REVIEW

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Benefits and challenges of caring for international patients

ABSTRACT

Increasing numbers of international patients are receiving care at US medical centers, entailing various challenges and benefits to all involved. Despite the potential challenges, the collective experiences can transform healthcare providers and their institutions into better physicians, better medical centers, and overall better members of a global society with increased awareness of the global human experience.

KEY POINTS

Challenges in caring for international patients include cultural differences, institutional barriers, communication difficulties, sparse medical records, and financial considerations.

Understanding should be reached beforehand on potentially sensitive issues such as physical examinations, payment, tests, and treatment.

Benefits to the provider and institution include enhanced medical skills, cultural competency, personal satisfaction, and institutional prestige.

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It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.

—Attributed to Sir William Osler[1]

Recent years have seen an increase in people traveling away from their home region for healthcare, often for care that is less expensive or unavailable where they live.[2–4] Many Americans seek care abroad (engaging in "medical tourism"); conversely, the United States annually receives thousands of foreign travelers for medical evaluations, a trend projected to increase.[2,3,5] Additionally, US healthcare providers often see foreign travelers for unexpected ailments that develop during their time here.

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Traveling for healthcare can be stressful for patients, and caring for international patients may pose challenges for providers and medical centers. On the other hand, such encounters also provide many mutual benefits. Unfortunately, there is little published guidance addressing these issues.[2] In this article, we therefore discuss many of the benefits and challenges, with the hope of improving the quality of care delivered and the clinical experience for both providers and patients.

CHALLENGES FOR INTERNATIONAL PATIENTS AND THEIR PROVIDERS

Some scenarios that illustrate challenges faced by international patients and their healthcare providers are presented in **Table 1**.

For patients, heightened anxiety

Many international patients feel anxious, isolated, and vulnerable, particularly if they have

TABLE 1

Challenges for international patients and their clinicians

Scenario	Challenges for the patient	Challenges for the clinician
A Chinese woman is self-referred to the clinic for treatment of multiple chronic medical problems managed by several providers in China over the last 10 years. The patient speaks a rare Mandarin dialect, has minimal available medical records, and due to mistrust of her home healthcare system, refuses to provide names of prior healthcare providers.	Difficulties with communication in a foreign setting Possibly unrealistic expectations	Difficulties obtaining an accurate medical history Difficulties establishing local care provider for continuity of management
A man from India is admitted for complicated vascular surgery. During the preoperative evaluation, he tests positive for tuberculosis and is ultimately diagnosed with multidrug-resistant tuberculosis.	Communicable disease must be under control (noninfectious, on effective therapy) before patients can be allowed to travel (eg, return home)	New diagnosis must be managed effectively before surgery Patient may need to remain at medical center for prolonged time (until no longer infectious) May incur additional costs to medical center and public health Finding expertise to manage multidrug-resistant tuberculosis
A Saudi Arabian businessman arrives for his annual physical. He declines to see a female provider and demands to work with all-male staff (from desk staff to nursing staff to providers).	Acclimatizing to different social cultural norms	Accommodate patient care needs without imposing unrealistic expectations on other healthcare staff and medical center
A female migrant worker presents to the county health department for a health evaluation and is diagnosed with HIV/AIDS and unstable angina requiring emergency admission to the local hospital.	Need for emergency care in a potentially unfamiliar environment Diagnoses that are life-limiting while away from home Fear of deportation	Potential difficulty disclosing diagnoses and obtaining informed consent Lack of documentation and insurance raises admission and payment obstacles Lack of continuity of care raises ethical concerns regarding long-term management (drug-eluting stent placement; necessity of HIV management)

never been away from home before. These feelings arise from multiple factors, including the stress of traveling, lack of family or social support, an unfamiliar environment, contrasting cultural practices, and high expectations.[3,4] Language barriers, especially for patients who speak uncommon dialects, and lack of continuously available interpretive services often augment the unsettled emotions of international patients.

Cultural differences

International patients may quickly notice significant differences from their home country in how healthcare is practiced and culturally applied.[4,6] Such differences may include dress codes and the comparatively equal role of women vis-à-vis men in the Western medical profession.

For cultural, personal, or religious reasons, some patients feel uncomfortable with

healthcare providers of the opposite sex. This discomfort can be heightened if the patient needs a potentially uncomfortable and humiliating procedure such as a gynecologic or rectal examination.

The multidisciplinary team approach to healthcare, which can include trainees, nurses, and pharmacists, may leave patients confused about who their primary health provider is.

Decision-making also has cultural implications. In Western medicine, we respect individual autonomy and expect patients to participate in decisions about their care. However, in many areas of the world, medical decision-making is deferred to extended family members or cultural leaders.[2] Additional and often repeated conversations may be needed with both the patient and family members to ensure appropriate understanding and ethical consent for care.

