

# **MEDICAL GUIDEBOOKS: THE PRODUCTION OF SUBJECTS AND LANDSCAPES OF CARE**

‘Geographies of Global Health Care: From Spaces of Exception to Enclaves of Individuation, Experimentation and Exploitation’ session – 2011 AAG, Seattle

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# Healthcare crisis

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- Rising healthcare costs
  - ▣ Socialised systems
  - ▣ Employer-based systems
- Aging 'baby boomer' population
- Health insurance denied or unaffordable
  - ▣ Approx. 50 million without health coverage
  - ▣ Approx. 120 million without dental coverage

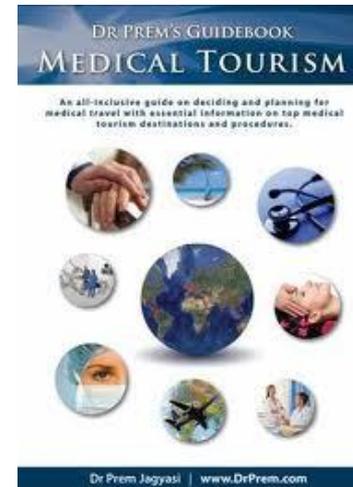
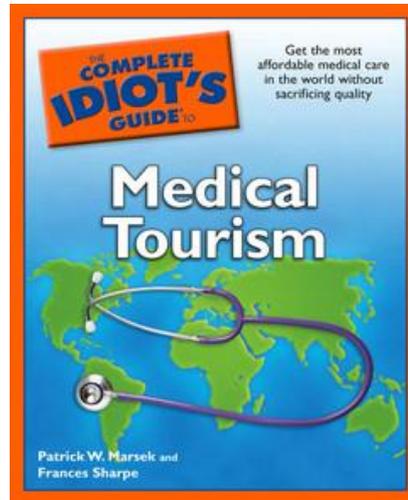
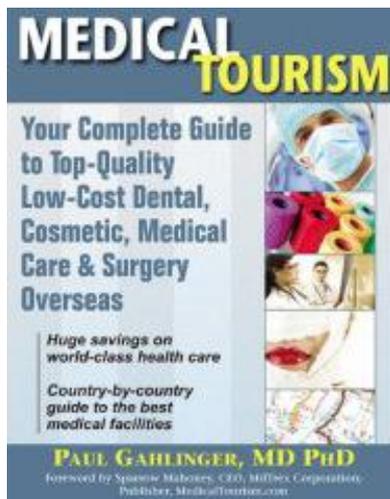
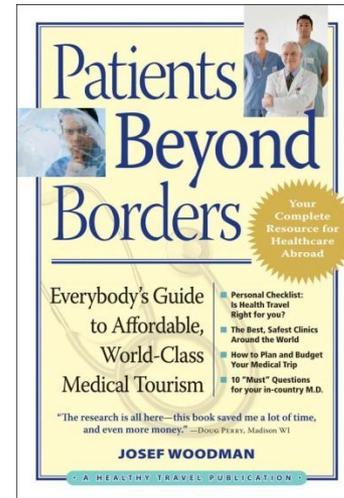
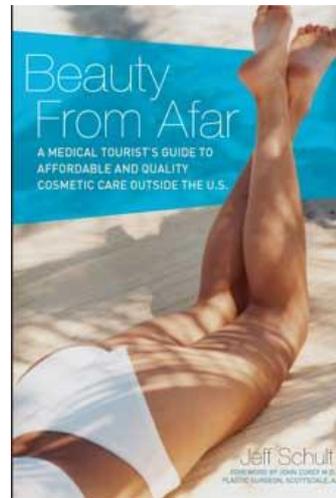
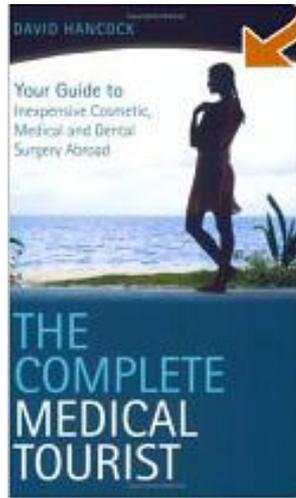
# Medical travel intermediaries

“The burgeoning medical sector of health care tourism has witnessed tremendous growth over the past few years, yet despite this, it has yet to reach its full potential.

Although there is a large amount of information available online as well as in print, many consumers remain uninformed, confused, or unwilling to commit to this treatment option. It appears that potential customers haven't fully grasped the true magnitude and incredible benefits that medical tourism can offer.”

(Jagyasi 2011)

# Medical travel guidebooks



# Argument

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- Patient-consumer not an autonomous agent
- Network of relationships produce ‘international medical travelers’
- Dichotomies
  - ▣ Active health consumer / Vulnerable patient
  - ▣ Sameness / Otherness

# Travel guidebooks

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“to keep the traveller at as great a distance as possible from the wholly invisible, tutelage of hired servants and guides..., to assist him in standing on his own feet, to render him *independent*”

(Karl Baedeker 1858, in Lisle 2008: 8)

# From patient to healthcare consumer

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“The traditional trusting patients of yesteryear... [are] a rapidly disappearing breed.”

