

## Chapter 9

# Travel Health Insurance and Medical Tourism

### **Insuring to ensure good health care abroad.**

International translocation without the protection of health insurance protection may threaten the life of the traveller. Many elderly people in ignorance of risk, or cost saving, choose to globe trot without a travel health insurance package. The old and adventurous are at high risk of trauma or ill health while abroad, with cardiac mishap and road traffic accident the most reported health events affecting senior tourists. Many fail to acquire adequate health protection and others purchase inadequate cover, fail to read exclusive small print in the policy, or void it by concealing current infirmity. The number of uninsured or poorly insured older people is likely to increase considerably in future as more insurers refuse to offer policies to older travellers. Many companies have a cut-off age of 65 years, others 70 and few will consider those over 80 years age. Specialist companies still ensure this cohort but the number decreases every year. It is estimated that one in four people go abroad without health insurance cover. Few people arrange cover for trips of less than five days.<sup>(1)</sup>

Age Concern calculates that people over 65 years age make 5.5 million trips abroad annually, but they are finding it harder to acquire appropriate travel health insurance protection because of upper age constraints imposed by one in nine insurance providers. Three quarters will reject applications for those over 75 years age.<sup>(1)</sup> Four out of five insurance claims relate to medical problems and although the old do not have more claims they often cost the insurer more as they are hospitalised more often and for longer.

In the absence of insurance protection medical and nursing care can be prohibitively expensive.e.g.

- A holidaymaker who suffers a heart attack in Greece could face hospital bills of £6,000 to £7,000.
- Repatriation by air ambulance from Spain could cost £10,000
- In the US, treatment for an arm fracture can cost towards£4,000. Some clinics will only perform operations if they are certain a patient is insured, or can meet the bill.

Those without insurance could find themselves with medical bills of ten of thousands of pounds or being refused emergency surgery following injury.

Repatriation by air ambulance from Florida to Britain, costs about £30,000 with a similar fee for heart surgery there.

□ Hospital costs in popular destinations in France , Greece or Spain embrace ward occupancy rates ranging from £300 daily with medical care to be added. Daily ward rates in USA cost a single day in intensive care up to £10,000 and repatriation another £9000. A serious accident involving an air ambulance can cost £50,000 in the States

Some travel health professionals do not perceive it within their role to advise on travel health insurance, but such advice may prove of greater health benefit to the unfortunate ill traveller than recommendations on vaccines and prophylaxis. The adverse impact of a health emergency while the traveller is abroad, especially in developing countries and remote places, may have more dire and immediate consequences than exposure to infection.

Even the best policy will not necessarily provide optimal health care. Provision of service by the travel health insurance industry is dependent upon the quality of resources and health professionals and the evacuation and repatriation possibilities at the venue. Absence, or inadequacy of facilities may defeat the service provider, but the insured is usually assured of the best available care irrespective of cost. The uninsured, at a time of maximal vulnerability, has to cobble together whatever care is attainable often at prohibitive cost, in a situation where geographic, communication and language difficulties are intimidating.

**Case History.** A 62 man was recently repatriated from southern Spain. He had developed chest pain 17 days previously, was hospitalised, submitted to angiography, followed by triple by-pass surgery and within ten days was ready to return home by air. A similarly aged patient in the next bed had an almost identical history, but was anxiously worrying about future medical care and home return. He had an ECG result which confirmed myocardial infarction but had only been able to have a cardiogram the previous day, which confirmed the need for cardiac surgery. This was too expensive for him to afford and denied access to a flight by the airline, he was contemplating a long road and rail transfer back to the UK, where he would join the long waiting list for surgical intervention. The only difference between the 2 patients was that the first had bought travel health insurance and the second had not purchased any emergency protection. The latter was dependent upon reciprocal EC arrangements, for emergency medical and nursing support and was now facing bills for hospital care. The former had access to the benefits of prompt insurance company attention, immediate medical and surgical intervention and assured speedy repatriation.

