



# International Monterrey Model United Nations Simulation



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## World Health Organization (WHO)

**Topic:** Addressing the global repercussions of medical tourism. (Legal, ethical, medical)

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### I. Committee Background

The World Health Organization (WHO) is responsible for all health-related issues that are tackled by the United Nations. The organization was inaugurated on April 7, 1948, a date that came to be known as World Health Day. The decision-making body for WHO is the Health Assembly, which mainly determines the policies of the organization and appoints the director-general. The Health Assembly usually convenes in the UN headquarters in Geneva each year during the month of May. The Health Assembly also instructs the Executive Board, “in regard to matters upon which further action, study, investigation or report may be required”. The Executive Board consists of thirty-four technically qualified experts in the field of public health, elected for three-year terms. Generally, the purpose of the Executive Board is to facilitate the work of the Health Assembly. The WHO also relies heavily on its Secretariat, a body consisting of around eight hundred people, which are stationed across the globe, in the institution’s headquarters, and in the regional offices of the organization.

The primary goals of the WHO include, “to improve equity in health, reduce health risks, promote healthy lifestyles and settings, and respond to the underlying determinants of health”. Resolutions passed by the WHO are non-binding and must be approved by both the Health Assembly and the Executive Board. The meeting in which resolutions are approved occurs annually in January. In this conference, resolutions which had been proposed by the WHO are approved by the Executive Board and passed on to the Health Assembly. There is a shorter meeting in May to address the details of these resolutions and put them into effect.

### II. Introduction

#### Description and Definition of the Topic

Medical tourism is a global health practice in which patients travel to another country to receive medical attention. The reason for international travel is to pursue the high-quality healthcare provided since it is more affordable and has more availability of medical services. In adopting this definition, other forms where international medical travel is conflated with medical tourism are excluded. For example, cross border care and emergency medical attention provided to injured tourists while traveling, are not considered forms of medical tourism. Both underdeveloped and developed countries encourage investment in the medical tourism sector because of its potential to provide economic and employment opportunities in certain countries. However, several countries are deeply concerned that medical tourism may encourage health workers to relocate from the public health sector to the private one. The significant growth of global medical tourism in the past decade has been drawing patients from all over the world to

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medical facilities located all over the globe. These facilities are constantly built and renovated to attract the most patients, often resulting in competition with one another. The fact that national governments have pushed to develop local medical tourism industries, is driven by various interrelated advantages. Government officials state that seeking medical services elsewhere helps diversify economies and attract foreign investment, which enhances the economy of the country in the end. Also, because the resources will be constantly innovating to achieve maximum potential, it may help retain health workers who might otherwise leave for a more satisfying job. However, critics of medical tourism state that such investment in medical service may increase costs for several patients due to the increase of resources.

There are a myriad of issues rising due to medical tourism. While the economic sector of a nation will improve, it's the health systems that will be negatively affected. Private medical facilities will be receiving more income, as well-trained physicians and higher technology are present in the health centers. However, local underprivileged patients will need to attend medical facilities lacking medical services because of how money is going to higher-income centers. Due to better opportunities present where medical tourism occurs, public healthcare centers will begin to suffer a lack of doctors and healthcare providers present. Also, ethical issues arise with cross border reproductive, when one country bans certain medical procedures, but the neighboring countries allow the procedures to be made. France, for example, does not allow fertility treatment for transgender couples, however, Belgium is not legally restricted to such practice. Global public health will suffer as inequity rises and the issue of medical tourism becomes wider.

## The Problem

Medical tourism brings many ethical, medical and legal risks into question. The amount of patients travelling to obtain a large array of medical procedures is growing rapidly and there are many risks that come with it. First of all, medical tourism increases the likelihood of nosocomial infections also known as infections that are acquired inside of the hospital. Needles being reused between patients and other perilous practices can cause serious infections such as hepatitis and HIV. Well documented cases of medical risks after cosmetic surgeries include infections with multidrug-resistant organisms, the spread of noroviruses and mycobacterial infections. In addition, crossing borders can expose patients to infections unlike the ones they are used to and can cause a large medical issue when they return. Furthermore, traveling long distances through after a surgical procedure can be catastrophic since it poses risks such as deep vein thrombosis and pulmonary embolism. Ethical and legal risks include the patient's autonomy and consent for the procedure. Since patients are not physically there, medical consent can be largely affected by equivocal or incomplete websites that can sometimes exaggerate success rates and the quality of care in their facilities. It is often difficult to obtain informed consent for medical procedures even in optimal circumstances. Patients struggle to make thoroughly informed decisions about medical tourism due to limited health literacy leading to the patients eventually accepting the risks of medical procedures across borders.

