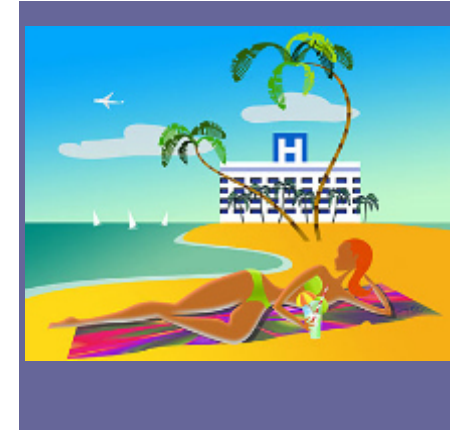


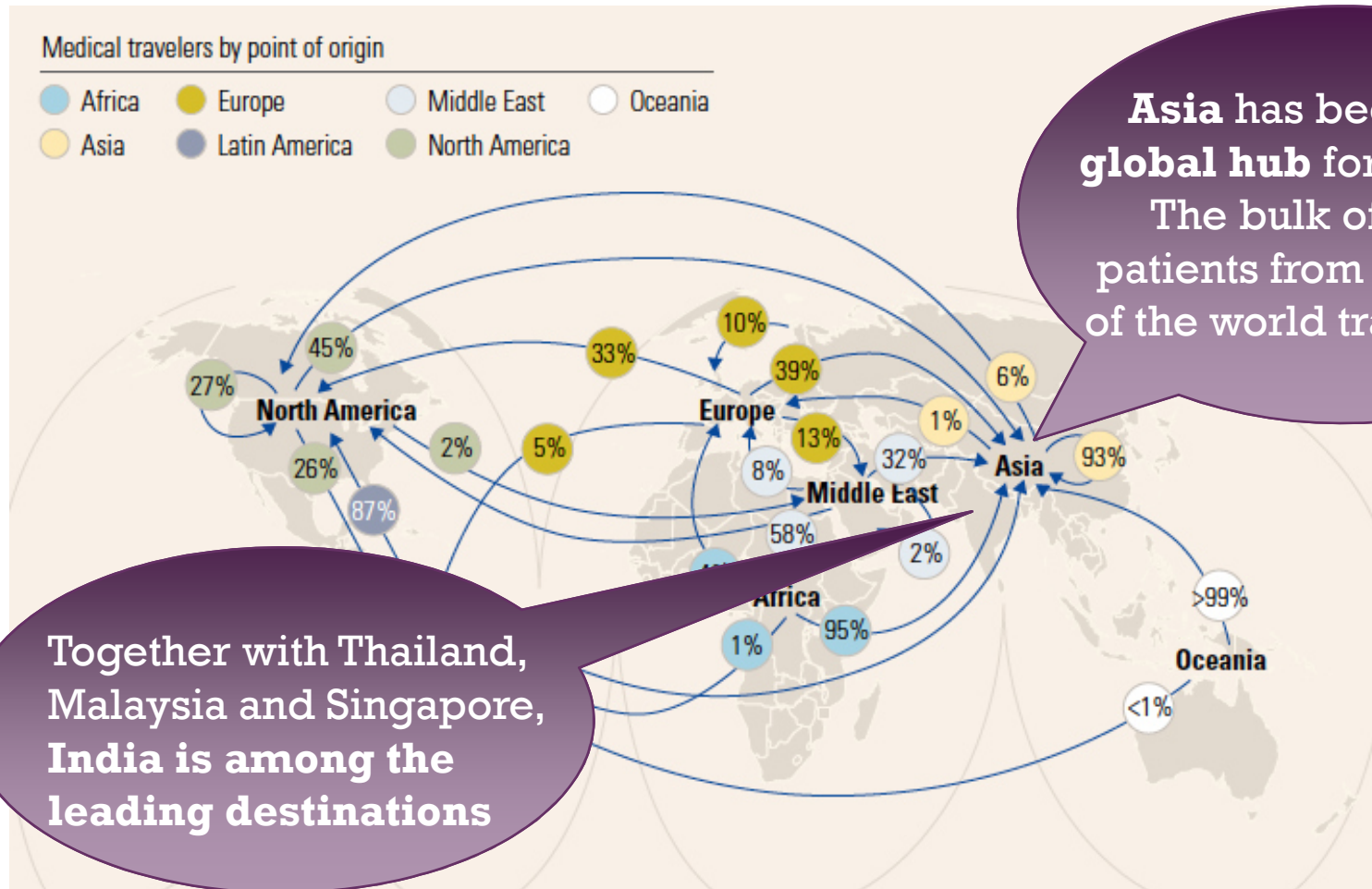


# Networks & Markets: The Constitution of Medical Tourism in Delhi

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# + Destinations for medical travels



