

# **Medical tourism in Switzerland: Interdisciplinary exploratory research on ethical, legal, and economic issues**

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Juli 2018

**Geförderte Studie im Rahmen des Käthe-Zingg-Schwichtenberg-Fonds der SAMW, Ausschreibung 2016**

## **Summary**

Currently the number of self-paying patients from abroad who travel to Switzerland to seek health care is estimated to be around 0.5-5% of all patients being treated by the Swiss healthcare system. Though this number is small, these patients are considered valuable from financial point of view. They also contribute to education and training of health care professionals and help build reputation of Switzerland as a destination for excellence in health care. The unique qualities of Swiss health services that attract patients from abroad are technologically advanced medical infrastructure, highly trained health care professionals, belief in ‘Swiss quality and precision’, strong commitment to protect the privacy of patients while caring for their health needs in a holistic and ‘exclusive’ manner and stable socio-political environment. The main challenge to attract patients from abroad is the high cost of health care in Switzerland as compared to neighboring countries even though many argue that Switzerland provides better quality to price ratio. Health care professionals caring for these patients struggle with certain challenges related to inter-cultural differences, language barrier, gender and power dynamics and mismatch between expectations of patients from the professionals and the best interest of patients. Most providers and clinics proactively address these challenges through professional interpreters and intercultural sensitization. It was firmly argued that as long as the number of patients from abroad does not expand rapidly in a short period of time, these patients will not have any adverse impact on access to health care of the local Swiss population. Swiss medical tourism model at present is focused on a small number of ‘high potential’ clients/patients than treating large number of patients from abroad. It will be crucial to observe how this paradigm changes over time.

## **Background**

Medical tourism model of Switzerland is an interesting case to examine contribution (financial and other) made by the ‘self-paying’ patients from abroad towards the Swiss health care system and the impact their service utilization could have on the health care received by the local patient population.

## **Objectives**

This exploratory research study had two main objectives related to empirical and normative investigations respectively. The empirical part was designed to obtain much needed and presently lacking data on medical tourism to Switzerland, particularly on the experience of health professionals and other stakeholders involved. The second set of objectives involved the normative ethical analysis - whether Swiss authorities and policy makers should promote and support medical tourism to Switzerland.

## **Design and methods**

Limited academic literature on medical tourism to Switzerland required this exploratory research to employ a multipronged approach to understand the scope of medical tourism and its ethical,

legal and economic implications from the perspectives of key stakeholders and health care professionals. The empirical investigation had two main components:

- a. analysis of the materials used by various clinics and hospitals to reach out to potential patients from abroad who are interested in and can afford health care in Switzerland
- b. 30 in-depth interviews with stakeholders and health care professionals (in public and private set-ups) directly involved in caring for patients from abroad

### *Detailed methodology*

- a. Understanding how Swiss hospitals and clinics reach out to potential clients and what characteristics of Swiss health services are highlighted to attract the self-paying patients abroad

### Materials collected and analyzed

1. the websites of key publically funded and private hospitals/groups of clinics from the German and French speaking regions of Switzerland targeted at patients from abroad
2. brochures, leaflets prepared for patients from abroad, found on the websites of clinics or given to us by the respondents at the time of interview
3. informational videos posted by some of the clinics and hospitals to highlight their services in various web-based portals such as YouTube
4. the website of ‘SwissHealth’ which was established as an umbrella organization of various Swiss hospitals and clinics to promote Swiss health care services among patients from abroad and to streamline patient procurement.
5. any other promotional material we could find for example in ‘in-flight’ magazine of Swiss airline, a life style magazine published in Russian but with adverts and advertorial material for medical tourism to Switzerland

### Focus of analysis

We focused on understanding the ‘look’ and the ‘feel’ of these websites and materials, the kind of images used (young and radiant looking men and women, beautiful backdrops of Swiss landscape), the foreign languages in which at least some of the content was made available and values and characteristics of Swiss health services highlighted such as ‘Swiss quality’, ‘Swiss precision’, ‘world-class hospitality’, ‘innovation’, ‘trustworthy’ and ‘transparency’.

### Contribution towards interview component of the study

This scoping review contributed to the project in following ways.

