

News

# This UK patient avoided waiting lists and flew to India for a heart bypass. Is health tourism the future?



George Marshall, 73, pictured in his Bangalore hospital room, saved £14,000 by having his heart bypass operation performed privately in India Photograph: Pablo Bartholomew/netphotograph.com

Randeep Ramesh in Bangalore

Three months ago George Marshall fretted about the choice offered by his doctor in Britain. Diagnosed with coronary heart disease, the violin repairer from Bradford was told he could either wait up to six months for a heart bypass operation on the National Health Service or pay £19,000 to go under the scalpel immediately.

In the end, Mr Marshall chose to outsource his operation to India. Last month he flew 5,000 miles to the southern Indian city of Bangalore where surgeons at the Wockhardt hospital and heart institute took a piece of vein from his arm to repair the thinning arteries of his heart. The cost was £4,800, including the flight.

"Everyone's been really great here. I have been in the NHS and gone private in Britain in the past, but I can say that the care and facilities in India are easily comparable," says Mr Marshall, sitting in hospital-blue pyjamas. "I'd have no problem coming again."

The 73-year-old found the hospital in Bangalore after a few hours surfing the internet. Mr Marshall decided to come after an email conversation with Wockhardt's vice-president and a chat with

other "medical tourists" from Britain who had undergone surgery in the hospital.

"Once I knew others had come I thought, why not? In Europe hospitals in Germany and Belgium would do the operation for less than doctors in Britain. But Europe was still more expensive than here. And the staff speak English in India."

With patients such as Mr Marshall willing to travel across the globe to get treatment sooner or more cheaply than they could at home, Indian hospital groups see a huge market for their services.

A study by the Confederation of Indian Industry (CII), and McKinsey consultants estimated "medical tourism" could be worth 100bn rupees (£1.21bn) by 2012. Last year some 150,000 foreigners visited India for treatment, with the number rising by 15% a year, says Zakariah Ahmed, an analyst who helped compile the report.

With a large pool of highly trained doctors and low treatment prices, health-care aims to replicate the Indian software sector's success. Built on acres of land, often gifted to companies at peppercorn rents from Indian local authorities eager to promote business, the new, sleek medical centres of excellence offer developed world treatment at developing world prices.

A number of private hospitals also offer

packages designed to attract wealthy foreign patients, with airport-to-hospital bed car service, in-room internet access and private chefs. Another trend is to combine surgery in India with a yoga holiday or trip to the Taj Mahal.

Many say that it is not just cost but competency that is India's selling point. Naresh Trehan, who earned \$2m (£1.06m) a year as a heart surgeon in Manhattan but returned to start Escorts hospital group in India, said that his hospital in Delhi completed 4,200 heart operations last year.

"That is more than anyone else in the world. The death rate for coronary bypass patients at Escorts is 0.8% and the infection rate is 0.3%. This is well below the first-world averages of 1.2% for the death rate and 1% for infections," says Dr Trehan. "Nobody questions the capability of an Indian doctor, because there isn't a big hospital in the United States or Britain where there isn't an Indian doctor working."

Most foreign patients who come to the subcontinent are from other developing countries in Africa, south-east Asia and the Middle East where western-trained doctors and western-quality hospitals are either hard to find or prohibitively expensive.

Hospital administrators accept that

many prospective patients from the west are put off because images of India tend to focus on poverty and on the less than hygienic living conditions of most people.

Mr Marshall had never visited the subcontinent before and only been out of Britain twice before, to Australia and Egypt, on holiday. He readily admits that he did not tell his daughter what he was planning to do until two days before coming, for fear of her "reaction".

What little Mr Marshall knew about the country was not favourable and at first he was shocked by the organised chaos of India. "There are so many people here. When I was in the car coming from the airport we got stuck in really heavy traffic. It was hot, there were horns going off and people shouting. I thought, 'Oh hell, I've made a mistake.'"

But once in his airconditioned room, with cable television and a personalised nursing service, Mr Marshall says that his stay has been "pretty relaxing".

"I go for a walk in the morning when it is cool but really I don't have to deal with what's outside," he says.

