TO THE EDITOR—We appreciate the informed comments from Drs Sadlier, Bergin, and Merry [1] regarding the growing number of medical tourists originating from developing countries who are seeking medical services in more developed countries. This is a sector of medical tourists that we mentioned only briefly in our review. Another sector we did not discuss are the medical tourists from developed countries who travel to other developed countries to obtain care. Due to space constraints, we limited our review to that of medical tourists from developed economies who seek medical care in developing countries. However, all these medical tourists may face issues regarding antimicrobial resistance and continuity of care, as well as exposures to locally endemic infections, because of the geographic disruptions and variations in risk by geographic region.

In our review [2], we described in historic context patients traveling to distant places in search of more advanced medical procedures and treatments unavailable at home. We agree fully with Drs Sadlier, Bergin, and Merry that this pattern of travel has continued and expanded in our globalized world. Importantly, they also highlight challenges associated with medical tourists from developing countries: incomplete routine and recommended vaccinations, prior exposures to infections endemic to their home countries, and continued exposure to risks after returning to their home countries following medical care abroad. We agree that all of these are important elements of these complex interactions.

Healthcare is still adapting to globalization, and the multidirectional paths of medical tourists will become even more complicated. Medical tourists seek care abroad for many different reasons, and the direction of travel may dictate some distinctive problems, although many
fundamental problems face all medical tourists. The books *Risks and Challenges in Medical Tourism: Understanding the Global Market for Health Services* [3] and *The Globalization of Health Care: Legal and Ethical Issues* [4] elucidate many more facets of medical tourism, including the complex institutional intersections in global health governance. These were beyond the scope of our review.

Clearly, a global and multifaceted collaboration involving many sectors is required to understand the full dimensions and consequences of medical tourism. This understanding and cooperation are needed to develop guidelines for medical tourists, healthcare providers, and healthcare systems to assure optimal care and safety of patients. Finally, a collaborative global registry of medical tourists will be vital in tracking the paths of healthcare-associated infectious pathogens and especially resistant organisms.

**Note**

*Potential conflicts of interest.* L. H. C. has received honoraria for serving on the editorial boards for Thompson Media LLC and Shoreland Inc; research funding from Xcellerex Inc; and royalties from Wiley Publishing. M. E. W. reports no potential conflicts.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Lin H. Chen¹² and Mary E. Wilson³

¹Travel Medicine Center, Mount Auburn Hospital, Cambridge; ²Harvard Medical School, Boston; and ³Department of Global Health and Population, Harvard School of Public Health, Boston, Massachusetts

**References**