

# The potential to develop health tourism in Australia

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## **Preamble**

Australia is geographically part of South East Asia, which has a combined population of over 500 million people. This is estimated to grow to 600 million in 10 years. Many of our neighbours including Malaysia have a severe shortage of tertiary medical specialists. Patients from this region who can afford to, currently go to Singapore for medical attention. While most ASEAN countries consider Singapore as the centre of excellence for health care, many are now concerned that Singapore has become prohibitively expensive, and would consider other alternatives. Australian health care is very affordable and is the potential alternative.

Australia also has the reputation of having some of the best medical specialists in the world. We also have significant resources in the private sector which are often under-utilised. This paper explores the potential of developing health tourism, to attract full fee paying patients wishing to come to Australia for medical treatment. Having worked in Singapore and Hong Kong from 1995 to 1998, Professor Tan has a good working knowledge and understanding of the health services in the region and this paper explores the potential for health tourism.

### **How are patients referred?**

With few exceptions, patients are referred from doctor to doctor. Very few patients ask to go to a specific institution. Patients are usually referred to a specialist either because the specialist has an international reputation (example the late Dr Victor Chang) or else through they are recommended by the referring doctors.

There are very few Australian doctors who have built up a sufficiently high public profile in ASEAN region to attract patients directly, hence one has to depend on doctor to doctor referrals.

Luckily for Australia, there are a large number of Malaysians (estimated to be 200,000 in Malaysia alone) who trained in Australia thanks to the Colombo plan scholarship instituted in the 1950's. Most of these are now in senior medical, political, public or business positions and look on Australia fondly. We therefore have an immediate advantage over many other countries vying for the same market.

It is usually this group or families of this group of people who will seek medical attention overseas. Many of these have children studying in Australia and indeed, have maintained friendship with their Australian colleagues whom they met when were students, so it is only a short step to develop an effective network.

However, this network will decline in years to come. The proliferation of many medical schools in the region means that fewer undergraduates are coming to Australia for medical education hence it is necessary to look at other means of developing and maintaining this network.

Australia should now be actively training Malaysian specialists to help with their countries need. In so doing, we will develop and maintain the "network". Those we train will be the very people who will refer patients to their former teachers, rather than to a stranger in UK or America.

Australian specialists in turn develop a partnership and can feel comfortable that their patients will be well looked after by their former trainees when they return home.

Australia should *not* be concerned that the Malaysian government is also seriously developing their health tourism sector. We should offer Malaysia help to develop this and train more specialists. These are the very ones who will refer patients to us.

It will be many years before Malaysia is able to compete with Australia and with increasing wealth, there remains a significant number of Malaysian patients who prefer to go overseas for medical treatment, regardless of the standard of care available in the homeland.

The problem in Malaysia is compounded by the fact the best Malaysian specialist are now in private practice, and they much prefer to manage simple uncomplicated cases, preferring to send complex cases to the Government hospitals who are not well equipped to treat private full fee paying patients. Malaysian private hospitals with few exceptions, do not have adequate backup to manage very complex cases whereas we have such facilities in Australian private and public institutions.

### **Developing partnerships**

In the past two years, Professor Tan has been actively engaging with the Ministry of Health, Institute of Paediatrics (Kuala Lumpur) and Normah Medical Centre (Kuching, Sarawak) to help with their education and training. This is seen as a partnership with very significant benefits for both parties. Professor Tan is currently developing a MOU between the

Women's & Children's Hospital and Malaysian Health Ministry to train Malaysian specialists and to allow Australians to work in Malaysia. This has as much to offer Australia as it has to Malaysia. Many Australian trainees are struggling to gain sufficient experience in managing some rare medical conditions.

Such a partnership will allow Australian trainees and indeed senior specialists to work in Malaysia. This will not only help with the training of specialists in Malaysia but also give Australian doctors valuable exposure to a vast array of pathology not seen in Australia, broadening our level of expertise. We will be seen as Australia helping our neighbours! Australian doctors are now not allowed to work in Malaysia and there is no mechanism for short term attachments.

These issues are being addressed with the MOU who are considering creating special positions and conditions for Australian doctors.

The Sarawak Government has also commenced building the Sarawak International Medical Centre (SIMC) due for completion in July 2006. There is a serious shortage of medical specialists in Sarawak and Prof Tan has had private meetings with Tan Sri Dato Dr George Chan, Deputy Chief Minister to look at ways Australian Doctors can work in partnership with the local doctors. There has already been a trade mission in October 2003 with a medical delegation headed by Prof Tan and another is planned in September 2004.

These medical delegations serve to strengthen ties with the local doctors, as we conduct free medical seminars and offer free consultation to the local specialist. This has already resulted in some patients being referred for treatment.

Australian doctors must raise our profiles in Malaysia and it is only by regular visits and outreach program where our mission is seen to assist the local doctors. This is how we develop a reputation and profile. It has taken Professor Tan four years to develop a reasonable profile in Malaysia so there is no quick fix.

In summary there is potential for Australia to develop a significant health tourism market. However it will take time, cannot be achieved quickly and can only be developed on the backbone of trust and rapport between specialists in both countries. We must not compete with the local specialists for their share of the "bread & butter" but instead, develop a niche where we offer to work in partnership with local specialists to help *them* with the patients. Only then will the local doctors be willing to send patients to Australia for medical treatment.

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