



The Constitution of Medical Tourism in Delhi: Networks & Markets

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+ Overview



- Introduction: What is medical tourism/travel?
- Case study I: Narratives from African patients who had come to Delhi for Allopathic treatment
- Case study II: Narratives from Swiss patients who had gone to Kerala for Ayurvedic treatment
- Outcomes and further research



Introduction



What is medical
tourism/travel?

+ Medical tourism – definition

- Mobility of people with the purpose to improve their health and well-being or alleviate suffering
- Different notions and types:
Medical travel, health mobilities, therapeutic itineraries, wellness/fertility/transplant/clinical trial tourism, ...





Medical tourism – criticisms and differentiations



- Tourism hardly resonates with patient travelers' experiences
- Medical tourism as medical exile (Inhorn & Patrizio 2009) or medical refuge (Amodeo 2010)
- Medical tourism as neocolonial practice (Buzinde & Yarnal 2012)
- Medical tourism as further re-directing public resources to private entities (Qadeer & Reddy 2013)

+ Medical travel – diverse mobility patterns

- Diverse mobility patterns:
S-N, N-N, N-S, S-S
- Common drivers:
 - desire to be cured < unmet health needs at a local or national scale
 - desire to cure < healthcare as a profitable business



+ Medical travel to India

- South-South mobility
- medical interventions: any kind of diagnostics and therapeutics, including complicated, delayed and chronic conditions and trauma cases
- mobile patient = desperate medical wanderer, tight financial scope; citizen (journeys on govt scheme)





Case study I: African patients in Delhi



Presentation MA-Thesis
Alwin Abegg
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Case study: African patients in Delhi



■ Fieldwork

- 2-month ethnographic fieldwork in Delhi, India
- Hospital A and surrounding area

■ Data

- Semi-structured interviews, participant observation
- MTs from Kenya, Tanzania, Nigeria, Somalia, Ethiopia, Liberia

■ Focus:

- Experiences and Practices of MTs
- Meaning

+ Medical travel narratives

- Structures of meaning: 'Medical travel stories'
- Themes:
 - Difficulty
 - Sharedness
 - Purpose
- Beginning and end
- Word of mouth as a way of circulating stories
- As ongoing: 'Narratives in the making'



+ Dispelling certain misconceptions

- Our findings too corroborate to studies by Cohen and Whittekar stating that it is not the rich coming to poorer nations for treatment.
- It is the neighbouring countries which lack specialized tertiary medical care coming to India.
- Secondly from the west it was mostly for IVF and Surrogacy, which is now banned in India
- So the ethical dilemma is treating the poor of the nation or treating the poorer of the world?



Medical Tourism as business model



- Micro level narratives give the experiences of patients coming to India
- Profile is changing focus from orthopedic, cardiac to cancer and organ transplant
- «Business on MT comes from «hope» out of pocket to all the stakeholders
- Global changes – Basra patients – oil prices effect MT in India
- PH perspectives- micor to macro analzyses



Ethical Dilemmas

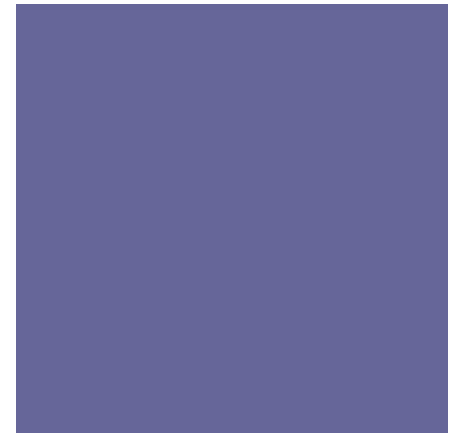


- Field work in Switzerland showed interesting results
- Patients from Switzerland going for Ayurvedic treatments especially for Chronic diseases regularly- Kottakal in Kerala. (2 case studies)
- Despite good biomedical care in Switzerland, with no answers for chronic ailments, patients are turning towards the so called 'alternative' healing systems like Ayurveda.
- Doctor from Swiss hospital having an international wing said they don't promote MT as they have their own people to treat in their county. So the ethical question is when the doctors stress on treating their own patients first, then why in India the policies are promoting private and corporate care at the expense of public care.



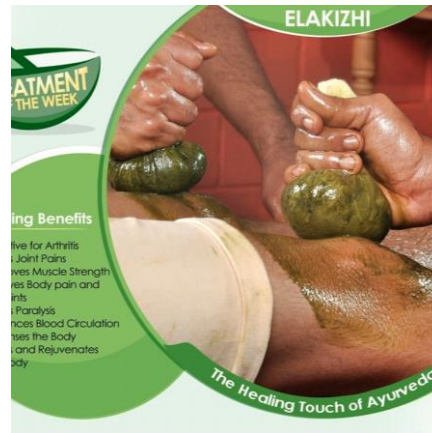
Case study II

Swiss patients in Kerala





Outcomes and project proposal



Further research, new
projects

+ Outcomes – Publications

- One paper is published
Kaspar, H. & Reddy, S. 2017. Spaces of Connectivity: The Formation of Medical Travel Destinations in Delhi National Capital Region (India). *Asia Pacific Viewpoint* 58(2): 228–41. doi:10.1111/apv.12159.

