

Maan Fares, MD

Department of Cardiovascular Medicine, Cleveland Clinic, Cleveland, OH; Associate Professor, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Cleveland, OH; Chair, Global Patient Services, Cleveland Clinic, Cleveland, OH

Perspectives on travel and healthcare

TRAVEL FOR HEALTHCARE has been fueled in recent years by a range of factors. These include innovations in treatment as well as geopolitical drivers of migration that have led more patients to seek medical care away from their country of origin. Indeed, travel for healthcare has seen unprecedented double-digit growth in recent years.¹ In the United States, it is estimated that 0.5% of all airline travelers are arriving for advanced medical care that is unavailable in their country of origin.¹ Consequently, clinicians in the world's advanced economies are increasingly likely to encounter patients who have migrated internationally and become part of the local community, as well as patients who have traveled temporarily to receive more advanced or more affordable care.²

See related article, page 270

These 2 groups share many basic needs, but also present separate challenges.^{3,4} They are part of a trend that is bringing more patients of diverse backgrounds and with challenging needs to clinicians. In some cases, healthcare teams are accidental participants without dedicated training or infrastructure to care for this unique patient population.^{3,5} In our experience, a dedicated global patient services team is necessary to achieve desired outcomes and patient satisfaction. This team is trained to bridge the many invisible gaps between patients and their families on one side and clinicians on the other.

In this issue of the *Journal*, Ferraro et al⁶ address a specific challenge: patients who are receiving healthcare far from their native home and now seek the comfort of dying at home. The authors accurately point to the challenges encountered when arranging the return of dying patients to their home country.

doi:10.3949/ccjm.91a.24018

■ COVERING ALL BASES

The journey home starts when the final diagnosis and prognosis are established. Timing is a crucial part of planning the journey. One must anticipate the various complications likely to occur during travel and upon arrival at the destination. To mitigate these potential complications, the healthcare team should ensure that the patient has adequate medications and nourishment during travel, manage all minor details of transportation, and communicate with the receiving healthcare team.

Pharmaceutical supplies need proper handling, with clear instructions for the caregiver to follow during the journey. For example, intravenous access requires a basic level of training for the traveling companion. One must also attend to the legal aspects of carrying narcotics and painkillers across international borders. It is prudent to equip the family with documents that facilitate their interaction with various authorities.

In all situations, the patient's safety and comfort should be the top priority. In regard to the mode of transportation, this may include prioritizing air travel and, in some cases, consideration of evacuation by a dedicated air ambulance team. It is imperative to review pretravel documents required by international air carriers, as they spell out most details related to transporting a patient across borders. Such details include consideration of mobility, use of oxygen, special dietary needs, and ground transportation on arrival.

■ GOAL: A SEAMLESS TRANSITION

In contrast to terminally ill patients who wish to travel to their home country to die are those who travel internationally in search of lifesaving care. For patients who seek medical care abroad (the term "medical tourism" trivializes the seriousness of this endeavor),⁴ a satisfactory healthcare journey starts with adequate preparation

before the patient's arrival. Every effort should be made to eliminate differences between international and local patients. To achieve this, an international patient center registers international patients before arrival and translates medical records made available to the clinical team in a seamless way that conforms with institutional norms. Once that is achieved, ideally international patients are left with minimal unique cultural and language barriers that could impact their care. The support of a special team of interpreters, as mandated by law, is necessary to achieve good outcomes and improve patient experience.

For international patients to have an overall positive experience throughout their care, their clinicians must also have a positive experience caring for them. The needs of the medical team must be acknowledged so that the international patient is not perceived as

someone who will require a greater share of their time and already limited resources. In our setting, we find that special cultural training is extremely helpful during the onboarding of new healthcare employees; this training should be renewed periodically.

GUIDELINES NEEDED

Further guidelines are needed to reduce the hardship faced by patients and clinicians in the setting of international travel for patient care. This is a unique area in patient care that has become more relevant in today's world. Its significance will only increase.

DISCLOSURES

Dr. Fares reports no relevant financial relationships that could be perceived as a potential conflict of interest in the context of the material presented.

REFERENCES

1. **United States International Trade Commission; Chambers A.** Trends in US health travel services trade. August 2015. https://www.usitc.gov/publications/332/executive_briefings/chambers_health-related_travel_final.pdf. Accessed April 16, 2024.
2. **Organisation for Economic Co-operation and Development.** Health at a glance 2009. OECD indicators. <https://www.oecd.org/health/health-systems/44117530.pdf>. Accessed April 16, 2024.
3. **Lunt N, Smith RD, Exworthy M, Green ST, Horsfall DG, Mannion R.** OECD. Medical tourism: treatments, markets and health system implications: a scoping review. <http://www.oecd.org/els/health-systems/48723982.pdf>. Accessed April 16, 2024.
4. **Kangas B.** Traveling for medical care in a global world. *Med Anthropol* 2010; 29(4):344–362. doi:10.1080/01459740.2010.501315
5. **Burkett L.** Medical tourism: concerns, benefits, and the American legal perspective. *J Leg Med* 2007; 28(2):223–245. doi:10.1080/01947640701357763
6. **Ferraro K, Sharma S, Indovina KA.** Providing comfort: caring for patients who wish to die in their home country. *Cleve Clin J Med* 2024; 91(5):270–272. doi:10.3949/ccjm.91a.23095

Address: Maan Fares, MD, Department of Cardiovascular Medicine, J2-4, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195; faresm@ccf.org