Hospitals in India woo foreign patients

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Having endured intractable pain caused by osteoarthritis of the hip for two years, a 44 year old woman from Norwich had two options—wait for her turn in the NHS or seek treatment in a private hospital.

She took a 10 hour flight to India and checked into Apollo Hospital in the southern Indian city of Chennai. There, last Saturday, an orthopaedic surgeon performed a Birmingham hip resurfacing procedure on her. She expects to be home in three weeks—but not before a visit to a traditional Indian herbal medicine centre, arranged by the hospital.

The British woman is among a growing number of foreigners turning to private tertiary care hospitals in India for medical treatment, which is leading to health tourism. Large hospitals in Mumbai, Chennai, and New Delhi have long been receiving patients from neighbouring South Asian and Gulf countries. Now they are trying to attract patients from Africa, Europe, and North America, marketing themselves as centres capable of delivering world class medical services at low cost.

"Patients from the UK and North America make up a little more than a trickle right now, but there is big potential for growth," said Mr Anil Maini, head of healthcare business marketing at the Escorts Heart Institute and Research Centre, New Delhi. A report from the Confederation of Indian Industry and the management consulting firm McKinsey has predicted that upmarket tertiary care hospitals in India could generate up to \$2bn (£1.1bn; €1.7bn) in revenue through health tourism by the year 2012.

The Indian government has also signalled its intention to promote medical tourism, but this has evoked criticism from health sector analysts. "Where is the logic of the government spending energy and effort to attract foreign patients for the private sector when an overwhelming majority of patients in India have inadequate access to health care," said Dr Amit Sen Gupta, joint convenor of the

People's Health Movement, a nationwide network of nongovernment organisations campaigning to improve the country's public health services.

The western Indian state of Maharashtra has set up a Council for Medical Tourism to promote the state as a health destination for foreign patients. In the past year, the Indian Healthcare Federation, a consortium of private hospitals and medical industry, has sent delegations to Britain and the United Arab Emirates to showcase

operated on the woman from Norwich last week. Escorts Heart Institute officials say a cardiac bypass in India plus air travel would cost \$6000, compared with \$23 000 in a private hospital in Britain or \$30 000 in the United States.

Currently the NHS does not fund British patients to go to India. It has told Indian hospitals that it cannot refer UK patients because flying time to India exceeds the three hours limit set for transferring patients.

"Most Western patients we get are covered by insurance or pay out of their own pocket," says George Eapen, chief executive officer of the Apollo Hospital. But hospitals hope the situation will change in the coming years through arrangements



The Taj Mahal traditionally draws tourists to India, but health tourism is also a growing business there

India's medical infrastructure and capabilities. "We didn't go fishing for patients," said Mr Maini. "The idea was to convey the message that patients may avoid waiting periods and save money with treatment in India," he said.

Whether it is for cataract or cardiac surgery, dental treatment, or hip replacement operations, treatment cost in India is a fraction of what an identical procedure would cost in Europe or North America.

"Hip resurfacing costs about \$5000 in India while it is about \$15000 in Europe," says Dr Vijay Bose, the surgeon who with insurance companies and governments. "Canadian patients now get 75% of their expenses reimbursed after treatment here," says Mr Eapen.

The Escorts Heart Institute is among the hospitals approved by the UK medical insurance company BUPA. The Indian Healthcare Federation is urging Western insurance companies to introduce products with lower premiums for patients willing to travel to India for treatment. Hospitals say low cost is only one factor that makes India an attractive destination for British and North American residents.

"Doctors here speak excel-

lent English and patients can look forward to highly personalised care," said Mr Eapen.

The healthcare industry estimates that several thousand foreign patients are treated in private hospitals in India each year, with most coming from Asia and Africa. They seek treatment for a wide range of conditions, including cancer, heart disease, and neurological problems. But in recent months, hospitals have treated a French patient with occluded arteries, a Canadian patient with an orthopaedic problem, and problem, and patients from North America looking for cosmetic surgery. Some hospitals also arrange tours to sites of interest and lessons in yoga or traditional medicine as "perks" in the health package.

However, some doctors caution that, despite the enthusiasm, Indian hospitals may not witness a deluge of Western patients. "I do get a large number of queries and x rays by email, but many patients have concerns about being treated in a developing country," said orthopaedic surgeon Dr Bose. "It's a phobia—unjustified, because our success rates are as good as in the West," he said.

But Indian Healthcare Federation officials concede there is a need to introduce standardisation in the quality and costs of medical services across hospitals.

India's two year old national health policy had said it wanted to encourage health tourism and promised that hospitals treating foreign patients would receive the same fiscal incentives available to other export industries.

But public health specialists caution that a government role in this activity would be detrimental to the public health sector.

"The emphasis on health tourism is likely to distort the perspectives of health providers, promoting medicine as a purely commercial venture," says Dr Ritu Priya at the Centre for Social Medicine and Community Health at the Jawaharlal Nehru University, New Delhi. "It is creating a standard of quality unaffordable by the majority of Indians," she said.

"Financial incentives specifically for hospitals treating foreign patients will mean the government would be indirectly subsidising foreign patients," said Dr Sen Gupta.