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Press Article



“ I was treated like a respected guest as well as a patient in need of good medical care ”

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Article Title : Traveling for Treatment - Soaring U.S. health costs are driving more Americans abroad for medical treatment.

Author : Anthony Mecir and Katharine Greider

What does 'Bumrungrad' mean?

This Thai word - pror Bahm-roong-RAHT - "care for the people"

Traveling for Treatment - Soaring U.S. health costs are driving more Americans abroad for medical treatment.

Bruce Pearson, a 61-year-old plant nursery owner in Boynton Beach, Fla., was desperate for relief from excruciating back pain. Worried that his health insurance might not cover treatment, he searched the Web for options—finally choosing to have spinal stenosis surgery in Thailand. Pearson's total bill: \$4,618.03 for services that would have cost him at least \$14,000 out of pocket at home.

So pleased was Pearson with his care by a U.S.-trained doctor at Bangkok's Bumrungrad International Medical Center that he says unless it's an emergency and he can't travel to Thailand, he won't seek treatment in the United States again. "I will crawl back to Bumrungrad if I have to," he says.

Steven Cherkas expresses similar views. When he had a heart attack while visiting Thailand in 2005, his impulse was to rush home to Columbus, Ohio, for treatment. Advised that air travel could prove dangerous, the 64-year-old businessman underwent double bypass surgery at Bumrungrad.

"I was treated like a respected guest as well as a patient in need of good medical care," he says. "Press the button, and they respond." His surgery cost less than \$17,000, and his insurance covered all but \$3,000 of it. Stateside, he estimates, he'd have paid up to \$20,000 out of pocket.

"They have state-of-the-art everything," says Cherkas, who says he avoids U.S. medical care now and returned to Bumrungrad in 2006 for cellulitis treatment.

HALF A MILLION CLIENTS

Cherkas is among an estimated 500,000 Americans treated abroad in 2006. As U.S. health care and insurance costs soar, more people are opting for medical and dental care in unfamiliar surroundings and thousands of miles from their families and doctors. "Medical tourism" has morphed in recent years from an obscure phenomenon into a global industry, fueled by the Internet, ease of travel, shorter wait times for appointments and greater international sharing of medical "best practices," says Karen H. Timmons,

CEO of the Joint Commission International (JCI), the overseas arm of the nonprofit Joint Commission, which accredits U.S. health facilities.

Some U.S. companies and insurers, anxious to lower care costs, are driving the trend by urging employees to be treated in one of a growing number of countries that cater to foreign patients, among them India, Singapore, Hungary, South Africa, Dubai, Costa Rica and Brazil. Thailand remains a top destination, with Bumrungrad hospital alone treating 64,000 Americans last year—up 11 percent from 2005. Patients checked in for everything from hip repair and prostate operations to root canals and eye surgery.

The surge has surprised even Bumrungrad International (BI) CEO Curtis J. Schroeder. "What stimulates a person from a town like Sioux City, Iowa," he asks, "who has never had a passport, to suddenly get on the Internet and start talking about major surgery in a foreign country that, if pressed, he could probably not find on a map?"

THE ONLY FEASIBLE OPTION

The simple answer is that for many it's the only way to get needed treatment without devastating their savings. Patricia Hansen, 58, and her husband, Jan, painting contractors who live near Anchorage, Alaska, gave up their health insurance when the premiums soared to over \$1,000 a month, with huge deductibles. Then Hansen needed hip surgery—at a prohibitive \$40,000 to \$60,000—and she began considering a trip to India.

"This was quite a shocking idea for me," said Hansen in June as she prepared for her trip, working with Med Journeys, a health travel agency. "I've never traveled really; I've always been a small-town girl." But talking to other "medical tourists" helped her decide. "When the hurting gets bad enough," she said, "you start just focusing on anything you can do to get it to stop."

Hansen returned from New Delhi in July and reports that her operation went well. A Med Journeys agent saw to all details of her stay, from recovery in a guesthouse to a tour of the Taj Mahal. Although she missed being at home right after her surgery, Hansen says she'd consider going again if the need arose. The total cost for her travel and treatment: \$15,000.

THE DOWNSIDE

Despite such success stories, gastroenterologist Anmol S. Mahal, M.D., president of the California Medical Association and a graduate of New Delhi's All India Institute of Medical Sciences, worries about patient care being split between locations thousands of miles apart. "My perspective as a physician is that all patients should receive care for their illnesses close to home, close to their loved ones and with a hospital and a doctor that they've grown to develop faith in and have a relationship with," he says. "That's really the ideal circumstance."

The JCI's Timmons also points out that if something goes wrong, opportunities for legal redress "might be very, very different" from those in the United States—or even nonexistent.

Negligent care and medical errors can happen anywhere (including the United States). Cosmetic surgery, for example, can be particularly risky. In 2006 the Australian government became so concerned about its citizens returning from uncertified Thai facilities with botched plastic surgery that it issued a travel warning.

Problems can occur even in accredited facilities. Joshua Goldberg, a 23-year-old American, died last year after treatment for leg pains at Bumrungrad. His father, James, alleged that Joshua, who had a history of substance abuse, was given a deadly cocktail of drugs. The hospital says that the JCI, the police and internal investigations turned up no evidence of malpractice or negligence, and no formal charges have been filed.

Experts say that doing copious research can eliminate some of the risks for those thinking of going global for medical care.

Ann Stoda of Tomah, Wis., searched the Internet for a qualified doctor in India who could treat her husband's hip problem. She became convinced she'd found the right surgeon only after she discovered he was a lead presenter at international seminars on orthopedics. "It's really not dissimilar to the kinds of questions you should be asking if

you're having treatment in the U.S.," says Josef Woodman, author of *Patients Beyond Borders: Everybody's Guide to Affordable, World-Class Medical Tourism*.

TRANSLATORS AND HOME-STYLE COOKING

The JCI has accredited 130 hospitals serving foreign patients worldwide. Bumrungrad is one of two JCI has accredited in Thailand. Located in a residential area, the 554-bed hospital uses state-of-the-art equipment and is staffed by 700 physicians and dentists, with an equal number of nurses.

Besides Thai, English is the most common language spoken at the hospital, but interpreters can handle an array of others. Patients can also place bedside orders for Italian, Japanese, French, Indian or American fare.

The hospital treats pregnant expatriate women, globe-trotting business executives and aid workers evacuated from countries where medical care is poor. More and more patients belong to what BI CEO Schroeder calls the "gap group," people ages 45 to 64 who are either early retirees, workers who have lost employer benefits or the self-employed who can't find affordable insurance because of their age or preexisting conditions.

"They may consider themselves relatively healthy, and suddenly they have to have a prostate removed," Schroeder says. "They're facing a \$40,000 to \$50,000 bill with no health insurance."

While saving money is the major lure for being treated abroad, saving time is a factor, too. Marcia Barham, an American music teacher who lives in Hong Kong, recently had an "Executive Woman Over 40" checkup at Bumrungrad. She says she got appointments right away, unlike the time in the States when, racked with back pain, she was told she'd have a four-month wait to see her doctor.

Barham says she had several tests, with help all along the way. "I felt very comfortable."

But maybe not as comfortable as heart patient Cherkas. "When it was time to leave," he says, "I really felt separation anxiety."

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