“Modern patients, by contrast, ‘educate themselves, take a proactive stance and ask questions...’”

“This makes you a consumer of healthcare... you’ve left the old world of blind faith and have appropriately adapted to modern medical times, evolving into a curious, assertive, informed patient.”

(Woodman 2008: 37)

# Becoming a medical travel pioneer

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“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... 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”

(Lancaster 2004)

# Vulnerable patient / Active consumer

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## 'Vulnerable'

- Compromised ability to act as the fully entrepreneurial consumer
  - ▣ Embodied vulnerability
  - ▣ 'Home' healthcare system-imposed vulnerability

## 'Active'

- 'Good' = 'Governing own conduct for own benefits and rewards'
- Triumph over vulnerability
  - ▣ Forge own personal transnational care team

# Forging a transnational care team

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## 1. Ideal companion

- ❑ Soothes the worries of the medical traveller
- ❑ Expedites (pre-)trip planning
- ❑ Provides emotional support
- ❑ Tracks treatment decisions
- ❑ Advocates for the patient
- ❑ Undertakes mundane tasks
- ❑ Provides care upon return home

## 2. Ideal medical travel facilitator

- ❑ Evaluates and screens patient-consumers for risk
- ❑ 'Matchmakes' with practitioners
- ❑ Negotiates treatment discounts with hospitals
- ❑ Arranges contact with the practitioners
- ❑ Handles accommodation and transport arrangements
- ❑ Ensures medical information transfer
- ❑ Facilitating hospital admission and discharge

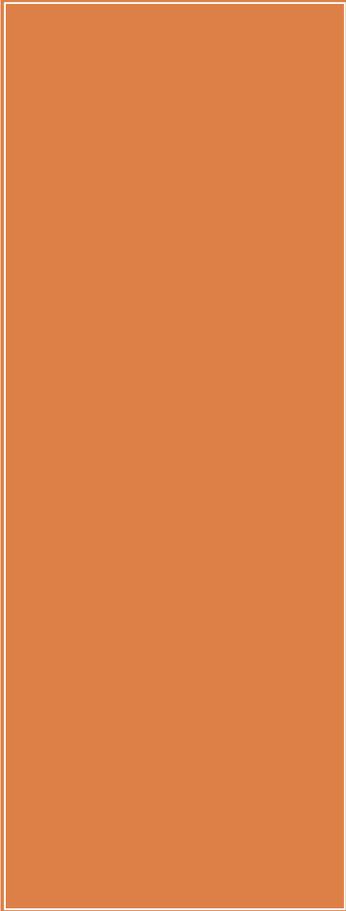
# Just like home

“Because Singapore is one of Asia’s wealthiest nations and has SE Asia’s highest standard of living, medical travellers are spared the glaring cultural and economic contrasts often seen in India, Central America and South America. Most of Singapore is squeaky clean, with some city streets so filled with US retail storefronts that they feel eerily like home.”

(Woodman 2008: 321)

# A bubble of ‘just like home’

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“We live in a troubled world. Yet... health travellers are quite sheltered. They’re chauffeured from the airport to the hospital or hotel, personally driven to consultations, given their meals in their rooms and chauffeured back to the airport when it’s time to go home... all with good reason, as the primary purpose of health travel is to undergo medical treatment”

(Woodman 2008: 121-122).

# Forging a transnational care team

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## 3. Ideal hometown doctor

- Cooperate with patient-consumer's decision to seek care abroad
- Make patient's medical records accessible and portable
- Liaise with destination doctors

## 4. Ideal destination doctor

- Be busy but responsive
- Speak excellent English
- Be in touch with customer base
- Belong to medical associations (within their own country as well as the US/UK)
- Request patients' medical records early on
- Liaise with hometown doctors

# Conclusion

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- Medical travelers produced through dichotomies
  - Active health consumer / Vulnerable patient
  - Like home / Not like home
- Medical travel guidebooks
  - Recognise vulnerability
  - Lay contours of the legitimate spaces and subjects to accommodate this vulnerability

“Along with so many other things in our lives these days, it appears health care is also now part of our global village. After reading Woodman's book, and seeing clips on the news and NPR, it is obvious that other countries are offering global health care. I certainly have my own horror stories about hospitals in our country, and find it very comforting to know that there are options now.

The pictures of the hospitals are a far cry from ours here. Even my husband said ‘when do we check in? The book is definitely on the edge of something very big, and I was happy to learn how to go about getting help and treatment in other countries. As we get older, Steve and I are glad to feel that we have a choice to travel to another country to get treated decently.”

(US consumer review of PBB)