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Mobilities of medical care
A note on a political economy of health

Medical tourism

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Motivations for travelling abroad to get medical treatment

- inavailability of treatments at home
 - legal and/or policy restrictions
 - neither public nor private provision of sophisticated and expensive treatments
- difficult or sustained accessibility of treatments
- better and/of cheaper treatments abroad

A key question

- Do the current crossnational, even global medical business and 'neoliberal' changes in health policy of the western welfare states encourage people and open new opportunities for them to seek medical services wherever top quality treatments at affordable price are available, even abroad and at long distances?

Medicine as a welfare service

- mobility and circulation discouraged
 - national health care systems and community based services for regionally limited populations
 - profession of the physicians as expert civil servants
- international organisations governing mobility 'things, people and knowledge'

Emergence of environment for crossnational medical mobility and business

- global expansion of pharmaceutical market and companies
- breakthrough of molecular medicine as impregnated by commercial interests, activities and expectations
- 'neoliberal' turn in health policy ('privatization' of health care)
 - increased role of the private business in public health care
 - Introduction of corporate management models and ethos into public services
 - hopes for 'personalised' medicine, with the increased emphasis on personal responsibility over health and health and consumer/client oriented policy
- **outcome:** health and health care as *commodities*

Health care ethics within a political economy

- **medical ethics:** the patient should be provided with the best possible treatment
- **welfare principle:** the citizen is *entitled* to appropriate medical care
 - limited or suspended access to public services
 - prioritization
 - technologies and treatments
 - patients
- **consumer principle:** the client has a *right* to choose the best possible medical treatment
 - right on demand
 - to get or to seek?

Implications of consumer/client oriented services in the framework of crossnational medical business

- money talks: wealthier people have better access to medical service and more opportunities for *choice*
 - Should public health fight inequalities created by this tendency?
 - public health insurance compensates for medical treatment abroad or imported services
 - national or regional health services participate 'free competition' of patients and their money
- patient groups talk: demands for *right* to health care
 - Should national/regional health policy make prioritizations according to the demands of the patient activists?
 - policy-making turns into an endless lobbying competition and into a sort prioritization from below in which the most powerful and skillful patient lobbies are most powerful