

Nepali Patient Treatment in India: Motivation and Experience

Keshav Bashyal, PhD

Department of International Relations and Diplomacy,
Tribhuvan University, Kirtipur, Nepal

Lalita Kaundinya Bashyal

Madan Bhandari Memorial College, Kathmandu, Nepal

Abstract

Nepali patients' visit to India for medical treatment is increasing for a few years than earlier. The recently coined term named "medical tourism" and its growth and expansion in India may take a prominent factor in this process, but other aspects are also prevalent in this procedure. This research is basically focused on the Nepali patients' motivations and experiences to travel to India for treatment. A qualitative method was applied for this study through in-depth interviews, key informant interviews (KII), and observation. This paper shows that culture, language, easy and affordable travel access, advanced technology, and specialized health professionals are some of the prime motivating factors for Nepali people traveling to India for treatment. They have mixed experiences while doing treatment in India. Additionally, Nepali migrants are considered as one of the important assets or driving factors for their family, friends, relatives, and occasionally for their neighbors to travel to India for treatment.

Keywords: Nepali Patients, Medical Tourism, Health Institutions, India

Introduction

Seeking healthcare abroad is not a new phenomenon. The report, published by The United Nations and Social Commission for Asia and the Pacific (UNESCAP, 2007) titled “Patients Without Borders”, shows that the people traveled to various places for their treatment back to thousands of years ago. For example, pilgrims from the Mediterranean region traveled to a small territory in the Saronic Gulf to visit the sanctuary of the healing god, Asklepios. As part of health treatment, they relaxed in the waters, enjoyed the wines of the regions, and traveled within the area. The ancient Greeks and Romans often traveled throughout the Mediterranean to participate in rituals and healing practices on a yearly basis. In the 17th century, Europeans from France, Britain, Ireland, and Italy traveled to spas in Germany as well as made tracks to the Egyptian Nile River from the benefits of hot mineral water baths and rituals. And the 18th century saw Europeans increasingly traveled to spas, both in and outside of Europe. But as with much within the context of globalization, medical travel has become far more widespread and more accessible to people across class in recent decades.

Since the 1970s, health tourism primarily consisted of wealthy individuals from developing countries who traveled to industrialized countries like the United States (US), United Kingdom (UK), and other European countries to get specialized medical treatment at internationally renowned health care centers (UNESCAP 2007). But at the end of the 1980s and early 1990s, this phenomenon had almost ended; the citizens of the

developed country started enjoying the privileges of traveling to developing nations for health care in low cost. The trend of individuals seeking quality medical care in developing countries sparked off globally with the initiative of the Cuban government promoting health tourism as an industry. The Cuban government offered a wide range of affordable medical services to international patients targeting other countries. The global growth in the flow of patients and health professionals, as well as medical technology, capital funding, and regulatory regimes across national borders have given rise to new patterns of consumption and production of healthcare services over recent decades. As health care is predominantly a service industry, this has made health services more tradable global commodities. A significant new element of this trade has involved the movement of patients across borders in the pursuit of medical treatment and health care, a phenomenon commonly termed ‘medical tourism’, where patients from highly developed nations travel to less developed countries, bypassing costly medical care that is offered in their own community.

Individuals seeking care for illness are usually pragmatic; they turn to different health care systems according to their subjective assessment of the problem and of the most suitable type of help (Leeson 1974). In doing so, they test their decisions. If one remedy does not work, they will turn to another. The more severe and prolonged the ailment, the more likely is that individuals will seek alternative health services when a previously chosen option fails (Heggen- hougen 1980).

Along with these experiences, Nepali people also travel to various places for their treatment within and outside countries. The poor health care system of Nepal seems one of the major reasons for this. Centralized health care facilities make it very difficult to get quality health care for the poor, marginalized, and remote people. Some people never visited the Capital city Kathmandu, but traveled to various major cities of India such as New Delhi, Bangalore, Mumbai, or Calcutta for their treatment as well as work (Bashyal 2020). With the rising focus on specialized medical treatment (with high technology), Nepali people are also aware and seek to get high-quality health care which is very limited and sometimes could be more expensive in their home country than in Indian hospitals.