1. It helped us identify the key stakeholders of Swiss medical tourism whom we later contacted for in-depth interviews.

2. It gave us basic understanding of how Swiss hospitals reach out to patients from abroad and what characteristics they highlight as the unique offering from Swiss health services. These insights contributed to development of interview guide and helped us gather further clarification on these points during in-depth interviews.

b. In-depth interviews with stakeholders and health care professionals

We carried out in-depth interviews with stakeholders and health care professionals who had experience of working with ‘self-paying’ patients from abroad. These interviews were focused on understanding 1) the way medical tourism to Switzerland is organized, 2) the ‘uniqueness’ and competitive dis/advantage of the Swiss health care system as compared to other countries also interested in attracting patients from abroad such as Germany, the UK, the US, Spain, Austria and 3) the challenges encountered by stakeholders in attracting patients from abroad and while caring for them in Switzerland.

Materials collected and analyzed

We prepared a list of open ended questions to facilitate the conversation with the respondents of this study. This interview guide drew insights from the review of academic literature on medical tourism in non-Swiss context and analysis of promotional materials described above. The interview guide was pilot tested and further refined.

We made efforts to include diverse stakeholders in this interview study to gain understanding of the scope and practice of medical tourism in Switzerland from diverse perspectives. The key stakeholders are management consultants supporting clinics to attract patients from abroad, the heads of international service divisions of hospitals and clinics, directors and chief operating officers of hospitals and clinics and the agents facilitating treatment of foreign patients in Switzerland. Among health care providers, we focused on the disciplines of cardiology, cardiac surgery, oncology, pediatrics, orthopedic surgery and neurorehabilitation. We intentionally excluded certain segments of medical tourism industry such as aesthetic and cosmetic surgery, wellness industry and regenerative medicine.

We identified key individuals and organizations active in the field of medical tourism in Switzerland, approached them with an email describing the goal of the study and requested their participation. We conducted interviews according to the preference of the respondent either in person or through a phone call, explained the ways in which we will protect their identity, sought their permission to record the conversation on an audio device and asked whether they would like to receive and review their interview transcript. We obtained oral informed consent from each respondent, recorded it on the audio device, transcribed verbatim and stored separately from the rest of interview transcript.

We conducted in-depth interviews with 30 experts and stakeholders during this project. The respondents at the start of the project helped us get in touch with other experts in the field and

facilitated snowball sampling. Recruitment was guided by theoretical saturation; we stopped recruitment when we believed that additional interviews were not providing new insights on this topic. The duration of interviews ranged from 17 to 100 minutes; the average interview lasted 40 minutes. We transcribed each interview verbatim and removed all identifiable information during transcription. We stored transcripts with consecutive numbers.

### Data analysis

We read each transcript several times to familiarize ourselves with the data. We carried out coding of interviews as a team aided with qualitative data analysis software. Several discussions within research team helped us clarify questions on coding, reduce subjective bias, aided triangulation and improved the rigor of analysis.

### Challenges encountered

The interview partners in public and private health sector were often reluctant to be interviewed. Even those who agreed to be interviewed did not answer questions related to financial aspect of medical tourism.

### **Key findings**

#### *Scale of medical tourism to Switzerland*

It was challenging to get the exact number of ‘self-paying’ patients from abroad coming to Switzerland for health care, from now on referred to as ‘medical tourists’. Clinics and hospitals were reluctant to provide these numbers and stated that they do not collect these figures. The general consensus among our respondents regarding the number of medical tourists ranged between 0.5 to 5% of all patients treated in the Swiss health care system. This number can be slightly higher for some of the specialized private clinics and could range between 4 to 8% of all patients. For the university hospitals, this number was estimated to be less than 1%. Two main reasons provided for the lack of accurate number of medical tourists were different ways in which clinics kept track of patients from abroad in terms of outpatient consultations and hospital admissions, and not all medical tourists require ‘visa for medical reasons’ to enter Switzerland. Some national database could provide number of foreign patients treated in Switzerland each year though that could also include foreigners travelling to Switzerland for tourism, falling sick or meeting with an accident and hence getting treated in Swiss hospitals.

#### *Profile of patients coming to Switzerland for health care*

Medical tourism model of Switzerland is focused on ‘niche’ or ‘high potential’ patients. Unlike the model of medical tourism in India or Thailand which focuses on quality health care at lesser cost than in the home countries of patients, Swiss health care is appealing and affordable to only those who have necessary financial means either through personal funds or the State guarantee. Some of the Middle Eastern States cover the cost of treatment of all their citizens if they need to

be treated in Switzerland. The embassies of those countries in Switzerland play a crucial role in organizing care for these patients.