The travel health professional, be it nurse, GP or consultant is uniquely placed to offer unbiased advice about insurance protection and should accept the task as part of every pretravel consultation. Attention should be drawn to the need for insurance, contingency evacuation, repatriation, financial reimbursement and the requirement to read the small print, check for exclusions and provide information to insurers of pre-existing illness. Many travel, believing that health protection is in place, but exclusions of which they may be unaware, will have left them unprotected for the conditions most likely to occur while overseas. Others fail to meet contractual obligations to inform the insurer of chronic or existing disorder which abrogates the policy and in emergency they find that cover is not in place or is inadequate.

The travel insurance industry has become more sensitive to higher risk travellers. Elderly travellers may now find that they cannot acquire cover or can only do so at added cost. Annual travel insurance has been largely withdrawn for 90 year plus elders. People who have previously travelled extensively, despite past history of cancer and major cardiac problems, now find themselves with hefty extra premium demands, if they can acquire protection at all. Insurance seekers now face a barrage of questions on life-long health status and current health problems. The travel health professional should identify the need to advise potential travellers on the hazards of travel without insurance cover. Most travellers are unaware of the inadequacies or expense of health care in developing and affluent countries overseas. They need information on health provision facilities and emergency care, evacuation and repatriation possibilities during their travels, to allow them to make an informed choice about the purchase of insurance cover. They should be encouraged to pay additional premiums for peace of mind and health safety, or be made aware that they travel dangerously if they proceed unprotected.

Policy exclusions often remove activities which thoughtless tourists will undertake while abroad on vacation. Small boat sailing, waterway cruising, paragliding, hill climbing, rafting, small aeroplane and helicopter riding, may all be excluded. Elderly people often appear to cast discretion aside when on vacation and indulge in pursuits they would never contemplate in the home environment. Cover may be absent at the very time when misadventure is most likely to overtake the tourist.

The individual's contractual requirement to advise the insurance company of actual mishap, medical emergency and potential use of services is obligatory, although often a major task when communications between traveller's location and UK may be tenuous.

**Case history.** A patient died suddenly in Tibet. Direct communication between the British insurer and the involved family could only be established via a fellow traveller's satellite telephone link with the USA through an associated company. Repatriation of the body was beset with difficulties and was only achieved by land transfer via Nepal. Failure to provide the company promptly with a report may negate the contract and expose the patient to substantial costs they cannot meet. It also deprives the support of their expertise and organisation at a time of greatest need.

Elderly global travellers are visiting ever more exotic, developing and remote countries where EHIC and health care reciprocity with the UK does not apply. This fact and insurer resistance to provide cover, higher premiums, rigid adherence to contractual obligations, will mean that more will travel without adequate health protection. In emergency some will find this seriously affects treatment, rehabilitation and repatriation. and they will not receive optimal care in when in urgent need

All travel health professionals should counsel intending elderly travellers on the benefits of travel health protection and the adequacies of health facilities at their overseas destination. (See chapter 10) Health professionals are uniquely placed to offer unbiased advice about insurance protection and should accept the task as part of every potential or pretravel consultation. Once clinical fitness for travel has been determined, professional attention should concentrate on insurance cover. Advice should embrace:-

- emergency aid,
- evacuation to hospital,
- quality of care,
- repatriation,
- small print in the insurance policy apropos,
- exclusions to cover,
- terms for pre-existing illness.

***Pre-existing conditions and exclusions.***

Exclusions

“Pre-existing conditions” can be a catch-all phrase and the opportunity for some companies to refuse claims. However, previously declared medical conditions can be accepted with an extra premium. While most ailments will be insurable, illnesses such as heart disease, or cancer are likely to be excluded from standard policies. Failure to declare any past illness, or one occurring since inception of the policy, may result in rejection of the claim when the insurer contacts the Gp. for personal medical history, on the grounds of failure to meet disclosure requirements. Older holidaymakers are most likely to suffer from disputes about what insurers call “non-disclosure of pre-existing condition” because they are most likely to have suffered relevant illnesses earlier in their lives. The insurer’s premise is that they have not had opportunity to assess risk and might have produced a contract with different terms, if they had known about the existing condition. Few people also realise that inebriation at the time of medical mishap may also negate a later insurance claim. (2)

**Case History** An elderly gentleman had a myocardial infarction on a ship cruising off Greenland and had to be helicoptered to hospital in mainland Europe. The bill was expected to be £30,000 and he left behind a disabled wife who had to be disembarked at the first port of call and flown home at additional cost .Insurance covered his care but not his wife’s, an expensive oversight.