India is one of the developing countries and an emerging hub for medical tourism in South Asia, where large numbers of people come from various countries for medical treatment. It is estimated that medical tourism in Asia generated \$4.4 billion in 2012, with approximately half of this revenue went to India. Medical services in India are particularly much affordable, with prices as low as 10% of those in the United States. Because of the low capacity of income level, Nepali people cannot afford huge money for medical treatment abroad. So, India is becoming the medical destination for a large number of Nepali people. Till now, no study has been done for Nepali patients and their treatment in India. This study will try to find out the comparative advantages and difficulties faced by Nepali patients from their narratives during or after medical treatment in India.

Methodology:

This study has adopted a qualitative method by using semi-structured interviews, key informant interviews, in-depth interviews, and observations at different levels. The respondent was selected through snowball sampling. About 50 interviews/narratives were conducted with different individuals. Both private and public hospitals were chosen for the fieldwork in India and Nepal. Medanta Hospital, Rajiv Gandhi Cancer Hospital, AIIMS and Safdarjung Hospitals in Delhi and Bir Hospital, Norvic and Grande Hospital in Nepal were selected for fieldwork. Apart from the patients, interviews also conducted with doctors/health professionals and family members of the patients. Fieldwork has been carried out from May 2017 to April 2018.

Conceptualization of the Study

Traveling to various places for health care is not a new phenomenon. Even Nepali people visited Indian hospitals for a very long time, but the numbers were very limited than from a few years from now. There is no exact data on how many people visit India for treatment on a daily, monthly, or yearly basis, but it is well known that the middle class (the term Middle Class defines here is not only on the economic term but also in a cultural context defined by the anthropologist Mark Liechty) often visit Indian hospitals, which was not common few years before. This trend raises the question about the motive, process, challenges, and advantage to visit Indian health care institutions.

The emergence of medical tourism and its expansion is indicating one of the major reasons to visit foreign places for health care. However, medical tourism focused on both national and international patients. Medical tourism-focused primarily on bio-medical or allopathic medicine procedures, combined with travel and tourism (Connell 2006). Several factors have influenced the growth of medical tourism, including the high cost of medical procedures, long waiting lists and aging populations in the 'rich world countries', greater affordability of flights and travel, and a shift in medical care away from the public sector, such that people are more comfortable with paying for medical services offered by private bodies or companies (Laing and Weiler 2008).

Investing in the medical industry is a way to increase Gross domestic product (GDP), improve services, generate foreign exchange, creates a more favorable balance of trade, and boost tourism. Hence, it is proven that medical tourism helps in boosting tourism (Arrelano 2007).

To date, the literature on medical tourism has focused almost exclusively on international medical tourism. However, there are a growing number of patients who travel for medical care within their own country. Whittaker (2008) has said that opening up of the health sector trade under the General Agreement on Trade in services (GATS) and increased corporatization of medicine with Asian countries are considered primary reasons for the growth of medical and health tourism in Asian countries.

Mukherjee and Mookerji (2004) mentioned that, after Singapore and Thailand, India might be the next multimillion-dollar Asian medical industry. Apollo hospitals

group, Wockhardt, Escorts, Fortis, Hinduja, and Breach Candy are some of the names in healthcare that have come forward to tie up with tourism industry players like Hyatt, Kuoni, Indian Airlines, and Bangladeshi carrier GMC offer discount-laced customized packages to international medical tourists to India.

Rao et al. (2005) describes that a substantial number of foreigners visit India to gain quality medical treatment at a much lower cost than that of other countries of the world. This applies, particularly in the field of cardiology, cardiac surgery, joint replacement, ophthalmology, pathology and Indian systems of medicine, etc. Mohanty and Madhav (2006) are of the opinion that the Indian health care industry began to recently emerge as a prime destination for medical tourists by upgrading its technology, gaining greater familiarity with western medical practices, and improving its image in terms of quality and cost.

India has a number of hospitals, a large pool of doctors, nurses & supporting staff with required specialization and expertise, and the advantage of language (English speaking skills) servicing patients. Many of these doctors after having specialized and practiced in the Western countries have returned home to set up impressive state of the art facilities with the latest in equipment, technology, and service levels in all major metros in India.

Status of Nepali Patients in India

India is becoming one of the destination hubs for medical treatment among Nepali people for a few years. The earlier visit was limited to elite people and

referral cases for the complicated diseases. But the recent trend is different than earlier, where middle and lower-middle-class people often visit Indian hospitals for their treatment even without any referral case. In this section, we have tried to explore the motivation and compulsion of Nepali patients to visit Indian hospitals.

