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population of destination countries is a key challenge for the growing community of researchers investigating this new form of globalization.

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Global health regulations should distinguish between medical tourism and transplant tourism

Alireza Bagheri

Medical tourism has been defined as traveling across international borders to obtain healthcare. It also refers to the practice of healthcare providers traveling internationally to deliver healthcare. Many countries, in the developed and developing world, for different reasons, have been trying to develop medical tourism programmes to attract patients from around the world. In the current situation, organ shortage is a worldwide problem and patients have to be registered on the waiting list if they need an organ for transplantation. Given the fact that there is no single country to achieve self-sufficiency in organ procurement so far, the number of organs available for transplantation is still not enough to address the need of the patients. As a result, many patients have to travel beyond geographical borders to receive transplants. The question is whether travel for transplantation, known as ‘transplant tourism’ should be considered the same as ‘medical tourism’, in which a patient travels for a knee replacement surgery or cosmetic surgery? In medical tourism, the parties involved are: healthcare providers, healthcare facilities and patients who seek medical care abroad. However, medical tourism is not free of criticism; there are ethical concerns, especially when the resources (medical doctors, nurses, and medical facilities) devoted to providing medical care to patients from outside of a country undermine the country’s ability to provide the same services for its own population.

The Istanbul Declaration on Organ Trafficking and Transplant Tourism defines travel for transplantation as ‘the movement of organs, donors, recipients or transplant

professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes transplant tourism if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals and transplant centers) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own population' (Steering Committee of the Istanbul Summit, 2008).¹ Compared to medical tourism, the paradigm in transplant tourism is different, because there is another party involved. In transplant tourism a person as an organ vendor provides his/her organ through an arranged transaction by a middleman, a practice that is illegal in almost all countries in the world. In transplant tourism not just the patient, as recipient, travels for transplantation, there is another person, an organ provider, who may or whose organ may also travel for transplantation.

There are countries that justify their medical tourism programmes by saying that these programmes bring significant revenue for the healthcare industry in the country and in the end the whole population will benefit. However, there are few countries which claim that the healthcare infrastructure in the country allows them to allocate some medical resources to foreign patients by establishing medical tourism programmes. Meanwhile, no procurement system can claim that they have reached the point in which they can allocate surplus human organs to the citizens of another country without undermining the need of their own population to those transplantable organs.

Besides the issue of medical resources, human organs and the way the organs are being allocated becomes a critical point in transplant tourism. As a result, the issue of informed consent by organ vendor, the high probability of coercion, inducement, fraud and exploitation are among ethical concerns that make transplant tourism quite different from medical tourism.

Transplant tourism violates many international documents such as the Universal Declaration of Human Rights (1948), the UNESCO Universal Declaration of Bioethics and Human Rights (2005), the Istanbul Declaration on Organ Trafficking and Transplant Tourism (2008), and the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010).

It is noteworthy that the medical tourism industry is based on profit making, while many related international documents prohibit profit making from organ allocation and transplantation. For example, the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation states that, 'payment for cells, tissues and organs is likely to take unfair advantage of the poorest and most vulnerable groups, undermines altruistic donation, and leads to profiteering and human trafficking. Such payment conveys the idea that some persons lack dignity, that they are mere objects to be used by others'. Guiding Principle 5 reads: 'Cells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value. Purchasing, or offering to purchase, cells, tissues or organs for transplantation, or their sale by living persons or by the next of kin for deceased persons, should be banned'.²

Acknowledging the need of patients for transplantation in a poor country that has no organ procurement system in place (Bagheri, 2007), this article does not intend to ignore those patients' legitimate needs to have access to the transplant technology. However,

this need has to be addressed through an official cooperation between countries. It should not lead to transplant tourism. In conclusion, despite existing ethical concerns and controversy, medical tourism is becoming part of the healthcare programmes of many countries. However, because of the risks that have been discussed, transplant tourism should not become an acceptable activity of healthcare systems and any global health regulations should be concerned about the distinction between medical and transplant tourism.

Notes

1. See also 'The Declaration of Istanbul on Organ Trafficking and Transplant Tourism' (2008). Available at: www.declarationofistanbul.org.
2. WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, 2010, The Sixty-third World Health Assembly, WHA63.22, 21 May 2010, A63/VR/8.3.

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The ethical and policy implications of rogue medical tourism

David Hunter and Stuart Oultram

Medical tourism is the practice of traveling to seek medical treatment of some form in a country other than the one that the patient resides in. Patients may choose to do this for two main reasons. The first is cost, given the significant differentials in economic status between nations health care can be gained considerably less expensively by traveling to where doctors, and so on are less well paid. Indeed some countries and clinics (notably in Asia) are marketing themselves to international clients in precisely this way. Second, it may be the case that the treatment is not available in the country where they reside, either because the treatment cannot currently be afforded by the health care system in their nation, or because their health care system has decided not to fund it on the basis of a lack of current evidence, or because the treatment is considered ethically dubious in that country.

The availability of this option for patients presents a challenge to countries that wish to regulate their citizens' access to particular technologies either for reasons of concern about safety (for example organ transplantation carried out in countries without the