However, in recent years the profile of medical tourist to Switzerland has changed. It mainly encompasses the wealthy individuals and families who can afford the health care costs in Switzerland and include the members of the royal families and celebrities. Rarely humanitarian organizations and NGOs facilitate specialized treatment and surgeries required by the children from developing countries. Though not very frequent, 'middle income' families put together all their financial means to organize specialized treatment of their child in Switzerland. The main regions of the World from where Switzerland continues to receive patients are the Middle Eastern States, Russia, countries previously part of USSR and in growing patients numbers China. The Chinese patients are focused on preventative care and wellness industry and hence were not discussed during these interviews.

#### *Unique selling points of the Swiss health care system*

The respondents of this study were aware of high treatment cost in Switzerland as compared to neighboring Germany, France or Austria. However in spite of the high cost, many of them argued that Swiss health services provide better quality to cost ratio for the patients. Though from the technical point of view, the care was comparable between Germany, France and Switzerland, some of them argued that the cost of treatment in Switzerland could be double that in Germany. The value for additional money spent on receiving health care in Switzerland was attributed to parameters such as 'precision', 'personalized treatment plan', technologically advanced infrastructure, Swiss physicians and medical researchers being pioneers in innovation and translation research and Swiss strength in hospitality. Many argued that medical tourists believe in 'Swiss quality' which becomes a brand in itself. In their minds, Switzerland equates with high quality and trustworthiness and trust is what they lack with the health care providers in their home country. Furthermore, many wealthy patients and celebrities are willing to pay more money to get treated in Switzerland due to its strong commitment to protect the privacy of the patients. This was perceived extremely important if someone was being treated for illnesses which carry social stigma such as mental illnesses and addictions or if their injury could harm their reputation or status in the field such as in competitive sports or show business. Additional attractive features of the Swiss health care system were described in terms of its health care staff, their international background, linguistic abilities, high qualifications and expertise, professional behavior, effective multidisciplinary team approach and high doctor-patient and nurse-patient ratio. High nursing staff to patient ratio was considered key in post-surgical recovery and rehabilitation.

#### *Contribution of patients from abroad to the Swiss health care system*

Though the number of medical tourists coming to Switzerland is small, it was argued that the financial contribution they make to the health system is significant. A couple of respondents argued that these self-paying patients help in cross financing treatment of the local Swiss population. When asked how the cross financing actually works, the answer was rather unclear. It

was stated that hospitals often do not cover their costs when local patients with KVG are treated. The profits made from the treatment of self-paying patients from abroad help to compensate the losses made while treating local patients with mandatory health insurance. However, we could not engage these respondents further on this topic and other respondents were not interested to discuss this either. Though the exact financial contribution by the medical tourists to Swiss health care system was never elaborated in details, all respondents agreed that the medical tourists are important from a financial point of view.

Indirect contribution of these patients towards improvement of the Swiss health care system was in terms of enhancing skills and competencies of the health care staff including inter-cultural skills. These patients helped build the reputation of Swiss hospitals and the health care professionals working there not only in their home country but also globally. This was also attributed to maintaining the required level of competence and training standards in centers of excellence and specialized care across Switzerland. A few respondents stated that these patients from abroad aid in training of doctors in Swiss hospitals though others refuted such claims. This educational contribution was specifically seen in terms of pathologies that are generally not seen in the local population either due to early detection and treatment or because these conditions have been eliminated locally. Only one respondent described that the money gained by his department through treating foreign patients is used to partially fund research by his team however none of the other respondents agreed with this claim.

#### *Challenges in attracting and treating medical tourists*

A main challenge was patient acquisition partly due to high cost of medical treatment in Switzerland. The competition with the neighboring countries in terms of cost often leaves Switzerland in a position of disadvantage. That is why many clinics and hospitals have focused on creating 'exclusive' service package to attract medical tourists rather than focusing on getting them in larger numbers. It was believed that this 'exclusivity' would be lost if hospitals in Switzerland would start treating thousands of patients from abroad. Other financial challenges were cost estimation, recovery of full costs especially if the hospital stay of the patient is prolonged than what was earlier envisioned, and patients not showing up for their planned appointments for out-patient consultations.

Some of the health care professionals stated that quality of medical records they receive from abroad are often of limited utility to assess the patient's disease or severity of his condition and to advise him or her whether to travel to Switzerland for treatment. Others believed that this really varies from country to country and city to city. Sometimes they receive excellent medical documentation from the countries where they would least expect it and sometimes they also need to inform the patients that the diagnosis they received in their country was wrong. Most patients did not return to Switzerland for follow-up after their discharge or surgery however they kept their doctors informed on their recovery.