**Asia** has become the **global hub** for healthcare  
 The bulk of mobile patients from all regions of the world travel to Asia

Together with Thailand, Malaysia and Singapore, **India** is among the leading destinations

source: Ehrbeck et al. 2008, p. 5

# + Overview

- Medical tourism, exile or extraction?
- A network approach towards health mobilities
  - Two driving forces build healthcare markets
  - Since the forces are located at different places, a multi-sited research is required
- Findings I (desire I): The making of medical travel destinations
- Findings II (desire II): First insights on the other side of medical travel
- Achievements and outlook





Medical  
tourism,  
travel, exile  
or extraction  
?



Competing understandings  
and their assumptions

## + Medical tourism or travel?

- Medical tourism is a term stemming from the industry. It has been widely used in popular media accounts
- Medical tourism invokes a neat confluence of vacationing and undergoing medical treatment
- Criticism from social scientists: traveling for health is a far cry from luxury, unworried sojourning that the notion of tourism suggests



# + Medical exile or extraction?

- Mobile patients as victims of the deficient healthcare system of their states

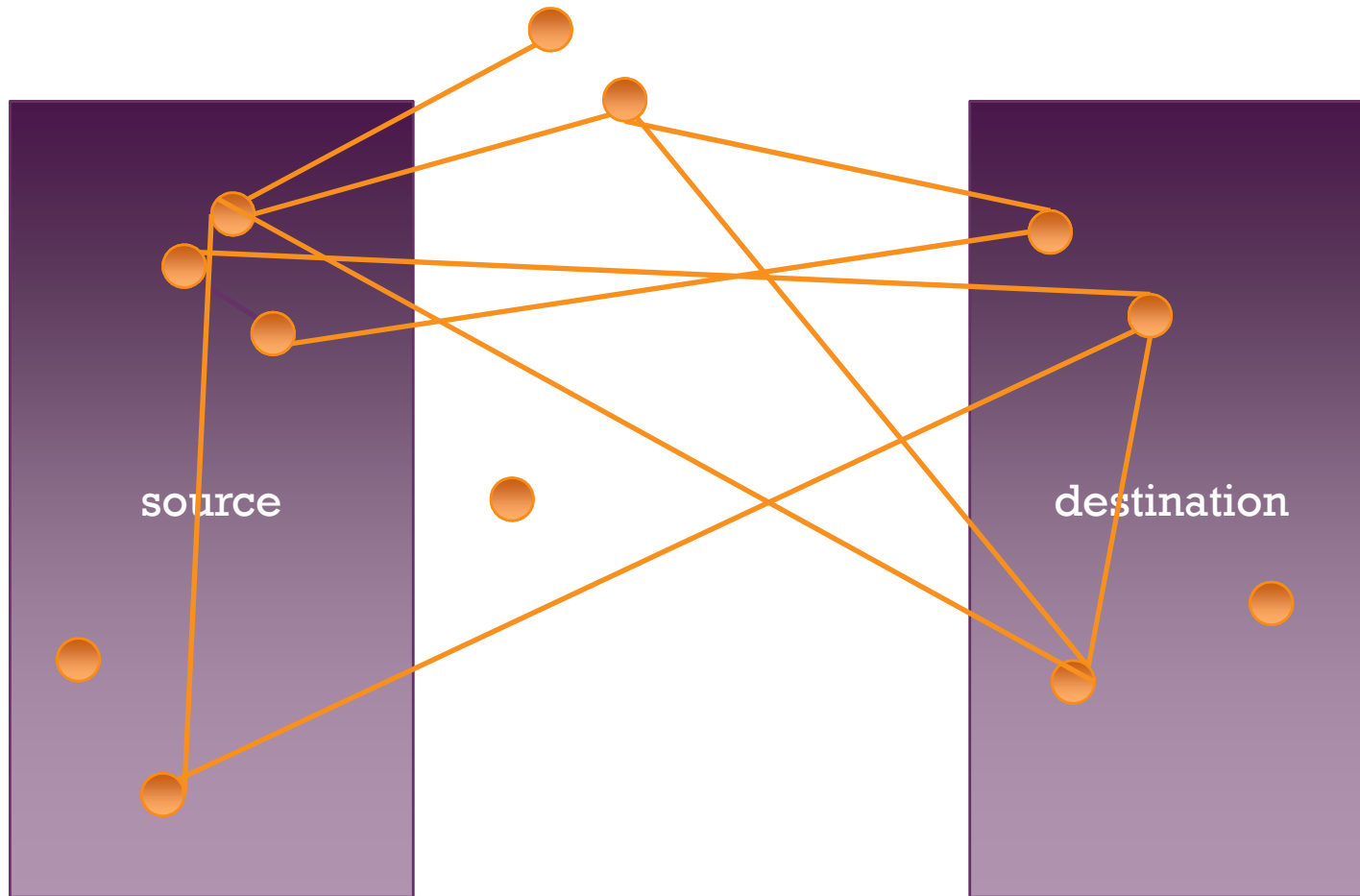
**vs.**

- Mobile patients as neo-colonial agents.

... or transnational healthcare?



# + Network perspective on MT





# 'Spaces of Connectivity'

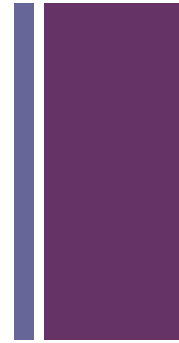


A network perspective on  
transnational medical travel



# + Spaces of Connectivity

- Laurent Pordié. 2013. «Spaces of Connectivity, Shifting Temporality. Enquiries in Transnational Health.» In: *EJOTS: European Journal of Transnational Studies*.
- Key argument: MT destinations are made through relating.
- We understand connectivity as a *potential to connect*



# + Spaces of Connectivity

- Hospitals have to be made intelligible as therapeutic landscapes worth considering
