

SUN, SEA, SAND AND SILICONE

Mapping Cosmetic Surgery Tourism



KEY FINDINGS

Patients are ordinary people on modest incomes

They tend to spend as little time away from home and family as is possible/recommended by their surgeon because want to get home to families/ friends.

Cosmetic surgery pathways often follow cheap flights

Clinics are often located at tourist resorts.

Different patients have surgery for different reasons

Patients don't make snap decisions

Most of our patients have considered their surgery for 5-10 years before they decide to have it. Once they have made the decision they want surgery as quickly as possible to minimise the time spent dwelling on the risks.

Patients lack knowledge of the places they travel to

Patients are mostly not well-travelled and have limited foreign language skills.

Patients experience positive outcomes

All but two patients in our study were happy with the outcomes of their surgeries.

Agents are 'brokers' between surgeons and patients

Cosmetic surgery tourism agents play a key role in patient experiences of place and surgery and in 'managing patient expectations'.

Surgeons are mobile

In addition to surgeons who are based in the destination country, many surgeons travel.

Cosmetic surgery and the NHS/Medicare

16.5% of our patients experienced complications from their surgeries. 8.7% received further treatment in the NHS or Medicare upon returning home. Most needed stitches replacing/ removing, infections treating with antibiotics, or seromas draining.

Private surgeons

Surgeons in home countries were characterised as aloof, uncaring and seeing patients as 'walking cheque books'.

Our Study

The first international, multi-disciplinary, multi-site research into cosmetic surgery tourism

Research methods included participant observation, semi-structured interviews, photo and video diaries and an online questionnaire.

Types	Number of interviews			
Agents	29	Australia (7), Korea (8), Malaysia (6), Spain (2), Thailand (1), UK (5)		
British patients	43	Destination	Male	Female
		Belgium	0	7
		Czech Republic	1	0
		India	0	1
		Poland	4	16
		Spain	5	4
		Tunisia	0	5
Chinese patients	24	South Korea	4	20
Australian patients	36	Malaysia	0	9
		Thailand	1	26
Surgeons	36	Australia (2), Belgium (3), Korea (8), Malaysia (2), Singapore (1), Poland (6), Spain (5), Thailand (8), Tunisia (1)		
Other workers	45	Patient Co-ordinator	5	
		Marketing staff	11	
		Others (Driver, Hospital owner, Hotel manager, Independent advisor, Interpreter, Lawyer, Nurse)	29	

Why Travel

"I don't know because I've always wanted to go to Thailand and then when I knew that you could have boobs there, bingo, there was my opportunity. I think it was mainly because I'd always seen brochures on Thailand and I'd liked it so I think that was the main reason why."

For UK and Australian patients cost was the biggest factor influencing decisions to travel abroad.

A 'Tummy Tuck' in Poland (including travel and accommodation) is £3,000. The same operation is £6,000 in the UK.

Average cost of Breast Augmentation in Australia is \$12,000 compared with \$4,000 in Thailand.

Surgical quality and technique (not cost) was primary driver for Chinese patients travelling to South Korea.

UK and Chinese patients stayed in their destinations for the shortest time possible to minimise costs (5-7 days average).

Australian patients were more likely to combine surgery with a holiday and to stay longer in their destination country (10-15 days average).

Among our tourists were expatriates, local cross-border travellers and migrants returning 'home' for treatments.

Who are the patients?

Unlike their representation in much of the academic literature on medical tourism, our patients were not international 'jet-setters'. Our patients were 'ordinary people' – administrators, nurses, care workers, hotel porters, hairdressers, beauticians, students, police officers, teachers.

Only three in our sample worked in the entertainment industry and very few mentioned glamour or celebrity as a motivation for their surgeries.

Most patients simply wanted to look 'normal'.

"I didn't want to be massive, I was something like a 36A and I'm a 36 small D now, so I'm not like Jordan or anything like that, I just wanted to be normal, what I would call normal, and I feel a lot better in my clothes and a lot better in myself".

"I didn't want them ultra high - the really fake look like Victoria Beckham; like two high up circles. [I just wanted] 'moderate', which is just kind of the average, the standard one, so I thought that is fine".