Cultural and language barriers were often mentioned by the health care providers while discussing challenges in treating patients from abroad. Though many private clinics insist on involving professional interpreters during consultation at an extra cost, many patients bring along a family member who acts as an interpreter. The health care professionals argued that it is often very challenging to explain risks and probabilities of those risks during a complicated surgery such as a heart surgery when it is being communicated to the patient via an untrained interpreter. Though in general it was believed that the kind of medical tourists who afford health care in Switzerland are able to understand and provide informed consent for the treatment to be received, it was also observed that sometimes it is challenging to convince patients and their families of the futility of continued treatment in life limiting and life threatening conditions.

### *Impact of patients from abroad on health service in Switzerland*

We were interested to find out whether the stakeholders of medical tourism in Switzerland perceive any potential negative impact of medical tourists on access to health care by the local population. A large majority of our respondents believed firmly that medical tourists do not cause adverse impact on the access to health care of the local patient population. They attributed this to surplus capacity of the Swiss health care system which is being currently underutilized and their meticulous planning to prevent such negative impact. Many stressed the point that for them the local patients are the largest client group and they would not want to ‘damage’ their reputation in the eyes of the local community in order to get a ‘few’ self-paying patients from abroad.

However, there were a few critical voices who argued that if not planned carefully, there could be adverse impact in terms of longer waiting time for appointments for local populations. As long as the patients from abroad do not significantly increase beyond the current estimated numbers, there is less likelihood of adverse impact on the local population.

### **Publication plan**

We are collaborating with a medical doctor who is writing his thesis (medical doctor) and works in a hospital in the Basel area and give priority to his time planning. His own experience, as well as experience of BE as doctors, and the experience of PS as patient in the Swiss health care system are very useful when summarizing the results for the international readership. We have planned the following manuscripts based on the findings of this study.

#### Manuscripts based on empirical component of the study

1. Analysis of the claim of ‘Swiss quality’ as a unique selling point of Swiss health care services for attracting patients from abroad
2. Challenges faced by health care professionals while caring for patients from abroad with special focus on inter-cultural aspects
3. What is the likely gain of the Swiss health care system by attracting ‘self-paying’ patients from abroad from the perspective of stakeholders

## Manuscripts based on normative analysis

1. A theoretical analysis whether Switzerland should promote itself as destination of medical tourism for wealthy patients from abroad

### **Strengths and limitations**

The strength of this study is its qualitative nature which allowed initial investigation of Swiss medical tourism model. However the study suffers a number of weaknesses inherent to this methodological approach. First and foremost, we did not interview any patients from abroad who had received health care in Switzerland. Their experience as a patient of having been treated in the Swiss health care system will be valuable to triangulate the claims of quality and trustworthiness within health care. Among the health care providers, in spite of our best efforts we could not include adequate number of nursing personnel. The experience of nursing staff is crucial to obtain full picture of the impact ‘self-paying’ patients from abroad could have on services received by the local population. Those who agreed to be interviewed might have different motivation and interest in this research topic as compared to those who did not respond to our emails and phone calls even after being contacted several times. We could not obtain much clarity on financial aspect of Swiss medical tourism and pricing for patients from abroad as respondents were extremely reluctant to discuss these points. Though our findings have limited generalizability, it is definitely a valuable preliminary investigation of medical tourism to Switzerland and should be followed up with additional research using mixed methods (surveys, interviews) approach.

### **Action points/recommendations**

Doctors who are employed by hospitals that treat self-paying medical tourists often depend on the organization and rules prescribed by the hospital administration and have minimal influence on financial arrangements and specific circumstances and constraints. Also, given some of the ethical dilemmas described by our interviewees, it could be useful to appoint a ZEK sub-commission to write guidelines on how to deal with ethical issues raised by the medical treatment of patients from abroad who come to Switzerland in order to receive medical diagnosis and treatment. The guidelines should for example provide advice to doctors how to solve conflicts related to the futility of treatment, i.e. where they think that the treatment is futile, but patients or their family insist and want to pay and the hospital administration is interested in the additional income. Other questions to be addressed are how doctors should react if patients don't want to be treated by health care personnel of a specific gender, how doctors should deal with patients who don't want to be informed about risks, and how cultural differences can be handled, such as respect for the rights of female patients and mothers of children if families request treatment in Switzerland according to the cultural gender hierarchy in their countries. These guidelines should also include legal advice concerning some issues such as who is habilitated to provide consent for a minor patient, i.e. both parents according to Swiss law or only fathers according to some foreign jurisdictions.