

Activity Report of Asia-Pacific Medical Network Project in Kyushu University Hospital : Vol.7

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11. Closing

International Medical Tourism

Singapore, India, Thailand and Korea are known to be advanced in international medical tourism. These countries have been promoting this concept for 10 years or more as national projects. Because of the high English language proficiency of the citizens of these countries, they have had an advantage in promoting their activities and each has achieved success in the previous phases.

It should be noted that the Japanese government introduced its “New Strategy for Growth” in June, 2010, which includes medical internationalization, although only the concept of international medical tourism. According to this strategy, not only it is apparent that industries dependent on tourism are struggling owing to the high value of the Japanese Yen, but we are also led to understand that the government believes that the level of medical expertise in Japan is high and wants to open up the conservative medical field through industrialization. Although we are delighted with this endeavor, we are somewhat apprehensive that it is too simple and superficial. Thus, I have attempted to evaluate this government strategy using the 8 years of experience gained since 2003 when we started the telemedical activity aimed at medical internalization.

1. Is the term “international medical tourism” identical to “medical internalization”?

International medical tourism targets only foreigners in foreign countries for invitation to Japan for medical purposes. On the other hand, medical internalization should provide services not only to this target group, but also to (1) Japanese who are resident in or travel to foreign countries, and (2) foreigners who are resident in or travel to Japan. We therefore, consider broader targets for medical internalization. Furthermore, Japan has many competitors in medical tourism, but no competitors in target groups (1) and (2).

2. Are foreigners willing to pay for Japanese medical services?

Globally, the main service in medical tourism is a health check-up, which is remarkably standardized in all countries as a result of the availability of similar medical equipment. Japan should rather promote medical tourism with respect to advanced level technology such as endoscopic surgery for serious diseases, which is what foreigners expect to get in Japan.

3. Are there any pitfalls in this business?

Many people believe that a medical tourism business is easy to get started, because it does not need additional investment. However, we must first solve the problems of

communication and differences in habits, so as to avoid malpractice suits as a result of communication errors. In addition, it is believed that medical tourism is to blame for the spread of NDM-1, which causes multidrug-resistant strains (MDRS), from India to the United Kingdom. We need to be very careful when inviting patients from foreign countries to avoid spreading emerging infectious diseases and MDRSs.

Summarizing the above, we should consider broader targets for our international medical services, introduce more advanced Japanese medical technology, and use effective communication tools such as telemedicine to obtain patients' information before and after we invite them to make use of our medical facilities.

All of these issues are exactly what we have been trying to achieve for the past 8 years through our telemedicine activities. As such, I am now confident that this activity will be able to contribute to medical internationalization in Japan in the near future.

Naoki Nakashima

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