

Reflections on Overseas Medical Treatment

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In writing this reflection on the current on-going discussion on overseas medical treatment, let me first disclose that I am a medical doctor, registered and practicing in Nigeria. However, in contributing to this debate, I am going to take an alternative viewpoint from that recently canvassed by the President of the Nigerian Medical Association. Our highly respected national President, Dr Osahon Enabulele had posited that Nigerians should be encouraged to seek medical treatment in hospitals within the country and that legislations should be put in place to discourage Nigerians from seeking medical treatment overseas. While this view may be popular and seems logical, there are wider dimensions of the problem that need to be understood.

First, the place of choice of medical treatment is the inalienable human rights prerogative of an individual. It is not something that can be legislated and indeed, one of the fundamental principles of the medical profession is the need to protect the agency of patients to seek treatment in any place or with any medical professional of their choice. It is for this reason that medical practitioners are not allowed to advertise their trade, because they would be compromising their patients' freedom of choice if they did so.

Several factors influence a patient's choice of place of medical treatment. Some of these include perceptions relating to treatment effectiveness, their understanding about the cause and nature of the disease, perceptions and worries about cost of treatment and fears about loss of confidentiality about the disease and the treatment. Of these, the need to protect confidentiality of information is the most pervading determinant of choice of place of treatment. A high flying professional or public official has every reason to fear that a disease and its treatment might deny him or her basic fundamental freedoms, and therefore such a person has every reason to seek medical treatment anywhere in the world where he believes such information would be better protected. And the person has every freedom and indeed, justification not to want to disclose the nature of the disease or treatment modality to any third party, if that is what he prefers. Clearly, one of the fundamental principles on which medical practice is founded is the protection of the confidentiality of medical information. In so far as treatment location that is legislated would not guarantee confidentiality of information and basic freedoms to citizens, this would be a completely inappropriate solution to the problem. We have not been able to stop people from receiving treatment from Babalawos who offer all forms of concoctions, how do we hope to succeed in preventing people from seeking treatment in places which they perceive as safe havens that would protect them from unforeseen collateral damage? Any in any case, I am not aware of any country that has adopted the approach of legislating home-based treatment to stem the tide of medical tourism.

Secondly, it has to be known that medical tourism has its epidemic moments. There was once upon a time when patients tramped into Nigeria from other West African countries, and when the University College Hospital, Ibadan was one of the best teaching hospitals in the entire Commonwealth. At that time, many people sought treatment in hospitals within the country, with very few seeking treatment outside the country. The rising wave of medical tourism today in Nigeria must be seen as a symptom of the deterioration of the health care delivery system in the country. All indicators of health point to the fact that Nigeria is not

doing too well in health. Our maternal mortality rates, child mortality rates, HIV prevalence rates in adults and in pregnant women, and the rates of non-communicable diseases and cancer deaths are some of the highest in the world. The Mo Ibrahim African Governance index has consistently now ranked Nigeria low in terms of health governance, while the World Health Organization has repeatedly rated our health care delivery system as one of the weakest in the world. With such a pervading health scenario, efforts ought to be concentrated on finding ways to improve our health services rather than focussing on a secondary objective of home care, which seems to be borne out by patriotic fervour alone.

Thirdly, the effects of the globalizing world economy on the provision of medical care also need to be recognized. The rate at which new forms of effective treatment are being developed for different disease conditions has been most astonishing and phenomenal in recent times. Due to the strong effects of the internet and the social media, these forms of treatment are now being known by doctors and patients alike. Even in this country, patients who use the internet are more likely to know about newly effective treatments than their doctors and they would be more likely to seek such treatments from any part of the world. There are many treatments for various diseases in various fields of medicine that are widely available in many parts of the world that are not yet used in this country. In such a scenario, it would be inappropriate and even unethical to deny a patient who knows about such treatment, the benefit of such effective mode of treatment. Indeed, a doctor offering up-to-date medical treatment ought to inform his/her patient about more effective treatment that exists anywhere in the world. As part of complete treatment, such a doctor ought to refer the patient to such a treatment facility, and allow the patient to decide whether or not to access such a treatment. Failure to inform a patient about a new form of effective treatment thereby denying a patient access to such treatment is now regarded as one of the most unethical practices in the provision of clinical care.

Finally, as someone who knows and has experienced personal losses due to the inadequacy of our health care system, I will be the last to recommend a blanket prohibition of overseas treatment for our compatriots. Self-preservation is undeniably the first law in our heavenly kingdom. After the last experience of the inadequacy in our medical system when persons close to me died from largely preventable causes of death in successive manner, I made a personal vow not to seek treatment in this country, except for the mildest forms of medical conditions. The cost of treatment should be a secondary consideration because my analysis has shown that increasingly, costs of effective medical treatments are equilibrating in many parts of the world. And if the end-point is the reduction of disease-related morbidity and mortality, the costs saved in terms of life-adjusted years gained by effective treatment would be much more profound than if ineffective treatment were received over a long period of time. I will also argue that for state officials, the government has a responsibility to pay for such treatment anywhere in the world. If government officials are employed to contribute to the growth of the economy, their health must be seen as important in efforts to grow the national economy. It's like a football team – any wounded player would reduce the ability of the team to win a match. In the same vein, I would argue that a sick national leader working on the economy will reduce the nation's efforts to grow the economy. Indeed, since some of the diseases may have been acquired in the course of duty, it makes sense that the state bears the cost of treatment of diseases for which there is no immediate cure for officials anywhere in the world. The country will gain immensely by having a strong member working in the team than having a sick member who is unable to contribute his/her full quota to the development of the economy.

In conclusion, the only way to stem the rising wave of overseas treatment in this country is the modernization of our health care delivery system, especially to seek its alignment with the very high standards currently being achieved for health care delivery internationally. We need a national strategic plan on health that is backed by presidential support with strong political commitment to salvage our deteriorating health care delivery system. I believe this is what the Nigerian Medical Association should be working hard to achieve. Anything else should follow after this primary objective has been attained.