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CHAPTER 4

Caring for Non-residents in Barbados:

Examining the Implication of Inbound Transnational Medical Care for Public and Private Health Care

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Introductory Summary:

- Barbados is a tourism dependent island state whose income is very sensitive to perturbations in the global economy and is thus seeking ways to diversify its service exports
- Barbados has a two-tiered health system with a publicly funded health system operating alongside numerous private clinics
- Private provision of health services in Barbados has grown between 2000-2010

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- Barbados has an established history of providing health care to ill vacationers, other Caribbean residents and more recently, small but growing numbers of medical tourists seeking fertility care
- The Bajan government is aggressively promoting the development of their medical tourism industry, including the facilitation of the development of a mid-size private hospital catering primarily to medical tourists
- The development of medical tourism services in Barbados carries with it the potential for some economic gains, but also significant risks to health equity if mismanaged or left unregulated

INTRODUCTION

Barbados, the most easterly island in the Caribbean, is a small nation totalling 430 square kilometres and with a population of just under 300,000 people. Its population is rapidly aging, due to a falling fertility rate and rising life expectancy. The over 65 population is 9.8 per cent, second highest in the Caribbean, compared to 4.8 per cent in Guyana and 6.3 per cent in the Bahamas, and close to the figure for the USA of 13.1 per cent (PAHO, 2007). Much like other island economies, it is essential that Barbados brings revenue and other resources into the country in order to continue economic development and sustain public services such as health care. In 2002, the country's national government developed the 'Strategic Plan for Health', which aims to reform the health care system in response to the changing health needs of the population (PAHO, 2007). Government officials are aware of the financial resources required to implement the reforms put forth in this initiative and other health care-related proposals.

The Bajan economy is heavily dependent on tourism, and many jobs are related to this industry. In 2009, as a result of the global recession, 519,000 stay-over tourists visited the island, a number which decreased by 8.7 per cent from 2008, demonstrating Barbados' vulnerability to global economic downturns (PAHO, 2007; BBC, 2011). The dominance of the tourism sector in Barbados' economy means that tourism and health care are intertwined, in that public health care resources are supported by tourism revenues in the form of tax revenues and employment. In this chapter we examine a different dimension of this link through exploring the ways in which the country is involved in inbound transnational medical care, or, in other words, providing medical care for non-locals.

Although Barbados is a small country both in terms of physical size and population, it maintains important ties to other nations. These economic, social, and familial bonds impact both inbound flows of non-locals and the country's involvement in provision of transnational medical care. Barbados is a former British colony that gained independence in 1966 (BBC, 2011). Approximately 4,500 British citizens currently reside on the island, and Barbados receives a large portion of imports such as food and beverage and manufactured articles from the United Kingdom (UK), the USA, and other Caribbean countries, while also exporting materials such as sugar to the UK (Foreign and Commonwealth Office, 2010). As we discuss later in this chapter, Barbados also receives significant numbers of long- and short-stay tourists from the UK, its major source of stay-over visitors.

Barbados also maintains strong relations with regional countries through its involvement in the Caribbean Community (CARICOM), an organisation that benefits member countries through regional cooperation, in particular related to trade (Foreign and Commonwealth

Office, 2010; CARICOM, 2011). While this trade has numerous effects upon Barbados' economy, in this chapter we pay particular attention to how Barbados' regional networks throughout the Caribbean—through traditional migration patterns, education and training programmes, regional commercial activities, regional tourism, and ties developed by CARICOM and other networking bodies--have resulted in the development of *regional* transnational medical care flows into the country.

In the remainder of this chapter we examine Barbados' involvement in the provision of inbound transnational medical care. Our main purpose is to articulate the different types of inbound transnational medical care offered within the country and describe the significance of such care provision for Barbados' public and private health care sectors. To provide adequate context, we begin with a brief overview of Barbados' health system. We then review findings from stakeholder interviews conducted in 2011 to provide a detailed account of the three types of inbound transnational medical care that currently operate on the island: (1) care for ill vacationers; (2) care for medical tourists; and (3) regional medical care. Each of these types of care involves provision of treatment to a different group of non-local individuals. After discussing the implications of these types of transnational medical care for Barbados' public and private health care sectors, we conclude by identifying future research directions regarding inbound transnational medical care within Barbados specifically and the Caribbean more generally.