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Adding on, countries sometimes have distinct standards for medical ethics. Things that are purely experimental in one country could be used frequently on patients in another. Organ transplantation ethics also vary from country to country. If issues occur in the process of medical tourism, it is hard for the patients to file malpractice lawsuits due to the multiple jurisdictions involved and the problem of which laws should apply for the patient.

### III. History of the Topic

#### Chronological History of the Topic

Medical tourism was first introduced in the 18th century, when Americans and Europeans traveled to spas and retreats where they could cure illnesses such as tuberculosis. During the late 1980's and early 1990's health expenses began to increase and medical tourism became a more affordable option. United States citizens to travel to Central American countries, such as Costa Rica, to get dental surgeries and procedures done which later became known as "Tooth tourism". In fact, around 40% of the medical tourism procedures are dental (Pickert). Around that same time, Cuba began to take opportunities and formed programs for eye surgeries, heart and cosmetic procedures, and others that caught the attention of Latin Americans, Indians and Europeans. Cuba began to benefit from the 2,000 medical tourists that they received over the course of those decades. In 1997 the Thailand currency suffered an enormous collapse. The government was desperate and turned to medical tourism and rapidly became the destination for plastic surgery. The Bumrungrad International Hospital in Bangkok, Thailand has received patients from over 190 different countries due to the inexpensive fees that begin at around \$5,000 dollars.

Medical Tourism has experienced massive growth over the past decade, and in 1997 the Joint Commission International was formed to investigate international healthcare facilities for conformance to international standards due to the emergence of health providers around the world. After the construction boom in Asia and the tragic events of 9/11, medical tourism continued to grow exponentially with as many as 150,000 US Citizens traveling to different locations in Asia and Latin America in 2006. Dentistry and cosmetic surgery industries reached new levels in these countries during these times. Countries like Singapore, Thailand and India became legitimate medical targets due to JCI accreditation. However, other countries such as Southeast Asian and Latin American are emerging as healthcare destinations as well with the JCI accreditation and partnerships with US based health providers. The amount of American medical tourists increased rapidly to 300,000 in 2007. It was estimated to reach 1.25 million in 2014, due to the fact that patients would travel to do procedures such as face lifts, bypass surgery or fertility treatments. In the last several years, many healthcare and insurance companies in the U.S. considered medical outsourcing, meaning these companies practiced to obtain physician, nursing, healthcare technician, or other services in a managed services model. The effect that was caused here was the possibility for patients to get non-emergency procedures and surgeries in other countries.

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## Historical Case Study

### United States

As health costs rose in the 1980's and 1990's, US patients have been looking for more affordable medical attention options elsewhere. According to the American Journal of Medicine, US citizens seek more accessible surgical, dental, or cosmetic procedures elsewhere. Even though US hospitals and physicians have originally treated medical tourists from other countries, it seems that US citizens are now seeking healthcare in countries abroad. As of 2007, it was estimated that 750,000 Americans traveled abroad to receive medical attention and increased to 1.4 million Americans in 2017 -- the majority traveling to Asia and Latin America. The reason for this is that less expensive healthcare is more available. United States holds the most expensive health care system in the world and it is not difficult to find countries that offer similar procedures that are half the price than those offered in the US. Experts have claimed that since the US has the most expensive medical bills in the world, it can prompt deep financial and personal sacrifices. On many occasions it has affected housing, employment, and people's daily lives. Reports state that since the late 1990's, insurance plans have continuously required their customers to pay a greater share of their medical bills by means of deductibles. In other words, a patient must pay for covered health care services before their health insurance plan begins to pay, leading US citizens seek medical attention abroad.

