

Inside

2 DTB Select: 1 - January 2015

6 What evidence for the benefits of '5-a-day', a Mediterranean diet and sodium restriction on health?

9 ▼ Jaydess IUS



Drug and Therapeutics Bulletin

THE INDEPENDENT REVIEW OF MEDICAL TREATMENT



Travelling for health

Access to healthcare outside of the UK is becoming increasingly popular not only for adults but also for children. Recent high-profile cases involving interventions that are not widely available or approved for use in the UK have demonstrated a need for those working within the NHS to be aware of both the practicalities and pitfalls of medical tourism.^{1,2} Such cases challenge healthcare professionals and health service managers to consider how to engage and support patients and families who choose to seek treatment abroad.

Medical tourism encompasses a spectrum that ranges from a partnership between the patient, their family and healthcare professionals to pursue treatments not accessible in the UK, to a patient- or family-led approach seeking second opinions, investigations and medical treatments that may not be approved or recognised in the UK. People are prepared to spend large sums of money and travel long distances to seek input for life-limiting, complex neurological or developmental conditions as well as the more common ones such as asthma and epilepsy. Families that choose to visit their country of origin for a review of their child's health cite a feeling of mutual understanding and familiarity due to a level of 'comfort' with the culture and language.^{3,4} Such visits may result in patients returning to the UK with new diagnoses, new treatment regimes and drugs that are unfamiliar to doctors, nurses and pharmacists in the UK. This 'global health-seeking behaviour' creates a dilemma for those working in the NHS who have to balance the additional financial, legal, ethical and regulatory

consequences that some interventions may bring with them, with a need to respect decisions made by their patients.⁵

Health tourism raises many questions. Who is responsible for ensuring that treatments provided to people permanently resident in the UK are safe and effective, and that they are understood by clinicians in the NHS? What arrangements are in place to ensure that follow-up care can be provided and that medicines are available and can be prescribed in the UK? What consent procedures have been followed for children who have been treated abroad, especially for those who are considered to be competent and able to make their own decisions? Do families who go abroad have the right to expect free NHS follow-up care on their return? How does society balance the very difficult question regarding the fine line between parental pursuit for the best care for their child and the need to protect patients from therapies not tested or approved in the UK?

With an ever-increasing trend in medical tourism it is vital that NHS healthcare professionals are provided with adequate training to help them identify the concerns of those who seek treatment abroad, and manage the needs of their patients and families under their care. Whilst the provision of toolkits for healthcare professionals and culturally appropriate information may go some way towards overcoming some of these issues, we need to recognise that this is an important, increasing and relevant issue that needs to be addressed. At the moment there are more questions than answers.

1. Boseley S, 2012. *Families raising funds to treat children for cancer abroad* [online]. Available: <http://www.theguardian.com/society/2012/aug/24/families-children-cancer-abroad> [Accessed 17 December 2014].
2. Zarzeczny A, Caulfield T. Stem cell tourism and doctors' duties to minors—a view from Canada. *Am J Bioeth* 2010; 10: 3-15.
3. Lakhanpaul M et al. The use of a collaborative structured methodology for the development of a multifaceted intervention programme for the management of asthma (the MIA project), tailored to the needs of children and families of South Asian origin: a community-based, participatory study. *Health Serv Deliv Res* 2014; 2: 1-256.
4. Culley L et al. Children travelling for treatment: what we don't know. *Arch Dis Child* 2013; 98: 442-4.
5. General Medical Council, 2013. *Good practice in prescribing and managing medicines and devices* [online]. Available: http://www.gmc-uk.org/static/documents/content/Prescribing_guidance.pdf [Accessed 17 December 2014].

DOI: 10.1136/dtb.2015.1.0299

To comment on material published in *DTB*, please email dtbeditor@bmj.com