UNDERSTANDING BARBADOS' HEALTH SYSTEM

By the time Barbados achieved independence in 1966, much of the infrastructure for the delivery of its social programs was already in place due to the country's long history of commitment to social development (ECLAC, 2001; Rodney and Copeland, 2009). Within the health sector, major developments in the establishment of Barbados' health system include the construction of public health centres in the 1950s for the provision of public health services. Limited free primary care had been provided for many years by a cadre of 12 Parochial Medical Officers (one doctor in each parish except for St. Michael, where there were two) and parish infirmaries for elderly and indigent patients. In the 1960s a more comprehensive primary health care system was initiated, to complement the opening of the newly built 550 bed Queen Elizabeth Hospital in 1964, expanded training facilities for nurses (ECLAC, 2001), and the training of medical students of the University of the West Indies, in partnership with the Queen Elizabeth Hospital. In 1969, passage of the Health Services Act established the legal framework governing the delivery of comprehensive, public health care in Barbados. The Ministry of Health is responsible for the administration of the Act and is entrusted with ensuring the health of the population (PAHO, 2008).

CURRENT HEALTH CARE FACILITIES

Health care services in Barbados are available through a network of primary, secondary, and tertiary institutions in both public and private sectors (PAHO, 2008). In the public sector, a network of eight polyclinics and four satellite clinics located throughout the island provide a wide range of primary care and public health services (PAHO, 2001). The government-run Queen Elizabeth Hospital located in the capital city of Bridgetown is the main public health facility for acute, secondary, tertiary, and emergency health care services, and also functions as a teaching and research hospital for the University of West Indies (PAHO, 2005). In 2011

the government announced plans to replace the 47 year old hospital with a new BSD\$800 million plus, 600-bed facility through a joint public, private, and international financing (Lashley, 2011). Other public facilities include a network of four district hospitals for geriatric care, a main geriatric institution, a mental health hospital, two small rehabilitation institutions, an AIDS hostel, and an HIV/AIDS Diagnostic and Treatment centre, Children's Development Centre, National Nutrition Centre, Family Planning Unit and renal dialysis facilities (PAHO, 2001; PAHO, 2008).

HEALTH SYSTEM CHALLENGES

While Barbados has made great achievements over the past century in both the delivery of its health care system and the health of its population, it nevertheless faces many significant challenges. Barbados' growing elderly population will increase demand for treatment of chronic, non-communicable diseases as well as provision of both rehabilitative services and specialised geriatric care services (ECLAC, 2001). Health ministry officials anticipate having to address increased burdens associated with managing obesity, diabetes, and assorted chronic, non-communicable diseases (PAHO, 2008). These problems serve to exacerbate differential access to care, differences in health status within the population, and inequity within health care system. Lastly, the health sector has a major shortage of some categories of health workers, particularly at the primary health care level (PAHO, 2001). Government officials hope to address loss of health care professionals both by reducing emigration of health care providers and increasing the number of health care workers trained at regional community colleges and universities (PAHO, 2008).

UNDERSTANDING BARBADOS' INBOUND TRANSNATIONAL MEDICAL CARE

In this section of the chapter we examine Barbados' three main types of *inbound* transnational medical care: (1) care for ill vacationers; (2) care for medical tourists; and (3) regional medical care. The review provided here is informed by review of relevant scholarship and policy documents, interviews conducted with stakeholders in Barbados' public and private health service sectors in 2011, and site visits to numerous health care facilities in Barbados. In total, 19 semi-structured interviews were conducted in person or by phone. These participants were drawn from health care, tourism, government, and medical tourism affiliated sectors in Barbados, Canada, and the United States. Both public and private organisations were represented. These interviews examined the nature of Barbados' health system, including its structure and challenges, and the country's growing medical tourism industry. As our interviews focused on inflows of international patients into Barbados, the types of transnational medical care that the stakeholders most frequently discussed dealt with inbound flows. As such, this serves as our focus here.