Motivations play a fundamental role in destination choices. In the Case Study on “Movement of patients across Borders and its Impact on the Economic and Social Commission for Asia and the Pacific Region”, some of the push and pull factors were determined. It describes how individuals are pushed by motivation into making travel decisions and how they are pulled or attracted by destination elements. The push factors encouraging people to travel for health care include the increasing popularity of cosmetic surgery, non-coverage of certain procedures by health insurance schemes; increased waiting in lines for surgical procedures under national health schemes; and the availability of comprehensive information on the Internet.

The pull factors include the emergence state-of-the-art medical facilities; significant cost difference for the same procedures and aftercare with no difference in quality position as a place service provider, improved airline connectivity and linkages with vacation packages, tie-ups with foreign insurance providers for wider insurance coverage, increased accreditation of hospitals likes International Organization for Standardization (ISO) and Joint Commission International (JCI 2014).

India has introduced a special visa category – an M visa – to cater to the growing number of medical tourists (Chinai and Goswami 2007) as well as allowing tax breaks

to providers. But Nepali people don't need visas to travel to India on the basis of the 1950's treaty, so it is very easy to travel back and forth. A Nepali woman who traveled to Delhi, India for her treatment told:

Treatment in Delhi is easy for us because my husband is there for a long time. I often travel by bus as my hometown is also nearby the Indian border. I mostly prefer the train, but it's very hard to get the ticket within a short span of time (30-years Female).

There is a variation in terms of traveling to India by Nepali people on the basis of their class and space where they live. The people who travel from Kathmandu often use flights than those who live in the mid and western regions of Nepal. Because of the open border, people can easily enter both countries. There is a long history of Nepali migration to India, which is one of the profound reasons to go to India for treatment shown clearly through the fieldwork. One respondent says,

My sister lives in Delhi, so it's easy for me to go there for visit and treatment.

We went to Delhi last year because of my husband's stomach problem. My sister made the required arrangements for the treatment (42 years Female).

There is not only migrant's own relative, but they also occasionally visit their origin countries' neighbors. One visitor says,

Last year I went to Delhi for treatment. Initially, I did not have any plan to go to India. . One day I met my neighbor who recently came back from Delhi. We talked about my condition and he advised me to visit Delhi for treatment.

Despite his entire busy schedule, he managed to take me to the hospital. The doctor suggested physiotherapy and provided some medicine and asked me to visit after 6 months (51-year male patient)

Poor quality health services, negligence and unfavorable behavior of doctors, and unavailability of proper technology to diagnose the health problem are some of the prominent pushing factors for Nepali patients. One patient complained,

I was suffering from body pain. Despite frequent consultations with a doctor in Pokhara, I was not feeling well. Then I went to Kathmandu for further treatment, but didn't get any sign of improvement. I had heard a lot about Medanta hospital, so I went there. I diagnosed with thyroid and started taking the medicine. The doctor suggested me to visit after 3 months by providing the required medicine (46-year male patient).

Communication and Languages

Language services, particularly interpreter services can improve communication between physicians and patients who speak different languages. Some patients expressed that the language is a prominent factor of anxieties in their treatment process, particularly if the patients come from Hilly and mountainous areas,

When we (me and my brother) went to Delhi for treatment, the language was the main problem because we didn't understand Hindi. Because of heavy bleeding, I visited doctors in Butwal, [Nepal], who gave me some medicine. That medicine didn't improve my problem and finally, the doctor suggested me to remove the

Uterus. Before making the decision to go to Delhi, we consulted with several people, and most of them suggested me to go to Delhi for surgery. We spent more than two lakhs Indian currency in Apollo hospital. Later we got to know that we could reduce the surgery charge if we made proper communication with the administration (60-year Female).

Hospitality, Culture and Social Environment

Along with the ability to communicate effectively with the people in different countries, whether their culture is warm, hospitable, inviting or distant and uninviting, also play a main role in attracting travelers. Hospitality is all about serving the guests to provide them with a feel-good-effect.

