296	3.10	4.8
Barbados	657	0.30	4.3
Dominica	243	0.10	4.3
Guyana	179	0.80	4.2

Source: World Mapper 2008



Figure 2.—Hospital Clínica Bíblica in San Jose, round top building, upper left of photo (Source: Author, 2005).

It appears that medical tourism in our global economy is here to stay. A Google search for “medical tourism Costa Rica” in May of 2008 found nearly 303,000 sites, 100,000 more than were available only 2 months earlier. Clearly, this is a growing field in both Costa Rica and the world.

What obstacles remain? One obvious concern is the legal uncertainty regarding medical tourism. What rights do patients have? Since there is no current international legal regulation of medical tourism, what options are left to a patient who may suffer needlessly (Mirrer-Singer 2007)?

It makes sense that the Costa Rican government should be the chief advocate for developing the country as an eco-medical destination. This step would ensure that local citizens benefit from the influx of eco-medical tourists by taxing the revenue received from foreign currency. The government could also link the CST and JCI accreditations to provide a sustainable approach

to eco-medical tourism in a country widely known for its natural attractions and excellent health care opportunities. The term “eco-medical tourism” could then in practice live up to the definition offered by the International Ecotourism Society (1990).

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