### Singapore

According to the World Health Organization, Singapore residents are among the healthiest in the world. One of the main objectives of the White Paper published in 1993, was to provide good and affordable medical care for Singaporeans. As a matter of fact, Singapore is in favor of medical tourism and is unwilling to deny treatment due to the large economic benefits it brings to their country. It is crucial for the country to differentiate the roles between public and private healthcare providers; the strength of medical infrastructure in the country has had a beneficial spin-off. Singapore has become the region's preferred destination for those pursuing advanced medical treatment. In 2014, government statistics revealed that people who visited Singapore had as primary purpose of seeking advanced medical treatment which brought \$994 million into the economy. However, medical tourism has caused enormous strains in its medical healthcare system, due to the fact that the population has increased exponentially from 3 million in 1990 to 5.4 million in 2014.

### Cuba

During the 1980's, tourism in general started rebuilding itself in Cuba and medical tourism began to develop rapidly. It all started when the doctor Carlos Juan discovered that yellow fever was transmitted by mosquitoes, and later developed a vaccine which created respect towards the medical work in Cuba. The Cuban government later initiated programs for

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foreigners who were seeking eye, heart or cosmetic procedures (1), as well as a free healthcare system to all their countries population. The free health system has had a great impact in the country. First they have a high life expectancy, which is 77 years for men and 81 years for women as of 2016. They have 100% vaccination rates and one of the lowest child mortality rates in the world. The programs established by the government allowed patients to receive better health facilities with a cheaper budget, 60 to 80% less than other countries. Having a governmental program allows all medical revenues generated, around \$11 billion dollars a year, to be used to fund the countries public health care system and allowing facilities to be more affordable by all(4). Medical tourism in Cuba was mostly targeted within Latin American countries as well as Caribbean Islands, where people seeked medical examinations, treatment and procedures. However, although medical health care through doctors is being sought in Cuba, many are also visiting due to the health spas and mineral springs that are best known to make your body healthier and stronger. Mineral springs are used with both external and internal purposes, in order to heal issues such as digestive or skin problems. Common health spas recommended by doctors are the following: San Diego de los Banos, San Vicente de los Banos, Santa Maria del Rosario and Madruga. Due to all the facilities and treatments offered, an estimate of 20,000 people annually visit Cuba, which earns around \$40 million dollars.

## Costa Rica

Medical tourism in Costa Rica has experienced exponential growth of 34% over the past few decades. Because many United States citizens could not afford medical health in their country. It's inexpensive, and these cheap high quality treatments attract thousands of sick patients from other countries around the world. Costa Rica first opened its healthcare to tourists in the early 1980's. A small percentage of patients traveled to Costa Rica to get low cost cosmetic surgery (Wurf). In mid 1990's it began to specialize in botox, face lifts, and other very small procedures. In 2008, 25,000 medical tourists visited Costa Rica and the number has been increasing ever since. In 2009 5,000 more arrived, then in 2010 6,000 more than a year before, and 8,000 more tourists in 2011. In 2016 tourists looking for medical assistance invested \$485 million in Costa Rica's health industry. Medical tourism has boosted Costa Rica's economy greatly due to the fact that it supports around 20,000 jobs for the citizens (Howler).

## India

India is one of the most important countries for medical tourism since there are many benefits including: cheap prices, easy access to new technologies, western trained doctors and english speaking personnel. The history of medical tourism in India slowly unfolded with the popularity of yoga and Ayurvedic medicine. Even as early as 5000 years ago many medical travelers and spiritual students travelled to India to seek the benefits of the alternative healing methods. Later, during the 1960's, India became a destination of choice for pilgrims at the start of the new age movement in the United States. The flower child movement drew the elite and socialites of America and the UK to eventually drop into a fully-fledged medical tourism

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industry, with yoga and Ayurvedic medicine rediscovered. Thailand, Singapore and India became legitimate destinations for medical tourism due to JCI accreditation. The Joint Commission is a healthcare company from the United States that accredits more than 21,000 US health care organizations and programs.