At first, we tried our effort to get better treatment in Nepal. When we were not succeeded then went to India for better option. We got a homely environment there due to the similar cultural and social environment. I didn't feel like an outsider in India, but felt lonely and weird in western countries (55 years

Climate

There is no climate difference in India and Nepal; hence, Nepali people express their willingness to visit Indian hospitals for treatment. But they try to choose the best atmosphere due to the hot and humid climate.

Travel Distance

People often choose to use their time more efficiently, and unlikely to travel long distances for something of equal that is available in closer region or countries for medical services. One patient remarks,

A short distance is one of the major reasons to go to India for treatment. It takes about 1 hour and 20 minutes by flight from Kathmandu to Delhi. We also can manage low-cost flight tickets according to the season. The patient can do up and down easily for their follow up treatment (49 Year Female patient).

Quality Services and Facilities

The standards of medical facilities are becoming increasingly transparent to the consumer through internationally recognized accreditation and certification schemes such as the JCI and ISO or by their local accrediting organizations, as well as through international partnerships. Despite the shortage of health professional, the specialist doctor is gradually increasing in the capital city of Nepal. Facility Hospitals are established by the private sector and trying to fix all the necessary equipments but have been inadequate till now.

It is obvious that Indian Hospitals have more technology and equipment than Nepal. But we are also progressing and trying to establish the high technology to provide better services to the patients. If we get success then we can prevent patients to go abroad for expensive treatment. Overall, only 5 percent of complicated cases refer to India by Nepali doctors, especially the cases like cancer, knee surgery, bypass surgery, etc. Most of the patients visit Indian hospitals to make sure about their health problems or for diagnosis. Most patients visit to the Indian hospital for kidney transplant not because of low quality and inadequacy of health facilities in Nepal but patients can get a kidney from other

people by making an illegal document, such practice is not allowed in Nepal. Nepali patients, mostly visit South India, Calcutta, and Delhi's hospitals for treatment. Nepali patients who return after treatment from India never complain about the quality issues with me. They may suffer from various other difficulties during the treatment. The untrusted environment towards doctors is still high in Nepal. Yes, doctors have their own compulsion to work in multiple places but it affects seriousness and dedication towards their profession. (Doctor, Kathmandu).

Affordable and Cost Alternatives

Medical care is a provision in Asian Pacific countries that comes at a significantly lower cost due to the disparity in the level of economic development with the developed countries. The table below shows the comparisons of various medical procedure costs between developed countries like the US, UK, and Few Asian Countries.

Cost of Treatment in Different Countries (US\$)					
Medical Procedure	USA	India	Thailand	Malaysia	Singapore
Heart Bypass	123,000	7900	15000	12100	17200
Angioplasty	28200	5700	4200	8000	13400
Heart Valve Replace	170,000	9500	17200	13500	16900
Dental Implant	2500	900	1720	1500	2700
Gastric Bypass	25,000	7000	16800	9900	13700
Breast Implant	6400	3000	3500	3800	8400
Cost is excluded transport, accomodation and other expenses					

Source: Qadeer and Reddy(2010)

But the cost affordability may not exactly apply to Nepali patients who visit Indian hospitals. One patient stated that:

We paid around 2 lakh Indian currency for the uterus surgery in Delhi, but my friend spent only 2 lakh Nepali currency for the same case in Kathmandu. (40-year Female patient)

Specialization in Medical Services

International patients in need of specialized treatment are more likely to visit a destination that is well known for specialization. Some hospitals in Singapore also focus on complex cases such as the separation of conjoined twins in order to give them an edge and a sound reputation. Thailand has established a position for cosmetic surgery and dental procedures as well as sex change operations (UNESCAP 2007).

In the medical sector, India has a longer history than Nepal. India has a huge population, which gives many chances the doctors to do more practice. As ‘Practice makes perfect’, Indian doctors practice and make their work perfectly, it also builds up their confidence level. Some of the doctors in India are better than in Nepal. Nepal is improving rapidly in the medical field too, but because of the late emergence in the medical field, poor economy, and political instability. Nepal couldn’t achieve the target goal. We refer patients to India for complicated cases. A doctor like me, who studied and got training in India, has good knowledge about the quality, technology, and health facilities of Indian hospitals. Hence we refer a patient in India for quality treatment if he or she can

afford it. Yes, it is the fact that India is more costly than Nepal. Nepal is lacking behind on medical research. Patients are not getting health facilities like Pet scan in Nepal. Last year one of the private diagnostic centers started pet scan services in Lazimpat. Technology like pet scans is so expensive in Nepal (around 50 crores) that the government should take initiation for this work but it is not happening because of various reasons. Discussion on this issue started from last 7 to 8 years but nothing has happened till date (Doctor, Kathmandu).