All travel health professionals should counsel intending travellers on the benefits and weaknesses of travel health protection and the adequacies of overseas health facilities. The Association of British Insurers urges travellers to carry insurance documents at all times, so that doctors treating them will know they are insured. The Foreign Office has warned holidaymakers to be better prepared when taking breaks abroad. They recommend carrying proof of cover on the person, with emergency contact and medical assistance numbers for insurance companies.

*Case History.* A woman tourist collapsed at the entrance to the Oregon State Legislative building. An on-looker phoned the emergency service and a fire-truck arrived within minutes. The paramedic crew ascertained she was still living, their second check was to seek and find her insurance document. This was perused. She was

promptly placed on a trolley and sped off to a private unit, examined and warded within an hour. In its absence she would have been taken to the local state hospital with a very lengthy wait for attention with admission problematic.

Older people should consider travel insurance as a necessity not an option. The travel insurance industry has however toughened its approach to at risk travellers, particularly older travellers and the very elderly. This process may now require considerable endeavour and for some this is a disincentive to act. Elderly travellers may now find that they cannot find cover or can only do so at considerable added cost. Annual cover has been largely withdrawn for the very old. Patients, who have travelled extensively despite a past clinical history, now face premium loading, if they can acquire protection at all.

The number of insurers catering for elderly people has fallen dramatically. On line search a year ago would have provided many sources but few are now displayed and they prove selective. Potential insurance buyers must answer many questions on life-long health status and current health problems, and may be excluded on initial screening. Any inaccuracy in disclosure at this time, or once the cover is in place, may void a later claim. Those having difficulties in acquiring cover should insist on by-passing the initial screener and accessing the insurer's clinical appraiser who may have a more realistic stance and be prepared to take on the risk.

Travel health insurance doesn't cover every eventuality but only closely defined levels of risk. As insurance premiums have fallen in a competitive market, insurers now adhere to policy wording. For example, pre-existing medical conditions of relatives are common exclusions in travel policies. The death of a close relative from a pre-existing medical condition would not be covered under the terms and conditions of many policies, if the condition was known to the customer prior to the commencement of the period of insurance. There is usually no cover in place for cancelling or curtailing a holiday on account of a relative's illness or death if the relative has a terminal condition, or has been to a hospital (including outpatient consultations), or has taken prescribed medication within 90 days of departure date. Holidaymakers should also remember that if they want to travel for more than 45 days they must always confirm with their insurer before assuming they are covered.

**Case History.** A patient returned from a holiday in Morocco having paid a considerable medical care bill when he developed severe chest pain for which he was hospitalised. He believed his health insurance company would foot the bill but the small print specifically excluded ill health of cardiac cause after he had suffered a previous coronary artery .He had failed to read the insurance document before the premium was paid –an expensive mistake not uncommonly made by members of the travelling public

### **Insurance Provision**

The cost of annual worldwide, multi-trip travel insurance for a couple over the age of 75 can range from £184 from “insurefor.com “to £325 from the online provider” getmy.com. A new service offered to M&S credit card holders provides annual worldwide, multi-trip travel insurance for couples up to the age of 80 for £120 a year and includes travel to the US, Canada and the Caribbean. The small print of the M&S reveals comprehensive levels of cover, with £10m medical expenses and £2m personal liability cover included.