CARE FOR ILL VACATIONERS

Most health services in Barbados are accessible to foreign visitors who fall ill during the course of their vacation. There are two main types of visitors: stopover tourists who typically arrive by air and stay for at least one night and up to a year, and cruise ship passengers who generally stay less than a day (Jessen and Vignoles, 2004). In 1990, the last time such data was collected, foreign visitors represented 2.1 per cent of all admissions and 1.6 per cent of all accident and emergency visits to the Queen Elizabeth Hospital, at a cost of approximately BDS\$1.1 million per year (\$550,000 USD) or 2 per cent of all hospital costs (Walters, Fraser

and Alleyne, 1993; Gonzales, Brenzel and Sancho, 2001). In the past fee collection was often inefficient, especially for emergencies, but efforts are being made to improve fee recovery.

Several health facilities treat visitors to Barbados. In particular, cruise ship passengers are becoming an important client base for health providers who hope to benefit from Barbados' reputation as an established medical destination among cruise ship lines operating in the Caribbean (Gonzales, Brenzel and Sancho, 2001; Jessen and Vignoles, 2004). Bayview Hospital notably has an arrangement with cruise lines that visit Barbados to provide needed medical attention to their passengers (Paffhausen et al., 2010). Barbados is also home to Island Dialysis, one of several facilities in the Caribbean operated by Canadian-based Atlantic Healthcare Group, Inc. (Gonzales, Brenzel and Sancho, 2001). In addition to providing dialysis to local residents, the clinic markets its services to vacationers planning to holiday in Barbados.

Over the past few decades, the demographics of foreign visitors to Barbados have shifted toward older populations. In 2006, persons over the age of 50 represented 28 per cent of visitors and the largest age group of all stopover visitors to the island (Ministry of Tourism, 2009). The total number of such arrivals has been steadily increasing from 103,327 since 1989 to 159,556 in 2006 (Gonzales, Brenzel and Sancho, 2001; Ministry of Tourism, 2009). In part as a response to this trend, specialty health services targeting seniors for long-term, resident care, such as nursing homes, have been identified as a possible area of development and economic opportunity (Gonzales, Brenzel and Sancho, 2001).

CARE FOR MEDICAL TOURISTS

Medical tourists are differentiated from ill vacationers or visitors on the basis of intentionality (Crooks et al., 2010). Vacationers who become ill while in Barbados do not travel to the country intending to access medical care, while medical tourists typically do, though aggressive marketing to visitors and/or the availability of inexpensive medical care can sometimes prompt vacationers to intentionally or purposefully access non-emergency medical care while abroad. Those who do so typically obtain cosmetic procedures and/or dental care as opposed to major surgical procedures that require extensive planning, testing, and post-operative care. Medical sites that treat international patients in Barbados now include: the Barbados Fertility Centre (BFC), Island Dialysis, the Sparman Clinic, the Bay View hospital, and the Sandy Crest Medical Centre. A new medical tourism site, American World Clinics (AWC), is presently in development. Currently the BFC, which opened in 2002, is considered to be the frontrunner in Barbados' medical tourism industry. BFC is an in-vitro fertilisation (IVF) treatment centre, and the first full fertility unit located in the Caribbean. BFC is also the only medical tourism destination in Barbados that currently has Joint Commission International accreditation. BayView Hospital and the Sandy Crest Medical Centre are viewed as offering private medical care without marketing health care to patients from outside the Caribbean; therefore, their participation in the medical tourism sector is limited, although it is worth noting that the predecessor of the Bay View Hospital, the smaller Diagnostic Clinic, was a significant medical tourism referral center for the Eastern Caribbean in the past. Island Dialysis is unique in that its services mainly serve to enable tourists to travel to Barbados, rather than attracting them to the island.

