



Working across sectors for the good of global health

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This horizon scanning article explores the complexities involved in international medical travel, whereby patients travel abroad to receive required health care, and as a consequence, the possibilities for integrated global health policies.

The pieces compiled in this report collectively imply that the organisations working in health issues can no longer be considered as belonging to one distinct sector or another. Previously, it may have been sufficient to conclude research by suggesting the need for better interdisciplinary efforts in improving health services or to highlight a group's particular skill in working between private companies, universities and government bodies. However, as economic pressures demand that investment in health care be more effective, sustainable, and replicable, such collaborative work is now a must. There is perhaps no better example of this than the increase in international medical travel and its implications for global health.

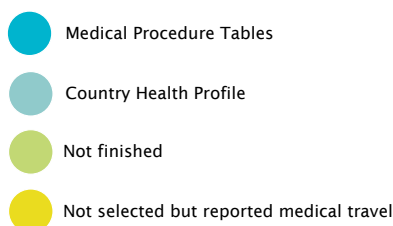
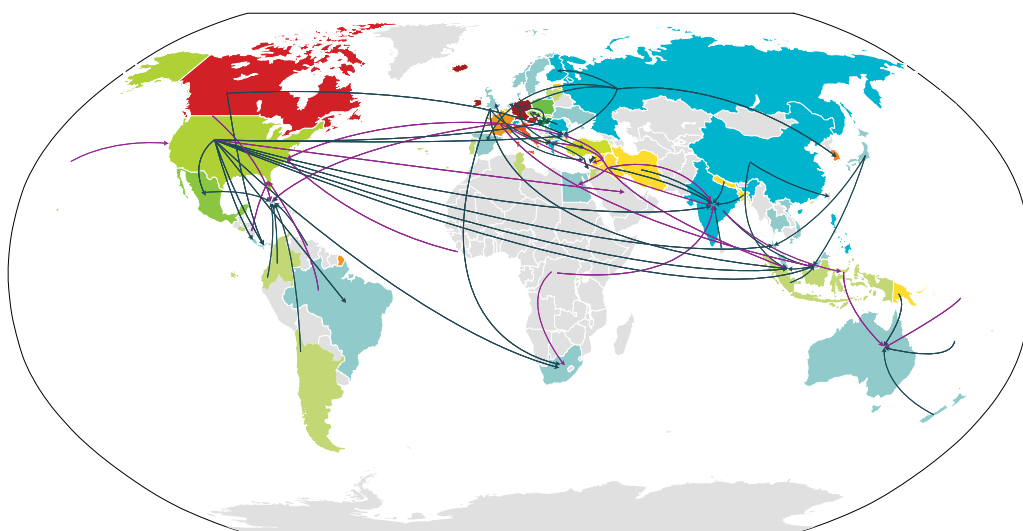
The basics

Medical travel refers to situations where patients leave their home country and travel to another for the primary purposes of receiving necessary care. This is distinct from medical tourism, which typically occurs for cosmetic or other elective procedures. Conducting research on medical travel is extremely difficult because the data is hard to ascertain: many instances of medical travel occur outside of any structured programmes or legal arrangements. Additionally, although much of Europe has standing arrangements for reciprocal care for citizens while abroad, these were primarily established to help people who experience medical emergencies while already travelling, not to support a chronic or otherwise non-emergency care need.

Not just for doctors and legislators

Travel for medical care is rapidly expanding, and there is little doubt this trend will continue. Major international organisations such as the OECD have further indicated that medical travel may have the

potential to attenuate the rise in health care costs while increasing access. Yet there is a clear lack of evidence on what is referred to as Global Health Access Policy (GHAP) to address the multitude of political, medical, and ethical issues. The questions involved in establishing programmes whereby patients can travel between countries to receive care are not simply ones of logistics, nor are they only to be discussed among clinicians providing care or bureaucrats determining relevant legislation. In order to ensure the most responsible development of innovative policies that maximise the potential of increased access without creating harm, an all-hands (e.g. all possible



Medical travel paths



Health related goods exports/imports



stakeholders) approach to GHAPs is a necessity. Given the projected increase in medical travel, it is also urgent.

What we're doing at Cambridge: getting junior researchers involved in evidence-based policy

GHAP research is highly complicated; it requires numerous aspects to be taken into account, including: clinical considerations, patient considerations, legal frameworks, economic models, travel and logistical data, patient safety and the health care industry – to name only a few. Although some programmes may already be in place, most are only established for a limited number of countries and have little potential to reach a global population. Therefore, international quality standards are needed to determine possibility for wider involvement.

To address such complex topics, we have engaged early career researchers from the Junior Researcher Programme (JRP) to compile a multitude of interdisciplinary, interrelated projects. The JRP is an ideal team for this undertaking because such work requires a great deal of focused effort from a committed and diverse consortium that is strong in numbers. Furthermore, by using such a globally representative group, we have the ability to scour an extremely broad literature base and thereby consider a broad range of solutions to the many issues faced. Ongoing projects include:

- (a) Extensive reviewing across a range of academic, institutional and policy sources on existing medical travel programmes
- (b) Developing guidance on international quality standards for high-volume procedures
- (c) Patient and clinician decision-making related to travelling for care
- (d) Developing legal frameworks for medical travellers as to ensure increased travel does not increase costs for locals
- (e) Identifying potential leaders for medical travel programmes, such as insurance companies, health ministries and the travel industry

The future of the GHAP project: well-being

Like all areas of health and health care, work on medical travel must consider the implications for well-being. While some may believe that going abroad to receive care without the benefit of social support is not a practical solution to low access to care, the alternative of receiving no care is surely worse. For this reason, once the aspects above have been addressed by our collaborative, our long-term aim is to look at how to ensure the well-being of medical

travellers using a scientific approach. As with our previous work, we will endeavour to include the many possible stakeholders involved the care of patients: clinicians, policymakers, employers, family members, support services and the patients themselves. By such means, we can ensure a responsible approach to an innovative, yet controversial, possibility for global health policies.

References

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