## Past UN Actions

The Secretary General of the UN, Ban Ki-Moon, received a proposal by James R. Goldberg, the author of *The American Medical Money Machine*. The proposal consisted of the creation of a treaty to protect all medical tourism patients in case of malpractice by doctors. However, the United Nations is still in process to approve the proposal.

The World Tourism Organization (UNWTO) and the European Travel Commission (ETC) launched a new report on health tourism. The end goal of this report is an attempt to set a coherent conceptualization of health tourism and define the motivations behind travellers seeking health-related services. The study proposes a set of recommendations varying from improved data collection and more accurate measurement to more accessible and sustainable health tourism calling for further partnerships. The report of 'Exploring health tourism' proposes a comprehensive taxonomy with a consistent terminology to define and describe the intricate system of travelling for health purposes and provides a practical toolkit for National Tourism Organizations (NTOs) and Destination Management Organizations (DMOs) wanting to develop health tourism.

The Medical Tourism Association is the first membership based international non-profit association for the global healthcare industry made up of the top international hospitals. They consist of healthcare providers and medical tourism facilitator members with the common goal of promoting the highest level of quality of global healthcare for international patients in the global environment.

## IV. Key Players and Points of View

### Thailand

Taking the lead on the industry of medical tourism are several Asian countries, including Thailand, India and Singapore. Thailand received 1.4 million foreign patients in 2007 that were either medical tourists, general tourist or foreigners living in Thailand. In 2008, Thailand generated around 1.5- 1.7 billion US Dollars of revenue from medical service, and an additional 0.4 billion US dollars from tourism in general. The high quality and demand of medical tourism can eventually lead to the undermining of local patience to access quality health care. Not to mention the increase of cost in private medical health centers for procedures. The higher the demand, the more expensive it becomes. The average charges for these procedures increased during 2006–2008 by 10–25% per year in most hospitals of the study called "The effects of medical tourism: Thailand's experience" that was published in the Bulletin of the World Health

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Organization in 2009. Due to the increase in health care, it has become more difficult for middle-income Thais to continue seeking high-end hospitals in Thailand. This has become an issue, seeing that they used to rely on these services on a regular basis. The increase of medical tourism has caused highly skilled physicians to work solely on high-end hospitals, with the disadvantage that those seeking public health care have lesser quality, including the reduction of access to doctors. To address this issue, in 2008, the Ministry of Public Health doubled the physicians' salary in all community hospitals to avoid losing more medical practitioners. As medical tourism grows in Thailand, the government has to continuously increase the budget for public health-care services at a higher rate than medical tourism in order to avoid chaos in the health system of their country.

Medical tourism has been impacting Thailand greatly for several years now. Positively, they have increased the economy of Thai. In fact, 0.4% of the GDP in 2008 was generated from medical tourism. It has also helped the income to rise of many sectors: medical services, tourists and related businesses. Still, negative effects have been seen rising through the years. First, 500,000 medical tourists are being provided with health-care services without an increase in staff. Due to this, Thailand has issues concerning pay rise to health physicians and expanding their medical industry to be able to provide healthcare to both tourists and their own people. However, the income generated from medical tourists could eventually be used for medical education in Thailand, to expand training in medical staff and provide the best professors to medical schools.

## India

As previously mentioned, medical tourism is constantly growing in India since it is considered one of the finest medical tourism destinations. Years ago, patients travelled internationally for affordable healthcare. However, the current situation has elaborated since patients are now seeking the complete package; quality treatment, ease of communication and travel, and at the same time offer affordable pricing which India provides. A major factor that drives medical tourism towards India is that medical travellers can save up to half of the cost which they might spend in the same treatment provided in the West. Also, India has over 500 Accredited Healthcare providers and uses world-class technologies that go hand in hand with the Western world. On the same note, India is also known for offering alternative medicine treatment which is constantly growing as well. For this reason, the Indian government expanded its e-tourism VISA regime to include medical visas with the maximum duration to stay 6 months. In 2015, it has been reported that India's medical tourism sector was worth \$3 billion USD and estimated to grow to \$9 billion in 2020. Along with other countries, India scored on the top 10 source countries for medical tourism. Due to India's diversity of languages, tourists are more attracted to India than to other countries. Given that the English language is widely spoken by most people and almost universally by medical professionals, hospitals in India have hired language translators to make patients feel more comfortable.