How many patients will come from Britain ultimately will depend on the NHS, which has begun sending patients for treatment to Europe to cope with its backlog of cases. At present the NHS

'The care and facilities in India easily compare with the NHS'  
**George Marshall**

'No one questions an Indian doctor ... there isn't a big hospital in the UK or US where there isn't one working'  
**Dr Naresh Trehan**

'We've been providing the west with doctors for years. Now they're serving foreign patients at home'  
**Ravi Duggal**

restricts referrals to hospitals within three hours' flying time – but Indian hospitals say this barrier will eventually be lifted.

"It is inevitable. In the west you have rising healthcare costs and an ageing population," says Habil Khoraiwallah, chairman of Wockhardt, who plans to open five hospitals in India next year, including a new 350-bed hospital in Bangalore. "People are already discovering the benefits themselves. Governments will follow."

But campaigners say while the private medical industry is getting tax breaks and other incentives, public healthcare in India is falling apart. It has less than one hospital bed per 1,000 people, compared with more than seven in the developed world. There are four doctors for every 10,000 people, compared with 18 in Britain.

"The poor in India have no access to healthcare because it is either too expensive or not available. We have doctors but they are busy treating the rich in India," says Ravi Duggal, a researcher at Cehat, a health thinktank based in Mumbai. "Now we have another trend. For years we have been providing doctors to the western world. Now they are coming back and serving foreign patients at home."

Health, G2  
guardian.co.uk/india

## Cut prices What treatment costs



### Heart bypass

<b>UK</b>	£15,000
<b>France</b>	£13,000
<b>US</b>	£13,250
<b>India</b>	£4,300



### Hip replacement

<b>UK</b>	£9,000
<b>France</b>	£7,600
<b>US</b>	£15,900
<b>India</b>	£3,180



### Cataract operation

<b>UK</b>	£2,900
<b>France</b>	£1,000
<b>US</b>	£2,120
<b>India</b>	£660

## GCSE music: a, Oasis, b, Blur, c, Pulp

Polly Curtis

"I've been standing at the station, in something they don't know? Children are missing out on a classical music education."

Noel and Liam Gallagher, the much disputed kings of Britpop and authors of that lyrical plea for education, have earned a place in the latest GCSE music syllabus.

From September pupils will be quizzed on Oasis and other Britpop staples such as Blur and Pulp in an attempt by examiners to make the qualification more contemporary and engaging for teenagers.

The move was questioned by supporters of more traditional music education who said that it would squeeze classical music out of the curriculum.

The cellist Julian Lloyd Webber, who has long campaigned for better classical music training in schools, said: "Pupils are

exposed to this music already, so wouldn't it be more constructive to expose them to something they don't know? Children are missing out on a classical music education."

In the exam pupils will have to listen on headsets to excerpts from Britpop's greatest hits and answer questions on the structure of the songs, style of music, rhythm and what instruments are used.

Although 50% of the marks for the GCSE will still be awarded for classical music (between 1600 and 1899), the rest will reward knowledge of 20th century classical music, African and Asian music and an existing "contemporary music" section which will include the new Britpop module.

Previously pupils have studied contemporary music, but it was up to the school to decide what that included.

A spokeswoman for Edexcel said the planned inclusion of Britpop from September was part of an attempt to "engage" pupils more in the subject.

"Teachers like teaching it, they can talk to students about music that's relevant to them. They both relate to this kind of music and it's more engaging," she said.

However, a Britpop expert also questioned whether the music would be testing enough for 16-year-old pupils.

John Harris, author of *The Last Party: Britpop, Blair and the Demise of English Rock*, said: "The problem that they may have is that from 1996 Britpop wasn't very interesting. It went back to the three-chord trick, endless copying of the Beatles and the Who. By 1996 it had got very uninspired."

"Oasis were gloriously basic

and made a virtue of it but God help the students in the classroom taking apart the music of Kula Shaker and Northern Uproar. There's nothing there."

Pupils preparing for their GCSEs now would have been six during the battle of Britpop, the 1995 race for a summer number one between Blur and Oasis, Harris pointed out. "Britpop lost the lustre of cool three or four years ago. It's practically the music of their parents."

He added: "It amazes me that this is on the curriculum. The same guy who taught me about Mozart would suddenly go on about Parallel Lines and Blondie. That stripped Debbie Harry of her cool right away."

Teachers will receive advice on how to include the new Britpop module in April.

Martin Kettle, page 20

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