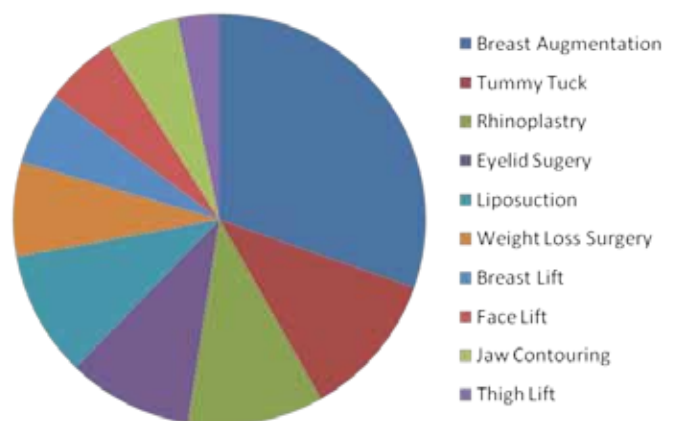
"Yes I have still got some lines so that when I am out and my granddaughter is calling me 'Nan'. I am not going to have people thinking 'freak show' because I didn't want to do that, I don't want to look younger than my daughter. So yes, I am very pleased with the surgery and I went there for cost effective surgery didn't I?"

9% of our interviewees had a higher education qualification.

Chinese patients paid for their surgeries from savings. UK and Australian patients were more likely to use credit.

When asked what they might otherwise have spent the money on, most common answers included home improvements or holidays.

Types of Surgery



4 different Motives

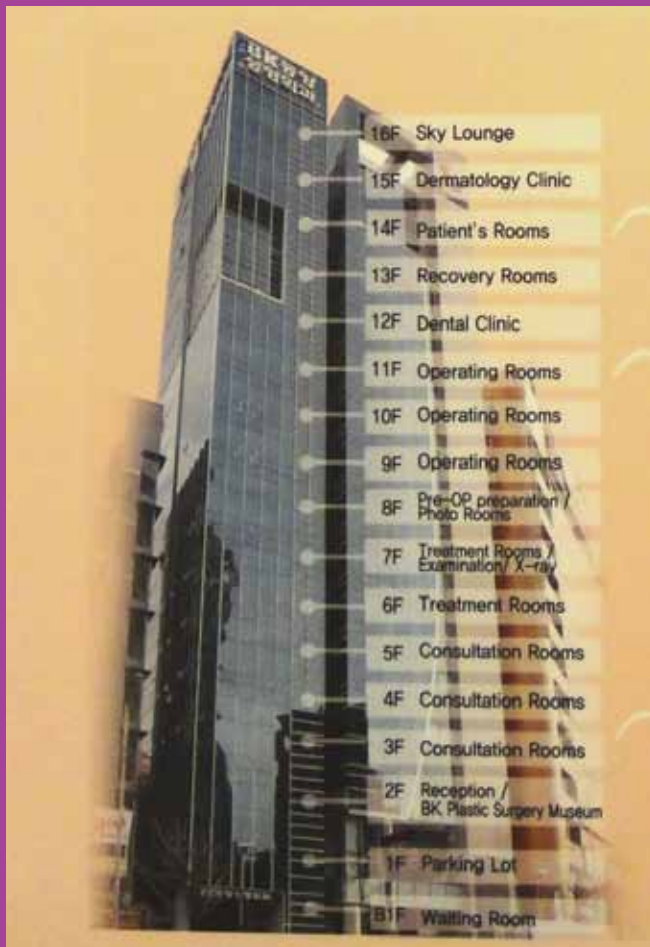
Correction – young people having ear pinning, nose reshaping.

Investment – cosmetic surgery adds 'value' and 'visibility' to bodies without financial or educational capital.

Repair – post-pregnancy, post weight-loss, sporting injuries.

Anti-aging – facelifts, hair transplants.

