

Surgeries, Side Trips for 'Medical Tourists'

Affordable Care at India's Private Hospitals Draws Growing Number of Foreigners

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NEW DELHI -- Three months ago, Howard Staab learned that he suffered from a life-threatening heart condition and would have to undergo surgery at a cost of up to \$200,000 -- an impossible sum for the 53-year-old carpenter from Durham, N.C., who has no health insurance.

So he outsourced the job to India.

Taking his cue from cost-cutting U.S. businesses, Staab last month flew about 7,500 miles to the Indian capital, where doctors at the Escorts Heart Institute & Research Centre -- a sleek aluminum-colored building across the street from a bicycle-rickshaw stand -- replaced his balky heart valve with one harvested from a pig. Total bill: about \$10,000, including round-trip airfare and a planned side trip to the Taj Mahal.

"The Indian doctors, they did such a fine job here, and took care of us so well," said Staab, a gentle, ponytailed bicycling enthusiast who was accompanied to India by his partner, Maggi Grace. "I would do it again."

Staab is one of a growing number of people known as "medical tourists" who are traveling to India in search of First World health care at Third World prices. Last year, an estimated 150,000 foreigners visited India for medical procedures, and the number is increasing at the rate of about 15 percent a year, according to Zakariah Ahmed, a health care specialist at the Confederation of Indian Industries.

Eager to cash in on the trend, posh private hospitals are beginning to offer services tailored for foreign patients, such as airport pickups, Internet-equipped private rooms and package deals that combine, for example, tummy-tuck surgery with several nights in a maharajah's palace. Some hospitals are pushing treatment regimens that augment standard medicine with yoga and other forms of traditional Indian healing.

The phenomenon is another example of how India is profiting from globalization -- the growing integration of world economies -- just as it has already done in such other service industries as insurance and banking, which are outsourcing an ever-widening assortment of office tasks to the country. A recent study by the McKinsey consulting firm estimated that India's medical tourist industry could yield as much as \$2.2 billion in annual revenue by 2012.

"If we do this right, we can heal the world," said Prathap C. Reddy, a physician who founded Apollo Hospitals, a 6,400-bed chain that is headquartered in the coastal city of Chennai and is one of the biggest private health care providers in Asia.

The trend is still in its early stages. Most of the foreigners treated in India come from other developing countries in Asia, Africa or the Middle East, where top-quality hospitals and health professionals are often hard to find. Patients from the United States and Europe still are relatively rare -- not only because of the distance they must travel but also, hospital executives acknowledge, because India continues to suffer from an image of poverty and poor hygiene that discourages many patients.

Taken as a whole, India's health care system is hardly a model, with barely four doctors for every 10,000 people, compared with 27 in the United States, according to the World Bank. Health care accounts for just 5.1 percent of India's gross domestic product, against 14 percent in the United States.

On the other hand, India offers a growing number of private "centers of excellence" where the quality of care is as good or better than that of big-city hospitals in the United States or Europe, asserted Naresh Trehan, a self-assured cardiovascular surgeon who runs Escorts and performed the operation on Staab.

Trehan said, for example, that the death rate for coronary bypass patients at Escorts is 0.8 percent. By contrast, the 1999 death rate for the same procedure at New York-Presbyterian Hospital, where former president Bill Clinton recently underwent bypass surgery, was 2.35 percent, according to a 2002 study by the New York State Health Department.

Escorts is one of only a handful of treatment facilities worldwide that specialize in robotic surgery, which is less invasive than conventional surgery because it relies on tiny, remote-controlled instruments that are inserted through a small incision.

"Our surgeons are much better," boasted Trehan, 58, a former assistant professor at New York University Medical School, who said he earned nearly \$2 million a

year from his Manhattan practice before returning to India to found Escorts in 1988.

Although they are equipped with state-of-the-art technology, hospitals such as Escorts typically are able to charge far less than their U.S. and European counterparts because pay scales are much lower and patient volumes higher, according to Trehan and other doctors. For example, a magnetic resonance imaging (MRI) scan costs \$60 at Escorts, compared with roughly \$700 in New York, according to Trehan.

Moreover, he added, a New York heart surgeon "has to pay \$100,000 a year in malpractice insurance. Here it's \$4,000."



Howard Staab, who had a life-threatening heart condition requiring surgery, went to India with his partner, Maggi Grace, in search of affordable care. (John Lancaster -- The Washington Post)

In addition to patients from other developing countries, top Indian hospitals derive a significant share of foreign business from people of Indian origin who live in developed countries but maintain close ties to their homeland. But the

same hospitals now are starting to attract non-Indian patients from industrialized countries, and especially from Britain and Canada, where patients are becoming fed up with long waits for elective surgery under overstretched government health plans.

"If you can wait for two years for a bypass surgery, then you don't need it or you're dead -- one of the two," Trehan said. "Similarly, if you're wobbling on your frozen joints for two years because of a waiting list, it's a human tragedy."

One such patient is Tom Raudaschl, an Austrian who lives in Canada and earns his living as a mountain guide. Suffering from osteoarthritis in his hip, Raudaschl last year decided to undergo "hip resurfacing," a relatively new procedure that involves scraping away damaged bone and replacing it with chrome alloy. He learned he would have to wait as long as three years if he wanted to have the operation under Canada's national health plan, a delay that would have cost him his job, Raudaschl said. In the United States, the procedure would have cost \$21,000, he said.

So this month, Raudaschl flew from Calgary to Chennai, on India's east coast, where a surgeon at Apollo Hospital performed the operation Wednesday for \$5,000, including all hospital costs, Raudaschl said by telephone from his hospital bed.

"As soon as you tell people that you're going to India, they frown," Raudaschl said. But he said he could not be more pleased with the service. "They picked me up at the airport, did all the hotel bookings, and the food is great, too," said Raudaschl, whose private room was equipped with Internet service, a microwave and a refrigerator. Most important, Raudaschl said the surgeon told him he would be "skiing again in a month."

To cope with its backlog of cases, Britain's National Health Service has begun referring patients for treatment to Spain and France, although for now, the health service limits referrals to hospitals within three hours' flying time, according to Anupam Sibal, a British-trained pediatrician and Apollo's director of medical services.

"Nobody even questions the capability of an Indian doctor, because there isn't a big hospital in the United States where there isn't an Indian doctor working," he said.

Before they would admit him for surgery, Staab, the heart patient, said hospital officials at Durham Regional Hospital asked for a \$50,000 deposit and warned that the entire cost of treatment could run as high as \$200,000.

Katie Galbraith, a hospital spokeswoman, confirmed in an e-mail that hospital costs in such cases typically are in the neighborhood of \$100,000; the surgeon's bill, which is charged separately, would have added tens of thousands more. Patients such as Staab who do not qualify for charity care often are offered a payment plan, she said.

Staab was discharged from the Indian hospital Monday and was recuperating at a nearby hotel. He planned to return to Durham after visiting the Taj Mahal.

Source: The Washington Post