A British insurance company has claimed to be the first to offer cover against Deep-Vein Thrombosis (DVT). P J Hayman, an online insurance provider offers emergency medical assistance cover for travellers contracting DVT and £10,000 should death occur during the trip or within 72 hours of the policyholder's arriving home. Most cheap policies exclude all claims – even medical claims- made as a result of: war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil commotion made in connection with those countries to which the Foreign Office has advised people to avoid “all but essential travel”.

### **Summary**

Elderly travellers are visiting more exotic, developing and remote countries where EHIC protection does not apply.

People are booking flights and accommodation separately on line (50% of holidays) by-passing the travel agent and making it more likely that many will travel uninsured.

Insurer resistance to provide cover, higher premiums, rigid adherence to contractual obligations, mean that more will travel without adequate health protection. In emergency this will seriously affect treatment, rehabilitation and repatriation.

All travel health professionals should counsel intending travellers on the benefits of travel health protection and the adequacies or deficiencies of health facilities at overseas destinations.

### **Health Insurance and Repatriation**

Travel insurance like household insurance involves underwriters, brokers, claim handlers, customer services and y the potential patient. To help process claims travel insurers have a medical unit. Manned 24 hours, 365 days a week by doctors, nurses and support staff these deal with the first calls, follow up with local doctor and hospital on a regular basis, confirm a diagnosis and contact a UK GP to ensure that the individual had no relevant undeclared previous medical history. If insurance cover is provided the medical desk assesses the need for medical care. It deals with issues such as the transfer of the client to better hospital care, and repatriation to the UK. Repatriation can be non-air ( road ambulance from France), scheduled, charter air craft seats in Europe), or true air ambulance. Costs vary from several thousand to a million pounds. An escort may be required – a non-medical person/ doctor/nurse as a team or individual. The accompanying doctor will travel with patient from foreign to home bedside .The medical

team will be appropriately equipped by the insurer with defibrillators or ventilators as required. Transport is arranged to meet the aeroplane and the patient safely transferred to a pre-arranged hospital. At the point of handover to an NHS, private facility or home the responsibilities of the insurance medical team cease. .

Criteria for repatriation include: genuine medical necessity, poor local facilities, difficult access, cost and patient preference (where this is deemed by the insurer to be reasonable)

People who rely on the protection afforded by possession of the EHIC are often unaware that it does not cover repatriation, or medical/nursing care for the return to UK.,

*Exclusions from insurance* cover are common. They vary significantly between policies. The following are examples: No cover is provided if:-

- taking continuing medication
- have had medical treatment or surgery within the last 6 months
- are suffering from a previously diagnosed psychiatric disorder
- have any AIDS related complex

Exclusions are sometimes vague and it is vital to :-

- read the insurance small print
- declare past medical history
- get expert travel medical advice

**Consideration:** Careful thought should be given to travel location and quality of local facilities for those with pre-existing illness.

Those with breathlessness on the ground should seek expert advice before being exposed to air flight which, despite pressurisation, is equivalent to a height of about 2,500 m..

Insurers will pay what they think they need to pay – an air-ambulance will not be sent out for a trivial claim and they may insist on land as opposed to air transfer, a nurse rather than a medical escort. Repatriation arrangements often take place with patient and supporting relative in a vulnerable negotiating situation.

### **EC Health Protection**

The European Health Insurance Card (or EHIC) allows anyone who is insured by, or covered by a statutory social security scheme of the EEA countries and Switzerland to receive medical treatment in another member state for free or at a reduced cost, if that treatment becomes necessary during their visit (for example, due to illness or an accident), or if they have a chronic pre-existing condition which requires care such as kidney dialysis. The intention of the scheme is to allow people to continue their stay in a country without having to return home for medical care; as such, it does not cover people who have visited a country for the purpose of obtaining medical care, nor does it cover care, such as many types of dental treatment, which can be delayed until the visitor returns home. It only covers

healthcare which is normally covered by a statutory health care system in the visited country, so it does not render travel insurance unnecessary. Many travellers still fail to organise EC reciprocal health protection, or are unaware that it requires regular renewal.(4)