  - Medical expertise and technology (Bagadia 2010; Ormond 2013)
  - Affordable price
  - Cultural competence, cosmopolitan atmosphere (Whittaker & Chee 2015)
  - Embodied care encounters
- The higher a place's connectivity, the more effective it is in attracting patients.





- Findings I -  
**The Making  
of a  
Destination**



**The making of medical  
travel destinations in  
Delhi NCR**

# + Transforming hospitals to associate distant patients

Efforts to demonstrate that the hospital provides world-class medical care at affordable prices

Efforts to demonstrate that the hospital understands and meets the particular practical and emotional needs of foreigners

- These activities concern – and transform – a hospital's human and material structure as well as work process.
- Efforts to associate distant patients are not limited to the place of the destination, but take place in source countries, too.

# + Demonstrating world-class care

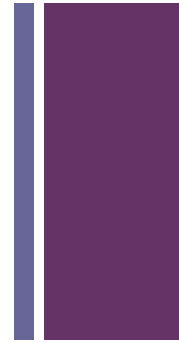
- In literature: associate 'Western' credentials to the hospital in order to increase its connectivity
- In our interviews with foreign patients: Personal accounts as powerful new elements
- «Patient-recruiters»





## ... at affordable cost

- World-class care is combined with unrivalled prices
- However, as many of the foreign patients are «medically disenfranchised» people that have to take huge efforts to reach India, it nevertheless is expensive
- **Flexible pricing as relating work**



## + Relation Work of Interpreters and the «Priming» of Patients

*«Interpreters pre-work patients. They do a lot of priming»* (interview with a medical oncologist in hospital P, January 2016).

Language interpreters (and facilitators) increase a hospital's connectivity greatly.

In tandem with commission fees, they alter the doctor-patient relation, doctors' position in the hospital and the patients' mindset.