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Due to India's exponential growth in medical tourism, patient risk rises as well. Several patients come from first world countries such as the United States and Japan, who are travelling to poor countries like India to undergo risky surgeries for a more affordable cost. However, lower prices of medical services does not mean patients receive worse service. Instead, the risks involve the patients who return to their country with complications or infections that require costly treatment. These infections occur due to unsanitary practices and facilities or because the equipment used during surgeries is not sterilized.

## Taiwan

Taiwan has one of the best healthcare systems in Asia; they have high-tech medicine which in combination with clinical achievements giving Taiwan a highly international noticeable rating. Moreover, Taiwan is also backed up by an infrastructure in high quality healthcare attracting different tourists around the globe. What is attracting tourists to these destinations for medical care is that the government has relaxed visa requirements. Any US passport holders or visitors from European countries, are now allowed a 90 day visa free stay. However, several other countries can have a 30 day visa free stay. During the last 10 years, the Taiwan External Trade Development Council has been actively promoted Taiwan's overall medical services to other countries by showcasing several development projects, and more. Taiwan sees medical tourism as an important revenue source for the country, and is looking to target regions such as Southeast Asia, Hong Kong, Macau and other regions in Mainland China. Taiwan's Government has established a National Healthcare Evaluation system that certifies hospitals in reaching international standards. Chinese Patients go to Taiwan due to the lack of language barriers, making the healthcare experience less challenging for them. High end treatments are significantly lower than the cost in the US and several European countries in private healthcare providers in Taiwan. Medical tourism is also being affected in certain ways. In the majority of the hospitals in Taiwan, chinese is widely spoken, making it difficult for people around the world to seek medical tourism. Seeing that many asian countries also seek medical tourism helping them in their countries revenue Taiwan is making everything possible to satisfy and promote their health care to help their country and come to the top of the list in medical tourism.

## Costa Rica

As healthcare costs in the US grew exponentially in the 1980s, patients went overseas to look for more affordable options. Due to Costa Rica's location, it began to attract many medical tourists, especially for medical attention that their insurance did not cover. Today, Costa Rica is one of the most reliable and affordable countries for medical tourism. Just in San Jose alone, Costa Rica registered 46,474 foreign patients. San José has the best clinics and hospitals, including the CIMA, Católica and Bíblica hospitals. Consequently, the number of medical tourists in Costa Rica is expected to continue growing. Costa Rica is known for their high quality doctors and dentists, many of whom are fluent in English. The most common type of procedures done in Costa Rica range from dental work to cosmetic surgery, including others.

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An important factor of traveling to Costa Rica for medical care is that people are saving money without losing quality of work. On average, medical tourists save 40-70% by doing a procedure done in Costa Rica rather than in the US. For example, a dental crown in the U.S. typically costs around \$1,000 USD, while in Costa Rica it is \$500 USD. Travelers that come to Costa Rica often combine more than one procedure and save even more money. For example, some people combine a tummy tuck with a breast lift, or liposuction with breast implants. However, apart from saving money, there are other factors that medical tourists should consider. With all medical procedures, there is risk that include malpractice, operational risks, and miscommunication with the doctor. A severe risk is when doctors practice a service that is not legally allowed to perform. Other dentists claim to have specialty degrees, but only completed a weekend course or internship. The biggest concern for most medical tourists is the follow-up visit. Most of the times it can be costly and complicated to arrange a follow-up visit in Costa Rica or even dangerous to have a complication when patients are already home.