The EHIC has limitations. Quality of care depends upon national provision, which may be of poorer quality and resource than that provided by the NHS. It does not provide for repatriation. It does not guarantee full financial recompense for medical and hospital bills and does not cover transportation to a hospital. Private health insurance is still advisable in time of need if only for repatriation cover.\* A certificate of entitlement by application through a post office, or on-line -is required for cover to be obtained, a minor inconvenience in return for considerable emergency health support in EC countries. This protection should not be spurned and many insurance companies will only provide cover if the insured has utilised EC cover in emergency. Change to EC regulations means that former certificates are no longer valid. New ones need to be acquired and renewed every three years. Britons still travel without basic EHIC protection. Travellers should be aware that some common tourist destinations such as Turkey and north Cyprus are not within the EC and therefore EHIC does not apply.

The card is applicable in all French overseas departments (Martinique, Guadeloupe, Réunion and French Guiana) as they are part of the EEA, but not non-EEA dependent territories such as Jersey, Isle of Man, Aruba or French Polynesia. However there are agreements for the use of the EHIC in the Faroe Islands ,Greenland even though they are not in the EEA.and Switzerland is also included.

#### *Recommendations*

Health professional should consider it a duty to advise potential travellers on the hazards of travel without insurance cover and recommend acquisition of EHIC protection.

Elderly Travellers should be made aware of the inadequacies and expense of health care in overseas countries to be visited. They should be advised to acquire information on health provision facilities, emergency care and evacuation and repatriation possibilities during travel, to permit informed choice. They travel dangerously if proceeding without insurance protection Individuals should be reminded of contractual requirements to advise the insurance company immediately of mishap, medical emergency and potential use of services even when communications between the travellers location and UK may be tenuous. Failure to provide the company promptly with a report may negate the contract and deprive them of support and expertise in time of need. Failure to utilise EHIC may void the insurance claim.

#### **Summary**

- Older travellers should acquire EHIC protection and be aware of its limitations.
- Elderly travellers are visiting more exotic, developing and remote countries where EC reciprocal Health Protection does not apply.

- DIY holiday arrangements, with many booking flights and accommodation separately on line by-passing the travel agent, make it more likely that many will travel uninsured.
- Insurer resistance to provide cover, higher premiums, rigid adherence to contractual obligations, mean that more old people will travel without adequate health protection. In emergency this will seriously affect treatment, rehabilitation and repatriation.

## **Medical tourism**

**Medical tourism**-travel with the prime intent of seeking investigation, treatment and operative intervention abroad-is a growing industry in several countries in the developing world. Affluent older people with failing systems and disabilities are attracted to medical tourism as it presents an opportunity to travel and save money. Nearly 450,000 foreigners sought medical treatment in India in 2007 with Singapore not far behind and Thailand in the lead with over a million medical tourists. One in twenty people interviewed recently have had a medical or dental procedure out with the UK, or are planning one. (5)

The British Medical Association has stated that thorough research is essential on quality of care and resources before a person should consider going abroad for treatment. Patients should investigate all aspects of the proposed treatment. This must include the health and safety standards of facilities and the potential impact of long distance travel on the recovery from medication or surgery received while abroad. People with pre-existing illness should therefore satisfy themselves that adequate facilities for treatment will be available if complications arise and whether the risk is justified of being outwith the NHS umbrella of post treatment care.

No global regulatory body exists to appraise quality of care provided in overseas institutions engaged in medical tourism. There is a universal body for accreditation, the International Society for Quality in Health Care (ISQua), which has members in 70 countries. Medtral New Zealand also caters for people looking for more affordable treatment abroad. The Joint Commission International (JCI) accredits hospitals, while QHA Trent, a British company, accredits and provides consultancy services for hospitals and clinics globally.

