

## Transnational Health Care: Regulating the Line Between Hype and Hope in Health Tourism

*Ian Freckelton\**

### Introduction

Although health and wellness tourism is far from new, the taking of waters for instance dating back to Roman times and to 17th century Europe,<sup>1</sup> the extent of the modern phenomenon is not easily measured or even categorised – in Australia or any other country. Reinvention and restoration, aesthetic and physical, are increasing preoccupations of many in the West,<sup>2</sup> as well as among the increasingly wealthy in other parts of the world. But concern to procure the best possible health services, at the most reasonable cost that is achievable, is not new.

Health tourism has attracted many descriptors, some of them focusing on the globalisation of health service provision, such as transnational health care, cross-border care and, more colloquially, ‘patients with passports’. Some focus more on the vacational aspect of the phenomenon. Some of the tourism is self-financed, some funded by insurers. Most contact by health service providers with prospective patients is via Internet advertising, some by word-of-mouth and some by intermediaries or brokers. Some treatment is provided in high quality, international hospitals, but some in impressively advertised institutions that lack most of the indicia of safety, competence and professionalism. The professionalism of the institutions’ self-promotion is not necessarily correlated with the quality of their clinical services.

The demand for interventions such as cosmetic surgery (locally and internationally) is soaring with Botox injections, collagen fillers, breast implants, microdermabrasion, mini-face lifts, and buttock enhancements becoming more common every year.<sup>3</sup> Consistently with trends in other comparable countries, preparedness to seek cosmetic surgery overseas is rising among Australians in spite of significant adverse publicity such as that arising from the 2016 death on a Mexican operating table of a 29-year-old Gold Coast woman, Evita Sarmonikas, from complications resulting from a ‘Brazilian

\* I am grateful for the suggestions and feedback on an earlier version of this chapter from Dr Trish Molloy. All of its imperfections, though, are entirely attributable to me.

1 See John Connell, *Health and Medical Tourism* (CABI, Oxford, 2011).

2 See Anthony Elliott, *Reinvention* (Routledge, New York, 2013).

3 See Anthony Elliott, *Making the Cut: How Cosmetic Surgery is Transforming Our Lives* (Reaktion Books, London, 2008).

This is a preview. Not all pages are shown.