## United States

Medical tourism continues to grow exponentially around the world, a country that exemplifies this is the United States. In 2017, more than 1.4 million Americans sought health care in a variety of countries around the world seeing that the US has the most expensive health care system in the world. Large numbers of Americans travel abroad for special medical procedures. However, the US continues to grow interest in inbound medical tourism, increasing the number of international patient departments in US hospitals; in an attempt to target these types of patients. These special hospitals provide inbound medical tourism services to patients that travel to the country for higher quality procedures and due to price differential which their country does not offer. However, these hospitals tend to receive more money due to the fact that medical tourists pay commercial charges, or higher for medical services. Several US medical centers like Boston University or Harvard have established hospitals and clinics outside of the United States, hoping to capitalize on local and foreign medical tourism. VoyagerMed, a medical tourism marketplace for international patients seeking for high quality medical care has elaborated how at least 500,000 overseas patients seek treatment in the US. However, A current issue regarding medical tourism in the US is that more people leave overseas than those coming in to US for medical healthcare, causing lack of patients in hospitals.

## **V. Possible Solutions**

The issue regarding global repercussions of medical tourism requires multiple solutions in order to address the conflict as a whole. The committee's resolution should consider the legal, ethical, and medical aspects of this issue.

One possible approach could be to implement a campaign program in order to spread awareness of the risks that come along when engaging in medical tourism. This would allow all patients traveling for better health services to become aware of the medical issues that may

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arise, including the lack of attention from doctors. While better health systems and cheaper services are provided in certain countries, doctor to patient care is usually lacking due to the overpopulation of patients.

Also, the committee should also keep in mind that citizens are now seeking public health care systems seeing that private hospitals are increasing their prices and have lower patient availability. Due to this, governments should increase the taxes of private hospitals in order to make sure public health systems are provided with better equipment and doctors. This would only be implemented in those countries agreeing upon the increase in taxes and those who would be willing to invest in their health system.

In addition, the committee needs to focus on coming up with an agreement that would benefit every delegation involved. This agreement would include a set of laws that would apply to every country so that people feel safe when committing to such a risk. One of the major concerns of medical tourism is the unfamiliarity with the facility where an individual is committing their entire life on. Another viable solution would be the law of keeping patients informed regarding their health care and procedures with brochures or websites. Moreover, another of the largest issues with medical tourism is that there are different health care laws in each country, and they vary in a large scale. For example, something that is purely experimental in one country could be frequently used in another. Organ donation is also a large component of the legal issues with medical tourism. Delegations could come up with a treaty that states specific laws to prevent confusion between countries.

Countries that have a high rate of medical tourism should be willing to implement an agreement amongst themselves that will protect and cover a patient in case of malpractice. This is crucial due to the fact that patients go to a certain place to get the help that they are not able to get in their country and with that, it is important that they can rely on the treaty to protect them.

## VI. Current Status

Medical tourism is challenging health care systems around the globe, as it stresses the multifaceted relationship between both. Due to improved and more available technology, lower costs of traveling and attractions to patients, medical tourism is expanding globally and rapidly. Due to this rapid growth, it is necessary for regulations to be established seeing that negative implications may arise in both the country providing medical care as well as the person receiving a treatment. Adding on, countries are now facing a rise in their economic welfare due to the millions of dollars invested in medical tourism each year. Although, medical tourism is raising concerns online where they address issues regarding unregulation with patient and inaccurate on-line health information. Care takers must be extra careful with patients seeing how certain stages of treatment are sensitive and they may need cultural accommodations.

Medical tourism has radically increased in popularity, especially in the US where domestic health care can be very expensive. In 2007, about 750,000 Americans travelled abroad

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to seek cheaper health care, and ten years later, in 2017, more than 1.4 million Americans used the methods of medical tourism to obtain healthcare that is more efficient. The number of medical tourists to all countries in 2017 was estimated at 14-16 million and it is expected to increase by 25% each year. The finances in medical tourism are lavish with a total medical tourist business cost of \$439 billion dollars yearly. Moreover, there are many cases of medical tourism scams where people receive poor medical procedures that are carried through by inadequately trained doctors. Some cases include, fake treatments for serious diseases, transplanting infected organs, prescribing incorrectly and inadequate or counterfeit medicines.

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# International Monterrey Model United Nations Simulation

American School Foundation of Monterrey



Snyder<sup>1</sup>, J., Crooks<sup>2</sup>, V. A., Leigh, & Johnston<sup>2</sup>, R. (2013, January 5). Understanding the impacts of medical tourism on health human resources in Barbados: a prospective, qualitative study of stakeholder perceptions. Retrieved from <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-2>.

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