

Statement on medical and surgical tourism

This statement was developed by the Committee on Perioperative Care and approved by the Board of Regents at its February 2009 meeting.

Medical tourism is a term denoting travel across international borders for the express purpose of receiving medical care.

Residents of the U.S. may choose to pursue medical care abroad for a variety of reasons, including a real or perceived lack of services available at home; limitations imposed by payors or regulatory agencies on access to certain specialists, treatment protocols, equipment, or services; prolonged waiting periods; lower costs of care; and personal reasons, such as a desire to travel.

Medical care outside the U.S. involves a number of risks. Some of the intangible risks include variability in the training of medical and allied health professionals; differences in the standards to which medical institutions are held; potential difficulties associated with treatment far from family and friends; differences in transparency surrounding patient discussions; the approach to interpretation of test results; the accuracy and completeness of medical records; the lack of support networks, should longer-term care be needed; the lack of opportunity for follow-up care by treating physicians and surgeons; and the exposure to endemic diseases prevalent in certain countries. Language and cultural barriers may impair communication with physicians and other caregivers. Finally, compensation for liability associated with injury may be difficult to obtain.

The American College of Surgeons has adopted the following position with respect to medical tourism.

1. The ACS encourages patients to seek care of the highest quality and supports their rights to select their surgeons and health care institutions without restriction.
2. The ACS encourages its Fellows to assist all patients in reaching informed decisions concerning medical care, whether at home or abroad.
3. The ACS advises patients to consider the medical, social, cultural, and legal implications of seeking medical treatment abroad prior to deciding on a venue of care. In the event of proven medical liability for injury, viable

means for the recovery of damages should be in place. Patients should be aware that many of the means for legal recourse available to citizens in the U.S. are not universally accessible in other countries.

4. The ACS encourages patients electing to receive treatment abroad to seek care at health care institutions that have met the standards for accreditation established by recognized accrediting organizations. Examples of recognized accrediting organizations include The Joint Commission International (U.S.) and the Trent International Accreditation Scheme (U.K.). Patients should be aware, however, that accreditation standards are not uniform and that standards set locally can vary from place to place around the world.

5. The ACS encourages patients electing treatment abroad to seek care from surgeons and anesthesiologists certified in their specialties through a process equivalent to that established by the member boards of the American Board of Medical Specialties.

6. The ACS encourages patients receiving treatment abroad to obtain a complete set of medical records prior to returning home so that the details of their care are immediately available to their physicians and surgeons in the U.S. Follow-up care at home should be organized prior to travel whenever possible.

7. The ACS encourages patients contemplating medical tourism to understand the special risks of combining long international flights and certain vacation activities with anesthesia and surgical procedures.

8. The ACS opposes the imposition of provisions for mandatory referral of patients by insurers to health care institutions outside the U.S.,

unless such provisions are clearly and explicitly stated in the insurance contract and accepted by the subscriber. The ACS opposes the addition of provisions for mandatory referral abroad for patients with insurance contracts already in force, absent the subscribers' fully informed consent. In any circumstance, mandatory care abroad should be verifiably equivalent in quality to care available in the U.S.

9. The ACS supports the view that payors referring patients for mandatory treatment abroad should be responsible for the coordination and reimbursement of follow-up care in the U.S., including the management of postoperative complications, readmissions, rehabilitation, and long-term care.