Potential patients should check the surgeon's training, patient testimonials and published "adverse events" and if they are independently verified. Some hospitals refer to overall adverse event rate. If they do thousands of eye operations and endoscopies their adverse event rate is very low compared to a unit doing complex major surgery. Checks need also to be made on the level of English spoken and after-care facilities. One survey found that 43% of British patients travelled abroad for dental treatment, 29% for cosmetic surgery and the remainder for orthopaedic and infertility surgery.(5.6)

In 2009 more than 50,000 Britons went abroad for surgery; In 2011 the number is expected to be at least 75,000, according to Treatmentabroad.net, a website for medical tourists. The company provides information on hospitals, clinics and specialists worldwide. Among the

more popular treatments are cosmetic surgery and dentistry, which are expensive in the UK and often may not be covered by private insurance. The cost of a cheap flight, plus the cost of surgery along with a few days of rest and recuperation, may be much cheaper than having the work done at home. Booking through an agent permits negotiation of an all-inclusive package and patients are likely to get better before, during and after care.

Travellers are really having surgery as part of a holiday or business trip. It is possible, for instance, to combine cosmetic surgery or dental treatment with a safari in South Africa, and a hip replacement or knee surgery with a trip to Thailand or India. An inclusive check-up provided by BUPA in UK. may cost £430 and a similar well person health check at a Hospital in Bangalore, including chest x-rays, full torso ultrasound, lung function test, electrocardiogram and a battery of other blood, urine and diagnostic tests, may cost just £23. Included in the price is a consultation with a doctor to discuss any worrying findings and recommendations on health improvements. The patient is given x-rays, printouts and reports to show the GP at home. Patients should be aware however that consultants overseas will not have access to previous investigations and clinical notes available to the individual when being treated within the NHS at home. This lack of global knowledge of the patient's past clinical exposure may be disadvantageous if the patient has a complex history and chronic illness.

The Foreign & Commonwealth Office warns that, although medical and dental treatment abroad may be cheaper, "standards of care in some countries may not be the same as those in the UK, and emergency facilities such as intensive care may not be readily available". In some countries, there may be a risk of transmission of blood viruses such as HIV, hepatitis B and hepatitis C during medical procedures. Tattoos and body piercing should be avoided in overseas situations because of the risk of infection.

People mistakenly believe that travel insurance policies will cover elective surgery abroad, just because they cover an accidental occurrence that leads to them requiring medical treatment. Conventional policies and the EHIC will not provide cover for medical costs if the individual has elected to travel abroad for care. Specialist "enhanced medical" insurance policies are available at an appropriate premium.

#### **Countries involved in Medical Tourism**

**Bulgaria.** Some private clinics are now highly regarded in Bulgaria and Northern Europeans increasingly choose Bulgaria for 'Hospital Vacations' - receiving treatment at a very reasonable cost compared to Western Europe, followed by recuperation in one of Bulgaria's famous spas. Healing waters at Hissar, and Bankya, are thought to bring relief to arthritis and rheumatism sufferers.

**Croatia.** Medical Tourism facilities are well established and often incorporate traditional spa and hydrotherapy

**Thailand.** The Kasikorn Research Centre reported that 1.28 million expatriates visited Thai Hospitals in 2005, generating considerable revenue. Procedures were major surgery, out

patient clinic visits ,annual check-ups. Bumrungrad Hospital treated 400,000 foreign patients in 2005 .The hospital has a new 18-story outpatient centre, Bangkok Hospital, with affiliated hospitals (like BNH Hospital, Samitivej Hospital and branches in Pattaya and Phuket) is also a popular destination for medical tourists. Standard of treatment and technology can be high with prices lower than in other countries providing similar quality and technology. Thailand is developing as a medical hub for patients from the United States, Europe, Far and Middle East

### **India**

Medical tourism in India has been growing recently and is a popular destination for medical tourists who receive effective medical treatment at lower costs than in developed countries. India's medical tourism sector is expected to experience an annual growth rate of 30%,. Estimates of the value of medical tourism to India go as high as \$2 billion a year by 2012.As medical treatment costs in the developed world surge upwards Westerners consider international travel for medical care increasingly appealing. 150,000 people travel to India for low-priced health care procedures every year. The advantages for medical tourists include reduced costs, availability of latest medical technologies and a growing compliance on international quality standards. Britons are less likely to face a language barrier in India.

