Editorial

Globalization in health care: is international standardization of quality a step toward outsourcing?

Though different in many respects from other types of services, health care services are also impacted by globalization. For example, some countries, especially developing ones, can attract customers by offering high quality health care at a lower cost than is available in their home country. And although this practice is relatively uncommon at the present time, our hypothesis is that, within a short time, this practice will greatly expand, partly due to the development of global standards of quality and the rise of processes of accreditation, both in health care and medical education.

Globalization: economic issues

Globalization is characterized by the circulation of goods and services between countries in response to criteria of efficiency. Such multilateral agreements between countries, unfortunately, often function to the detriment of the countries with less developed economies. Nevertheless, trade can also benefit developing countries. Outsourcing is one situation in which developing countries that are able to adopt standards, processes, and language of developed countries can benefit from the liberalization of the movement of goods and services. By undertaking some or all components of production or service provision for clients/consumers in the developed country, some economic benefits may occur to the developing country where the ‘outsourced’ service is provided.

But what, we might ask, is the impact of the process of globalization generally and outsourcing more particularly in the health care sector?

The circulation of health professionals

The movement of professionals in general tends to be detrimental to poorer countries. There are two aspects to this. The most classic is the settlement of young professionals, originally from less developed countries, in more developed countries from which they have graduated with professional credentials. A second phenomenon is the policy of some rich countries who lack doctors and nurses, try to recruit recently trained graduates from poorer countries. The movement of professionals in this way is facilitated by systems that recognize degrees internationally. This issue has arisen recently, for example, in light of the ascension of Poland and the Czech Republic to the European Union and the mutual recognition of medical degrees that accompanied that integration [1]. Another emerging phenomenon is the development, in less developed countries, of medical curricula that have been adapted to North American or Western European standards and are offered in English, allowing such programs to negotiate a higher level of recognition worldwide and to provide a financially competitive education for students from wealthier countries.

A new trend: the circulation of patients

The movement of patients is a more recent phenomenon. Though still marginal, so called ‘medical tourism’ is becoming more important. Treatments offered in western Europeans countries attract infertile couples from United States because they cost half or one third of those provided in North America. Elective surgery offered in highly sophisticated Indian hospitals tends to cost only 10–20% of identical treatment in western countries.

There is also a shift from personal initiatives to national incentives. Tunisia, for example, organized a conference at the beginning of December 2004 to attract health care purchasers from abroad. Purchasers, even those belonging to public systems can potentially be interested, when a reduction of costs by as much as 50–80% can be realized. A recent report shows that the issue has also been debated in Canada [2].

Will the development of international standards result in an explosion of health care outsourcing (Table 1)?

We would argue that the development of international standards, increasingly proposed by professional bodies, both in the domain of quality of care (Alpha Program [3] and International Joint Commission [4]) and in medical education (IIME, World Federation for Medical Education [5]) could potentially result in a significant increase in the movement of patients and health professionals across national boundaries. This will arise as external procedures accepted worldwide for the recognition of quality (in health care or in education) promise an equivalence of service.

If this scenario comes to be, insurance companies will offer cheaper premiums (as will countries which are less and less able to finance the health care of their populations at least for
elective and costly procedures), for care provided by countries that are ‘accredited’ and competitive. As difficult as it might be for us to imagine today, this phenomenon might also affect medical education. There are at least two reasons why this might occur. Firstly, medical education costs are soaring, and the promise of lower cost of education might be very attractive in an open educational ‘marketplace’. Secondly, the opportunity for students to train in the same places that patients from their countries are receiving care might be seen as both educationally sound and a bonus for patients who are being treated abroad. Eventually, we might imagine that countries that have welcomed international medical students for training might also like to recruit them to stay in order to provide care for patients who have come from the same countries of health care.

What are the issues?

We foresee at least two issues that should be considered. The first is the potential of such developments to improve the quality in health care within the world. The second relates to issues of access to health care and the ethical dimensions associated [6].

Developing international standards in medical education and health care delivery can help improving quality in health care all over the world. Nevertheless, two questions remain. To what extent can one be sure that international standards can be created that will fit the cultural, social, and economical contexts of very different countries? It is often assumed that, simply demonstrating compliance with quality processes, will lead to a result (of the education or of the treatment) that will be the same, whatever the country or the professionals involved. But to what extent can we be sure that applying, for example, North American (or European, or for that matter African or Asian) procedures and quality rules in other countries will lead to adequate quality?

The second question is ‘will adopting such universal standard contribute to the improvement of access to health care around the world?’ Simplistically, one might argue that simply lowering the cost of health care would give wider access to care (health care delivery would benefit a wider range of people and/or a wider range of care would be offered to people). But this has to be nuanced.

We have to consider who might benefit most from this new situation. Firstly, the patient may have little to say in where, when, and how their care is provided, given the priority of financial issues in the strategy of health care organization. Additionally, we can ask, how will we know if he or she really receive equivalent care at a lower price?

Further, ethically speaking, it is not acceptable to exclude the local population from the benefits of care that is provided in their country for rich strangers, even if this organization allows less rich countries to develop employment in the health care sector. Finally, there is an inevitable and negative impact on employment in the health care sector of the rich countries who export their patients.

Conclusion

It is the turn of health care delivery to be globalized. Nevertheless, health cannot be assumed to be the same as other basic goods. Linked to health care are many complex ethical, cultural, and human resource issues that we have only begun to name. Further, it is the duty of health professionals to promote health as a global human right. ‘Global public goods’ [7], and, for this reason, we all must be very careful before launching headlong into the globalization of health care and health professional education, taking care to be certain that if we do, it will be for the benefit of all around the world.

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References


