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3 **Title:** Plastic Surgery Medical Tourism

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5 **Introduced by:** Anthony M. Zacharek, MD, for the Michigan Academy of Plastic Surgeons,
6 Michigan College of Emergency Physicians, and Saginaw County Delegation

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10 **Referred To:** Reference Committee D

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12 **House Action:** **APPROVED AS AMENDED**
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15 Whereas, medical tourism is an increasing phenomenon with over 1.3 million Americans
16 undergoing procedures abroad annually, and the most common international destinations being
17 India, Mexico, Brazil, Thailand, South Korea, Dominican Republic and Turkey, and the most common
18 domestic destinations being Miami, Los Angeles, Atlanta, and New York City, and

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20 Whereas, the most common procedures received via medical tourism are breast
21 augmentation, liposuction, blepharoplasty, breast reduction, rhinoplasty, abdominoplasty, and
22 injections, and

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24 Whereas, patients may opt for medical tourism due to lower costs of procedures, increased
25 levels of privacy, allure of vacation packages, shorter wait times, getting treatments that are illegal
26 in the United States, and receiving care from a provider with similar cultural background, and

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28 Whereas, an estimated \$1.3 billion dollars was spent in 2012 on treating complications for
29 medical tourism, with the most common complications being infection, wound breakdown, pain,
30 implant rupture, aesthetic dissatisfaction, capsular contracture, and hematoma following
31 abdominoplasty and breast augmentation procedures, and

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33 Whereas, medical tourism has had negative impacts on the American healthcare system and
34 physicians, with an increase in medical tourists from 750,000 to 15.75 million people from 2007-
35 2017, and an estimated \$80 billion dollars spent on medical care overseas in this time, representing
36 a lost opportunity cost to domestic healthcare providers of approximately \$600 billion dollars, and

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38 Whereas, medical tourism impacts physicians directly, as 80 percent of American plastic
39 surgeons report experience with patients who traveled abroad for cosmetic procedures, and further
40 impacts them by imposing the need for treatment of complications, decreasing time physicians can
41 spend with other patients, and decreasing the amount of payment they receive overall; therefore
42 be it

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44 RESOLVED: That MSMS recognizes that medical tourism for cosmetic surgery is an
45 increasingly popular phenomenon amongst Michigan residents and is associated with both risks
46 and complications for the patient; and be it further

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48 RESOLVED: MSMS make a concerted effort to inform the Michigan public about the
49 dangers and risks of medical tourism for cosmetic surgery.

Relevant MSMS Policy

Resolution 06-07: Support Ethical Procurement of Transplant Organs

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with The World Medical Association to provide ethical guidelines regarding “transplant tourism,” the traveling to another country for the purposes of organ transplantation, thereby increasing the possibility of exploitation of donors through coercive practices including paid donation.

Relevant AMA Policy

Code of Ethics - 1.2.13 Medical Tourism

Medical tourists travel to address what they deem to be unmet personal medical needs, prompted by issues of cost, timely access to services, higher quality of care or perceived superior services, or to access services that are not available in their country of residence. In many instances, patients travel on their own initiative, with or without consulting their physician, and with or without utilizing the services of commercial medical tourism companies. The care medical tourists seek may be elective procedures, medically necessary standard care, or care that is unapproved or legally or ethically prohibited in their home system.

Many medical tourists receive excellent care, but issues of safety and quality can loom large. Substandard surgical care, poor infection control, inadequate screening of blood products, and falsified or outdated medications in lower income settings of care can pose greater risks than patients would face at home. Medical tourists also face heightened travel-related risks. Patients who develop complications may need extensive follow-up care when they return home. They may pose public health risks to their home communities as well.

Medical tourism can leave home country physicians in problematic positions: Faced with the reality that medical tourists often need follow-up when they return, even if only to monitor the course of an uneventful recovery; confronted with the fact that returning medical tourists often do not have records of the procedures they underwent and the medications they received, or contact information for the foreign health care professionals who provided services, asked to make right what went wrong when patients experience complications as a result of medical travel, often having not been informed about, let alone part of the patient’s decision to seek health care abroad. (IV, V, VI)

Physicians need to be aware of the implications of medical tourism for individual patients and the community.

Collectively, through their specialty societies and other professional organizations, physicians should:

- (a) Support collection of and access to outcomes data from medical tourists to enhance informed decision making.
- (b) Advocate for education for health care professionals about medical tourism.

(c) Advocate for appropriate oversight of medical tourism and companies that facilitate it to protect patient safety and promote high quality care.

(d) Advocate against policies that would require patients to accept care abroad as a condition of access to needed services.

Individually, physicians should:

(e) Be alert to indications that a patient may be contemplating seeking care abroad and explore with the patient the individual's concerns and wishes about care.

(f) Seek to familiarize themselves with issues in medical tourism to enable them to support informed decision making when patients approach them about getting care abroad.

(g) Help patients understand the special nature of risk and limited likelihood of benefit when they desire an unapproved therapy. Physicians should help patients frame realistic goals for care and encourage a plan of care based on scientifically recognized interventions.

(h) Advise patients who inform them in advance of a decision to seek care abroad whether the physician is or is not willing to provide follow-up care for the procedure(s), and refer the patient to other options for care.

(i) Offer their best professional guidance about a patient's decision to become a medical tourist, just as they would any other decision about care. This includes being candid when they deem a decision to obtain specific care abroad not to be in the patient's best interests. Physicians should encourage patients who seek unapproved therapy to enroll in an appropriate clinical trial.

(j) Physicians should respond compassionately when a patient who has undergone treatment abroad without the physician's prior knowledge seeks nonemergent follow-up care. Those who are reluctant to provide such care should carefully consider:

(i) the nature and duration of the patient-physician relationship;

(ii) the likely impact on the individual patient's well-being;

(iii) the burden declining to provide follow-up care may impose on fellow professionals;

(iv) the likely impact on the health and resources of the community.

Physicians who are unable or unwilling to provide care in these circumstances have a responsibility to refer the patient to appropriate services.

Stem Cell Tourism H-460.896

Our AMA (a) encourages the study of appropriate guidance for physicians to use when advising patients who seek to engage in stem cell tourism and how to guide them in risk assessment, (b) encourages further research on stem cell tourism, and (c) urges physicians to educate themselves on these issues.

Sources:

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