Conclusion:

India ranks second among world countries next to Thailand in Foreign medical tourist arrivals. This is mainly due to the specialized doctors and English speaking and quality facilities available in hospitals. Nepali patients travel to the Indian hospital with different motives such as quality treatment, easy access travel, open border, similar culture, and social environment. The trusting factor is the most dominant factor for choosing the Indian hospitals for Nepali patients in Nepal. They think most of the medical persons in India are much educated and skilled. This research clearly shows that the untrusted situation towards Nepali doctors and lack of diagnostic technology push patients to visit Indian hospitals. High-quality hospitals are gradually increasing in Nepal but a lot has to be done to give good health care to the Nepali people.

References

- Bashyal, K. (2020). Labour Market Outcomes and Skill Endowment of Nepali Migrant Workers in India: Case of Uttar Pradesh and Delhi. *Journal of International Affairs*, 3: 103-118. Doi: <https://doi.org/10.3126/joia.v3i1.29087>
- Chinai, R. & Goswami, R. (2007). Medical visas mark growth of Indian medical tourism. *Bulletin of the World Health Organization*.
<http://www.who.int/bulletin/volumes/85/3/07-010307/en/>
- Connell, J. (2006). Medical Tourism: Sea, Sun, Sand and Surgery. *Tourism Management*, 27(6): 1093-1100.
- Goodrich, J. N., & Goodrich, G. E. (1987). Health-care tourism: an Exploratory Study. *Tourism Management*, 8(3): 217-222.
- Heggen Hougen HK. (1980). Bomohs, doctors and sinsehs-medical pluralism in Malaysia. *Soc Sci Med*; 14:235-244.
- J C I (2014). JCI accredited organizations. Retrieved from <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/?c=IN&a=7> on 10th February 2015
- Kangas, B. (2010). Traveling for Medical Care in a Global World. *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 29: 344-362.
- Laing, J. H., & Weiler, B. V. (2008). Mind, body and spirit: Health and wellness tourism in Asia. In J. Cochrane (Ed.), *Asian Tourism: Growth and Change* (First ed., pp. 379 - 389). Elsevier.

Leeson J. (1974). Social Science and Health Policy in Preindustrial Society.

International Journal of Health Services. 14(3):429-440. Doi: 10.2190/D954-7NW4-7EQ7-CJ5Y

Liechty M. (2003). *Suitably Modern: Making Middle-Class Culture in a New Consumer Society*. Princeton: Princeton University Press.

Mohanty, D. and Madhav, T.P. (2006). Medical Tourism: India's Competitive Advantage. *In Health tourism an Introduction*: ICFAI University Press.

Mukherjee, W. & Mookerji, M. (2004, December 22). Hospitals busy tying up with Hospitality Inc. *The Economic Times*, p. 6.

Ministry of Health and Population (2016). *Nepal Demographic and Health Survey*, New ERA and ICF International Inc. Kathmandu.

Qadeer I and Reddy S. (2010). Medical Tourism in India: Progress or Predicament? *Economic and Political Weekly*, Vol. 45, No.20.

Ramírez de Arellano AB. (2007). Patients without borders: the emergence of medical tourism. *Int J Health Serv*. 37(1): 193-8. Doi: 10.2190/4857-468G-2325-47UU. PMID: 17436992.

Rao, G. (2005, October 18). Healthcare Sector in Expansion Mode. *The Economic Times*, p. 13.

Sengupta, A. (2008). Medical Tourism in India: Winners and Losers. *Indian Journal of*

Medical Ethics, 5(1): 4–5.

UNESCAP (2007). *Medical Travel in Asia and the Pacific. Challenges and*

Opportunities. Bangkok. United Nations Economic and Social Commission for

Asia and the Pacific.

Whittaker, A. (2008). Pleasure and pain: Medical travel in Asia. *Global Public Health:*

An International Journal for Research, Policy and Practice, 3: 271-290.