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NEWS & FEATURES

November 7, 2007

Fly-By Surgery

While U.S. patients increasingly opt for surgery abroad, health insurers are beginning to buy in. Welcome to global health care.

by Diane York



When Doug Duke needed laparoscopic surgery, he knew he would be buying a plane ticket.

The former hospital administrator is a medical specialist whose Richmond company, Objective Review, helps trial attorneys locate top-notch physicians suitable for expert testimony. So he's well aware of the medical landscape, its nuances — and its price tag.

The cost of his weight-reduction surgery in the United States would have run between \$20,000 and \$25,000. So he started looking elsewhere. Insurance companies generally don't cover procedures related to weight reduction, so he put his medical investigative abilities to the test.

He found a better price at a major private hospital in Monterrey, Mexico, where he spent four days during surgery in August 2005. "This was an upscale facility with excellent nursing care — every request I had was met," he says. "Language was never a problem."

And the price was right. His surgery, hospital stay and travel costs came to \$11,000. He's since gone back twice for adjustments. "It is the best decision I ever made in my life," he says.

Americans have been traveling to other countries for cosmetic surgery for years. But increasingly they're making the trek overseas for major surgery, for things such as knee replacements, back surgery, heart catheterizations and even liver transplants. It's not known exactly how many Americans are doing it — estimates range from 50,000 to 500,000. But one thing's for certain: The industry, often referred to as "medical tourism," has skyrocketed while the cost of health care in the United States continues to rise.

And now there's another unlikely group on board. The medical tourism industry is gaining a previously skittish ally in health insurance companies. Health insurers such as Aetna, Blue Cross Blue and Shield of South Carolina, Blue Shield of California and United Group Programs are beginning to reimburse some out-of-the-country treatments, and two state legislatures, in Colorado and West Virginia, have introduced bills to allow government employees to go overseas for surgery. Even Canada, with surgical waiting lists that extend years into the future, is reimbursing its citizens who go overseas for medical procedures.

The rising costs of medical treatment here have fueled a medical tourism exodus, says David Boucher, an assistant vice president for Companion Global Healthcare Services Inc., a subsidiary of Blue Cross and Blue Shield of South Carolina.

That parent company, with more than 1.5 million members, was the first insurance company in the United States to create a subsidiary specifically to provide the option of overseas medical procedures for its client companies and brokers. "This is an explosive trend," Boucher says. "We are providing a true value-add for

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our clients.”

There are spinoffs. The demand for overseas care has created such a need for quality control that the federal hospital accreditation authority, the Joint Commission, launched Joint Commission International to accredit hospitals worldwide.

While some people complain that the international commission's standards are not as high as those in the United States, proponents argue that's changing, too.

Marvin Cetron, president of Forecasting International at the University of Delaware, recently presented the argument at a conference: “In a field where experience is as important as technology, Escorts Heart Institute and Research Centre in Delhi and Faridabad, India, performs nearly 15,000 heart operations every year, and the death rate among patients during surgery is only 0.8 percent, less than half the rate of most hospitals in the U.S.”

Patients traveling overseas have also noted that their hospital stays are generally longer than those in the United States and that more personalized nursing care is available. In his speech at the University of Delaware, Cetron takes it a step further.

“In many foreign clinics,” he says, “the doctors are supported by more registered nurses per patient than in any Western facility, and some clinics provide single patient rooms, with a nurse dedicated to that patient 24 hours a day.”

As far as judging the end results, outcome statistics from foreign hospitals are sparse. First-person reports, on the other hand, are numerous.

Eileen Clemenzi of Vero Beach, Fla., had no health insurance. Her hipbone had deteriorated to the point where she for three years had been experiencing bone-on-bone friction, causing extreme pain. Clemenzi's American doctor informed her that hip replacement surgery would cost \$48,000.

So she took matters into her own hands. She searched the Web and found a medical concierge company, which arranged for her to be seen at the Gleneagles Medical Centre in Penang, Malaysia. She flew there last month with a friend — on a Sunday — and by Tuesday had a new hip.

“It was the cleanest hospital I have ever seen,” she says. “The doctors and nurses spoke English; they treated me like family. I could not have been more pleased with the care.” Three days after surgery she was up and receiving physical therapy. She spent one week in the hospital and two more weeks in a hotel with ongoing physical therapy.

“The pain of recovery was nothing compared to the pain I had endured for years,” she says. The bill, including travel expenses, came to \$11,000.

Going outside the United States for surgery has its risks, of course. Legal recourse for patients wanting to pursue malpractice is limited. There are concerns that travel itself can pose risks to patients. Lengthy air flights where the patient is in a fixed position for hours at a time can cause embolisms. Exposure to unfamiliar germs and bacteria create the risk of infection. The full range of pain medications and other pharmaceuticals that are available in the United States aren't always available in abundance overseas. And some American doctors aren't hip to the overseas surgery.

“When I returned and went to see my doctor, he was furious,” says Mary Percak Dennett, from Wasilla, Alaska, who had knee surgery in Malaysia earlier this year. “However, he looked at my knee and my X-rays and concluded they had done an excellent job.”

Regardless of the risks, experts predict that medical tourism is here to stay. A recent report by the American Medical Association concluded that the run on overseas medical treatment is a sign that health care in the United States is in crisis.

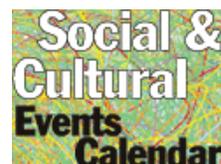
An estimated 47 million Americans are uninsured. There are many more who have pre-existing conditions that aren't covered. Even for those who have medical insurance, the high cost of health care can have devastating consequences.

A study of U.S. bankruptcies, conducted by the Harvard Medical School and the Harvard Law School, found that one-half of this nation's 1.45 million bankruptcies in 2001 were due to medical bills — even though more than three-quarters of those who filed for bankruptcy were insured at the start of their illness. But 38 percent had lost coverage at least temporarily by the time they filed for bankruptcy. Most of the medical bankruptcy filers were middle-class; 56 percent owned a home and the same percentage had attended college, the report found.

“In many cases,” according to the report, “illness forced breadwinners to take time off from work — losing income and job-based health insurance precisely when families needed it most.” S

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INSIDE BUSINESS

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