This can be in favor or disfavor of the patient.



# + 2 key desires assemble elements and form medical travel

The desire of patients and their well-wishers for cure or increased quality of life

- Medically disenfranchised people
- With assets or relations that facilitate becoming mobile

Located in source countries

The desire of corporate hospitals to treat patients (and in so doing increase revenues)

- For-profit orientation with a strive to expansion
- Top notch technologies and expertise

Located at destinations





- Findings II -  
**The Making  
of a Source**



**Circulating hope in  
Uzbekistan**



# Achievements & Outlook



# + Mid-term achievements

## Generating scientific knowledge

- Fieldwork in Delhi, Uzbekistan and Zurich, including a master thesis and (empirical) seminar papers on Medical Travel to and from Switzerland

## Expanding scientific network

- Participation in academic networks on health and mobility issues
- Invitation of Prof. Santosh Jatrana for a guest lecture and to explore the potential for further collaboration

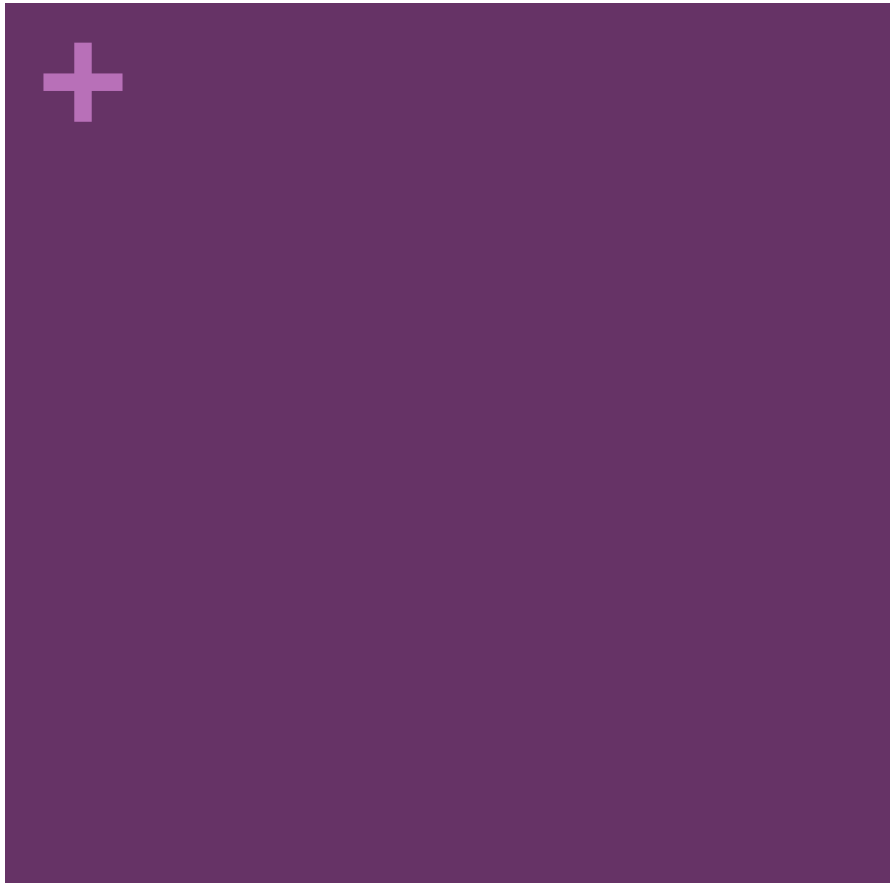
## Transferring knowledge

- Organization of 3 sessions on health mobilities at the AAG (San Francisco) > special issue proposed to Global Networks
- Bachelor-Seminar on transnational healthcare
- 1 scientific paper submitted for a special issue in Asia Pacific Viewpoint, another to Geoforum
- 1 scientific statement to health insurers: receiving healthcare in place is a privilege that needs to be guarded

# + Outlook: further activities & goals

- Fieldwork in Switzerland
- International workshop in Zurich to discuss findings and extent academic network
- Submission of paper on the Indian medical travel market
- Submission of 2 master thesis and 1 PhD thesis
- Submission of project proposal





Thank you