- Another paper
,Medical Tourism and Trade – draft



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Spaces of connectivity: The formation of medical travel destinations in Delhi National Capital Region (India)

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Abstract: Existing research on the formation of Asian medical travel destinations has highlighted a variety of activities that attract and accommodate patients from abroad. This paper contributes to the literature by drawing insights from an Indian case study, a major transnational health-care hub in Asia that has gained little scholarly attention thus far. Using connectivity as an analytical lens, we understand medical travel destinations as a contingent product of relating, connecting and assembling. We study how connectivity is embodied and how it unfolds in care encounters at corporate hospitals in the capital of New Delhi and surrounding urban areas. The following entities are the most effectual in the networks that constitute medical travel destinations in the National Capital Region: (i) circulating narrations of personal experiences; (ii) language interpreters; and (iii) commission fees. We further elaborate on how these connectors work to link foreign patients with Indian hospitals and how they affect itineraries as well as patients and other involved actors. Finally, we suggest that the approach deployed provides a suitable framework for future research aimed at gaining a better understanding of the wider impacts of medical travel by following these connections and examining their workings at places both close and distant.

Keywords: assemblages, care encounters, connectivity, India, medical travel destination, transnational healthcare



Outcomes – Research exchange I

- Expand network and research exchange:

international workshop
Nov. 2016



University of
Zurich

JAWAHARLAL NEHRU UNIVERSITY



Geography Department | School for Social Medicine and Community Health

Workshop

**Circulating patients,
circulating biomaterials**
in the context of commodified healthcare

24. November 2016, 9am-4pm
University of Zurich, Rämistr. 71, room KO2-F-151



Organized by Dr. Heidi Kaspar & Prof. Sunita Reddy



Outcomes – Research Exchange II



- Expand network and research exchange:

networking event
Aug 2017



Indian & Swiss scholars working on the circulation of medical knowledge and biomaterials meeting in Zurich.

+ Outlook – Proposed Project Proposal



- Project Proposal- shared ideas
- Expand the current study to look into patients travelling from Europe, especially from Switzerland and Germany to India for Ayurvedic treatment- mapping the healing pathways
- Also further researching on cancer and organ donation as part of MT in Delhi- Ethical issues- About human suffering and hope

+ Outlook – Book Project

MEDICAL TOURISM IN INDIA: CRITICAL REFLECTIONS ON BILLION DOLLAR BUSINESS

Or

MEDICAL TOURISM IN INDIA: CRITICAL EXPLORATIONS ON BILLION DOLLAR INDUSTRY

Sunita Reddy and Heidi Kaspar

CONTENTS

Preface
Acknowledgements

CHAPTER 1 -INTRODUCTION

- 1.1 Brief Conceptualization
- 1.2 Scope Of The Volume
- 1.3 Objectives Of The Volume
- 1.4 Methodology
- 1.5 Ethics Followed In Doing Research
- 1.6 Limitations

CHAPTER 2 -HEALTH CARE IN INDIA

- 2.1 Health Care In India From Independence
- 2.2 Public, Private Care and PPP models
- 2.3 Liberalization and Health Sector Reforms
- 2.4 Health Care Policies And Five-Year Plans: Shifts in Policy
- 2.5 Privatization and Corporatization of Medical Care
- 2.6 Inequitable Distribution of Health Care: Dichotomous System

CHAPTER 3 -MEDICAL TOURISM IN INDIA

- 3.1 Old wine in New Bottle: Travel to India by Neighboring Countries
- 3.2 Apollo the Pioneer in Corporate Care
- 3.3 Corporate Culture and For Profit Hospitals
- 3.4 Scope of MT: Perceptions of Physicians
- 3.5 Medical Tourism in Metro Cities (Delhi, Mumbai, Chennai, Bangalore)
- 3.6 Scope and Big Projections for MT

- 4.5 Agents/ Agencies/ Travel Companies
- 4.6 Interpreters: Important Links
- 4.7 Hotels/ Guesthouses/ Accommodation
- 4.8 Aviation Industries and other Tourism Companies

CHAPTER 5- SEA, SUN, SAND SURGERY: AGGRESSIVE MARKETING AND ADVERTIZING

- 5.1 Websites, Packages and Multi Media- Testimonies and Advocacy
- 5.2 Exhibitions, OPD to Source Countries, Fliers
- 5.3 Patients Testimonies: Word of Mouth
- 5.4 Satellite Clinics and Branching Out
- 5.5 Agencies Marketing and Facilitating

CHAPTER 6- HOSPITALS AS SITES OF MT

- 6.1 5 Star Hospitals- Lobby, Ambience, Gift Coffee shops and Lounges
- 6.2 Hospitals as Research Institutions: Tax Exemptions, Land Subsidies
- 6.3 Some Well Known Hospitals, Case Studies: Apollo, Fortis, Max, Narayan
Hrudayalaya, Medanta
- 6.4 Infrastructure and Building
- 6.5 Concierge Services, Kiosks at the Airports
- 6.6 Doctors, Experts from Public Hospitals and Foreign Returned
- 6.7 Staff: Young Doctors, Para Medic and Others- Labour Issues
- 6.8 Hospital Balance Sheets: Audit and Accounts: Profits or No Profit No Loss

CHAPTER 7 -PATIENTS, SURGERIES AND THERAPUTIC PATHWAYS

- 7.1 Desperation and Hope: Routes of Travel
- 7.2 Dispelling Some Myths
- 7.3 The middle Class and the Poor Patients From Other Countries
- 7.4 Case Studies- Lived Experiences
 - 7.4.1 Basrah Iraq Patient
 - 7.4.2 African Patients
 - 7.4.3 CSI Patient's
 - 7.4.4 IVF and Surrogacy Patient

CHAPTER 8 - DISEASES/ PROCEDURES

- 8.1 IVF, Surrogacy, Sperm and Egg Banks, Stem Cells
- 8.2 Cardiac Surgeries



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Thank you