Some international patients may have expectations that are quite different from those of the healthcare provider and that are sometimes unrealistic.[2,6]

Institutional challenges

Make every effort to perform a complete physical examination

Many medical conditions require prolonged treatment and longitudinal care, a notable challenge when that care is delivered outside of one's home country. Practice models within a clinic may not allow for prolonged subsequent visits, which may be needed to accommodate language-translation services. Complex multidisciplinary plans of care must somehow effectively utilize available appointment slots and be time-efficient.

Criteria for hospitalization differ widely among different countries, often based on resources, and may necessitate additional dialogue between the patient and healthcare provider.

Obtaining, interpreting the patient's record

Medical records from foreign institutions are often unavailable, incomplete, or illegible. Further, depending on the country, it may be difficult to contact local providers for supplemental information. Differences in time zones, limited access to technology, language barriers, and handwritten notes all pose problems when trying to obtain additional information.

Many under-resourced foreign medical centers cannot duplicate medical records and radiographic films for the patient to bring to the United States. Medical records from foreign laboratories often raise questions about the quality, accuracy, and methodology of the testing platform used.[2] Thus, the provider may need to start over and repeat the entire clinical, radiologic, and laboratory evaluation.

Communicating with the patient

Difficulties in communication between patients and providers can hinder the development of a positive and productive relationship, reducing patient autonomy and complicating informed consent.[2] Obtaining a medical history from non–English-speaking patients can be arduous and time-consuming. Colloquial language may further alter interpretation and understanding, even for formally trained interpreters. Language differences may make it more difficult to explain differential diagnoses, diagnostic approaches, and management plans.

Many US medical centers provide interpreters for many languages, but the great number of languages spoken around the world ensures that barriers in communication persist. Telephone language lines and other commercial language services are available but may feel less personal to patients or evoke concerns about medical confidentiality. For less commonly spoken languages and dialects, appropriate translation services may not even be available.[6]

Filling in information gaps

Medical conditions, medications, and treatments may have different names in different countries. The quality of pharmaceuticals in some regions may be questionable, and herbal supplements may be unique to a particular location. Many medications available abroad are not available in the United States, potentially confusing US providers as to medication appropriateness, efficacy, and potential toxicities.

Lacking adequate medical records and trying to obtain a new medical history from patients and their family members, providers may struggle with continued gaps of information, hindering a timely diagnosis and composition of an appropriate management plan.

A culturally sensitive but complete physical examination

Every effort should be made to complete a thorough and comprehensive physical examination, even if the patient's culture differs on this point. This may require a "chaperone" to be present or, if available, a clinician of the same sex as the patient to perform the examination. A compromised examination will impede making the correct diagnosis.

Religious, cultural, and other patient-specific attitudes and beliefs that may affect a medical evaluation should ideally be addressed before scheduling the appointment. A preexamination discussion with the patient and family can help avert unintentional actions and behavior misperceived as offensive, while strengthening the level of trust between patient and provider.[2]

Money matters

Foreign patients typically have limited or no medical insurance coverage and thus may be paying out of pocket or through limited governmental subsidies. Many refugees and asylum-seekers have no insurance or money to pay for care. (A full discussion of refugee care is beyond the scope of this article). Thus, it is necessary to ascertain in advance who will pay for the care.

Clinicians must be sensitive to the exorbitant costs of medical care and medications in the United States, particularly from the perspective of foreign patients. We strive to provide the best cost-effective care, but what is considered cost-effective and standard care for a patient with US health insurance may be viewed differently by international patients. For some foreign patients, some tests and treatments may be just too expensive, raising personal and institutional ethical concerns regarding how best to evaluate and manage these patients. Ideally, these issues should also be addressed before the patient's appointment is scheduled.

Clinicians must optimize diagnostic and medical management while minimizing unnecessary testing. This principle further underscores the importance of obtaining a complete medical history and physical examination within a time-sensitive and well-coordinated plan of care.[2,4]

Continuity of care after the patient leaves

As the medical evaluation and care plan approach completion, ensuring some form of continued medical care can become challenging. Some foreign patients may have the financial or legal means (eg, through an extended medical visa) to remain for further care and follow-up, but most do not.

Finding an available, willing health provider in the patient's native country for continued management may be difficult and time-consuming. Most US medical centers have no established system to identify available foreign health providers, and usually the patient and family are responsible for arranging continued healthcare back in their home country.

Opportunities for possible improvement of care are noted in **Table 2**.

ADVANTAGES OF CARING FOR INTERNATIONAL PATIENTS

Despite the possible challenges, there are many benefits of caring for international patients.

Gaining medical knowledge

In US medical centers caring for both regional and referred patients, providers are often exposed to medical conditions that range from common ailments to the rare conditions (or "zebras") taught during residency training. From the medical education standpoint, international patients provide US health providers heightened opportunities to encounter diseases not commonly seen in the United States (eg, infections such as malaria, schistosomiasis, drug-resistant tuberculosis, and advanced or end-stage forms of noncommunicable diseases). Although not limited to international patients, chronically neglected diseases often give providers first-hand experience in the natural history of select disease progression.