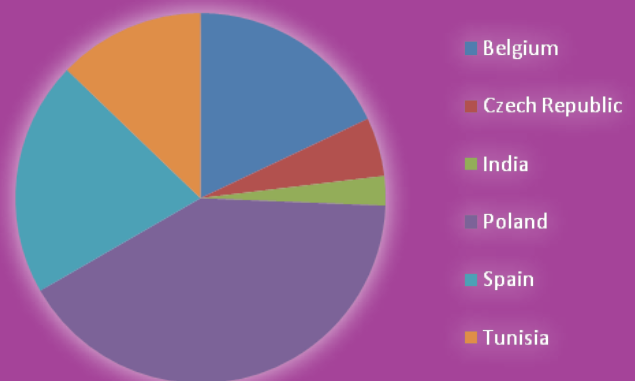
What does the industry look like?



- Facilities varied from large 'international' hospitals (e.g. Bumrungrad in Thailand) to small clinics occupying one floor of a tower block with two recovery beds (the most usual model in South Korea).
- Some hospitals were permanent with their own staff on contract. Other hospitals rented space to different medical teams who leased them just for a few days each month.
- Surgeons and other staff were also sometimes 'medical tourists' travelling abroad to conduct surgeries and consultations.
- Over half of our patients used the services of a specialist agent to arrange their trip.
- Agents are often former patients who have made the same journey, now running single-person businesses from their own homes.
- Agents network with a variety of other workers – patient co-ordinators, drivers, translators, hotel managers – to provide a package.
- Agents filter prospective patients, and also keep the more commercial aspects of the industry remote from surgeons.
- Budget airlines have a major role to play in popularising specific destinations.
- The internet is key to this industry, providing information on surgeries, destinations, surgeons' qualification and patient testimonies.
- Websites often provide direct price comparison and emphasise quality of care and hygiene.
- Social networking sites were used extensively to facilitate mutual support and group travel for patients.
- These sites are also used by agents to market their services – sometimes giving rise to conflicting understandings of their purpose.

Where did our patients travel to?

Destinations from UK



All of our Australian patients travelled to Thailand or Singapore. Our Chinese patients travelled to South Korea.

How do patients choose their destinations?

"It's not about Poland. It's not about tourism. To me it's about getting a good result from my surgery, and I would have gone anywhere for that. So it wasn't a holiday. I didn't view it as a holiday. I didn't base the decision on where the operation was. I based my decision on the reviews I'd seen, the patients I'd seen, the comments I'd seen, the results I'd seen. That was my decision; not that it was Poland. I couldn't care less that it was Poland. It wouldn't have matter to me if it was Africa."

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All of our patients put the quality of the surgeon as their primary reason for choosing a specific destination. The reputation of surgeons was judged mostly by personal recommendation, although Australian patients were more likely to consider surgical qualifications. The clinic and destination country was of secondary importance, though Australia to Thailand was a very well established path.

Issues for patients

- The industry is unevenly regulated and poorly documented.
- Patients find legal redress difficult to access if surgery goes wrong.
- Cosmetic surgery tourism sits uncomfortably between healthcare and consumerism.
- Private sector responsibility for risk is transferred from doctor to patient – it becomes a 'patient choice'.
- Language barriers make clear communication difficult.
- Patients sometimes have little knowledge about their destination and local context.
- Complications are difficult to deal with because of distance from the surgeon.
- Patients often have undiagnosed underlying health problems that emerge through the process of having surgery.

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I hadn't slept the whole time I was there, I only slept one night, because of the morphine and because of the anaesthetic and I was hallucinating as well and I was so uptight and paranoid about the cleanliness and because I was so hungry, all I thought was, 'oh my god... if I don't die of starvation in Tunisia I am going to die of an infection', and to me I really, really was. And then it was so noisy at night, because another thing; the hospital was also being used for the overflow hospitals in Libya for the war-torn... maybe they don't know that at night you can hear them screaming in pain. Plus, just outside my window I thought, because I was probably hallucinating, I thought that there were dogs trying to get in to my room, because all I could hear was [does a tapping/scratching sound] constantly and all I could hear was what sounded to me like a pack of wolves, a pack of dogs catching its kill and the kill screaming all night long. But it wasn't, what it was was a dog had had puppies and the dog was off hunting and it was the puppies crying, but I didn't know that. So a combination of things that are; I didn't eat, I didn't sleep, I had one eye open every minute, I had had a lot of drugs, I had had a lot of surgery... but I would definitely go back... because I know the surgeon. I wouldn't want to risk a different surgeon.

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