Estimates claim treatment costs in India start at around a tenth of the price of comparable treatment in Britain. Popular Indian treatments are alternative medicine, bone-marrow transplant, cardiac bypass, eye surgery and hip replacement. India is known in particular for heart surgery, hip resurfacing and other areas of advanced medicine. The south Indian city of Chennai nets in 45% of health tourists. Some hospitals in Chennai are equipped with state of the art medical equipment and costs are relatively inexpensive city compared to Mumbai (Bombay) and Delhi. The Indian medical tourist healthcare delivery system is striving to match international standards. 13 Indian hospitals have been accredited by the Joint Commission International (JCI) acknowledging standardized protocols and safety

### **South Africa**

Standards in South African clinics are on a par with UK clinics. Prices and quality of care vary across the country. Patients travelling to South Africa should check their surgeons' qualifications are genuine before treatment. The most popular treatment is cosmetic surgery but the country also provides organ transplants, heart, orthopaedic and obesity surgery and dentistry

Surgeons training in South Africa undertake an extensive 12 year training programme before they qualify. Most surgeons study in the US or the UK before providing care in South Africa. Patients can expect to save 40 – 60% on treatment compared with UK. Hospitals and clinics in South Africa are vying to attract more international medical tourism patients from around the world. Although the cost of medical treatment is not as price competitive as other popular medical travel destinations, the quality of treatment is very good

### **Singapore:**

As a leading healthcare services hub in Asia, Singapore attracts 200,000 international patients every year.. Many international patients place their confidence in Singapore's world class healthcare system, which is at the forefront of medical technology and has safety as top priority. The Singapore Government aims to attract close to a million overseas patients by the year 2012. Singapore competes with Thailand and Malaysia to grab a slice out of the medical tourism.

### **Malaysia**

Malaysia is among the world's top five medical tourism destinations for medical tourists selected on quality and affordability of medical care. It ranks third behind Panama and Brazil, and followed by Costa Rica and India., Malaysia's medical tourism industry has seen considerable growth in recent years. From 2001 to 2006, the number of foreigners seeking healthcare services in Malaysia almost tripled from 75,210 patients to 296,687 patients. Much of Malaysia's attraction lies in the wide array of medical services and procedures including dental, cosmetic and cardiac surgeries at significantly lower costs compared with Europe. 35 private hospitals in the country have been identified to promote Malaysia as a health tourist destination. Malaysia's growing reputation on the world healthcare map has also been recognised by a number of international and regional medical associations.

**Ukraine.** The Crimea coast of Ukraine has a long history of spa therapy and is now endeavouring to attract medical tourists from Europe. Standards of care vary with the institution.

### **Personal Health Protection**

- The older traveller should acknowledge individual responsibility for personal health maintenance while overseas and insure themselves against mishap in pretravel and en route preparation. They should:-
- Acquire appropriate vaccinations and prophylaxis.
- Use mechanical means of protection against malaria eg repellents.
- Take measures to avoid infected food and water.
- Acquaint themselves with health hazards en route and at destination
- Be aware of emergency health care facilities at destination
- Carry a list of medications
- Carry on the person at all times routine medications

- Recognise the limitations of travel health insurance and EHIC protection
- Acknowledge that increasing age makes them higher health risk travellers.

## References

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## Insurers catering for older travellers

Among the companies that offer full cover are Direct Travel Insurance (0845 605 2500, [www.direct-travel.co.uk](http://www.direct-travel.co.uk): from £48 for an annual policy/£24 for a 17-day single trip); Norwich Union Direct (0808 101 6705, [www.norwichunion.com](http://www.norwichunion.com)), and members of the British Insurance Brokers Association (0870 950 1790, [www.biba.org.uk](http://www.biba.org.uk)).

## Useful websites

[www.insuresupermarket.com](http://www.insuresupermarket.com)  
[www.medictravel.com](http://www.medictravel.com)  
[www.insureandgo.com](http://www.insureandgo.com)  
[www.flexicover.com](http://www.flexicover.com).

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