We have the opportunity to learn from international patients while broadening our view of humanity

Gaining cultural knowledge

Caring for international patients also enables health providers to learn about different cultures, societal norms, and regional beliefs affecting healthcare. In essence, international patients enable US providers to become more diversified and enlightened with communication skills and assorted managerial strategies on a global scale.

TABLE 2

Suggestions for improving the care of international patients

Consider preappointment orientation to the healthcare system

Reconcile medications, assess any unknown medications and other treatments

Assess available records, request more as needed prior to first appointment

Ascertain provider to assume care upon return to home country, and establish connection

Assess patient expectations and requests of care to prepare patient and clinicians for care process

Determine how payments will be addressed and set expectations if payment is required before evaluations and treatment; involve the hospital and clinic business offices early as needed

Strive for an empathic understanding of the patients' expectations and cultural and religious norms

Ensure staff at all levels have training in cultural competency that is durable and revisited

Develop collaborative expectations

Set expectations for duration and frequency of appointments

Ensure there is a plan for receiving test results, particularly if the patient does not speak English

Discuss that the plan of the clinician may not align with prior treatment recommendations from the patient's home country care providers

Understand process of consent for the patient—will the patient or a family member(s) give consent?

Consider multidisciplinary, coordinated team visits with a prescheduled interpreter

Include both male and female staff and clinicians (physicians and advanced practice practitioners) in the team to allow for flexibility of care

Interpreters should be scheduled in advance or telephone/video interpreters set up on arrival to minimize schedule disruption and maximize the interactions of all staff with the patient

Start transition of care early

From the first visit, establish a receiving home country care provider if possible

Some medications and treatments may be unavailable in the home country; this should be determined before initiating therapy that the patient would take after returning home

Release of information to home country care provider should be obtained from the patient to allow medical records to be transitioned home as easily as possible

Quality cost-effective care is satisfying to the patient, provider, and institution

These patients remind us of the stark differences regarding access and quality of medical care globally, particularly in lesser-resourced locations. In a busy domestic medical practice with its own daily challenges, many of us forget these international healthcare disparities, and often take for granted the comparative abundance of healthcare resources available in the United States. Provider frustrations about domestic policies and concerns for a "broken" healthcare system often blind us to the available resources we are fortunate to have at our disposal.

Further, as members of the global community, we have the opportunity to learn from international patients while broadening our view of humanity, thereby enhancing our awareness and empathy toward patients and

TABLE 3

Maximizing the advantages of caring for international patients

Demonstrate gratitude for the opportunity to care for and learn from the patient

Verbally thank the patient

Tell the patient how caring for them has made you and your team better

Teach patients and families

Teaching provides an opportunity for deeper learning and mastery of a concept—potentially improving both clinician expertise and patient satisfaction/compliance

Provide education on medical conditions and treatments; create a counseling appointment as needed for this

Develop international relationships—these may establish rapport and potential international collaboration

Collaborating with international care providers and institutions may generate opportunities for advancement of clinical practice, quality improvement, education, or research initiatives

Collect data and experiences

Perform internal quality improvement on the process of caring for international patients and use this to continually improve the process and experience; consider research initiatives to improve the evidence base and expand expertise

communities struggling with under-resourced healthcare systems. Healthcare providers are often touched by the gratitude of patients for the opportunity to receive treatments that may otherwise be unavailable. Such experiences may motivate many US health providers to become more engaged in coordinated strategies for global health improvement.

Reimbursement is possible

Caring for international patients should not financially deter US health care centers. Complex, multidisciplinary care evaluations may incur notable expenses; however, alternative and more lucrative payer systems, including government subsidies, can be involved to maintain revenue, reimbursements, and even possibly lead to increased donations.[3–5] Given the potential for high costs to be incurred, US providers and institutions need to continually ensure appropriate evidence-based use of resources and cost-effective care without compromising the quality of care provided. The price of certain drugs has been rising astonishingly in the United States, and some patients may therefore prefer to obtain them for long-term use upon return to their home country.

High-quality cost-effective care is satisfying to the patient, provider, and institution, and also may save money that can be reallocated.[4] Providers also may find personal fulfillment in striving for and achieving such goals, despite the potential challenges throughout the course of care.

Opportunities for improvement

Regardless of the challenges presented by international patients, participating medical centers often enjoy the prestige and credibility of becoming an "international healthcare center."[4,7] From the standpoint of medical education, these centers have the potential to train providers with increased clinical and cultural competencies along with expanding healthcare services to include clinical, educational and research opportunities abroad.

Research is needed to provide evidence-based guidance on best strategies for patients, clinicians, and healthcare systems to effectively care for international patients.

Suggested opportunities for maximizing advantages are noted in **Table 3**.

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