The Government of Barbados is interested in expanding the scope of the medical tourism sector in Barbados. As one interviewee commented, ‘there’s support for the expansion of the medical tourism industry, and that’s quite obvious from the amount of work Invest Barbados, who is a government owned agency, is putting into the whole marketing of medical tourism from Barbados’. AWC’s hospital facility, which is scheduled to open in 2013, will build upon the precedent established by BFC. According to company marketing material, the facility will target international patients, and is expected to contain 12 operating rooms, 50 inpatient beds, and 20 outpatient beds. AWC will mainly offer outpatient and short-stay procedures including cosmetic dentistry, plastic surgery, ophthalmic surgery, and orthopaedic surgery. Physicians staffing the clinic will primarily be from the United States, with some local physicians and surgeons, while local Bajans will be hired for the non-physician staff. Local trade specialists estimate that development of the hospital facility will lead to the creation of 230 jobs, as well as the generation of approximately BDS\$50 million plus per year in revenue from international patients and their travel companions for Barbados (Invest Barbados, 2011). Patients from such countries as the US, UK, and Canada will be targeted for this facility.

The AWC development is a sign of the Barbados Government's increasing commitment to developing the medical tourism industry. As early as 1994, the island’s national government began showing interest in medical tourism when, in partnership with the World Bank, it commissioned a report assessing the potential of health tourism (Gonzales, Brenzel, and Sancho, 2001). In recent years, there has been a renewed interest in medical tourism, spurred, at least in part, by the success of BFC. For example, in 2008 Barbados hosted the Exporting Services to Canada Seminar and Health and Wellness Tourism Strategy Session in order to identify ways Barbados can export medical and health services to inbound North Americans (Caribbean Export Development Agency, 2011). Barbados has also created a Health and

Wellness Task Force. In 2009, this organisation provided recommendations concerning ways to facilitate the development of the medical tourism industry. These recommendations included creating a medical tourism development plan, passage of new legislation, creating a wellness council, and establishing appropriate coordinating bodies (Gill, 2010). As a result of these initiatives, stakeholders in the public and private health care sectors regard the national government as a keen supporter of the country's emerging medical tourism industry.

The Barbados International Business Promotion Corporation, a quasi-governmental organisation that is better known by the name it trades under, Invest Barbados, is funded by the national government for the purpose of promoting international business. Invest Barbados is a key player in the development and promotion of the medical tourism industry in Barbados. Invest Barbados currently provides support to the medical tourism facilities already in operation in Barbados. Its employees also work with investors to create new opportunities in the industry.

REGIONAL MEDICAL CARE

A strong foundation for medical cooperation has been built among Caribbean nations due to the establishment of CARICOM in 1973, with a very modestly staffed 'health desk'. This organisation promotes regional cooperation within the Caribbean, largely of a policy and regional planning nature. While some facilitation is offered to international (Caribbean region) patients, it is primarily a government-facilitated, cross-border care system. As one of our interviewees commented, 'there's some programs at the Queen Elizabeth Hospital...I wouldn't qualify them as medical tourism per se because the patients are coming from other countries but it's really not under the aegis of a tourism type of activity, it's more of a... traditional referral pattern'.

Barbados plays a significant role in providing medical care for residents of other Caribbean nations. Barbados offers inbound transnational medical care for these individuals, sometimes through cross-border care arrangements. We use the term ‘cross-border care arrangement’ here to refer to medical care provided to a citizen of one country in another country that is financed by the public health care system from his/her home country. Within the Caribbean, Barbados is regarded as a favoured destination for regional patients, particularly for those from smaller islands lacking advanced diagnostic and treatment facilities and the capacity to offer to treat high-risk patients. Regional medical travellers also arrange private medical care in Barbados. BFC, the Sparman Clinic, Island Dialysis, and Bayview Hospital all attract private regional patients; however, according to our interviewees, the public Queen Elizabeth Hospital is the primary health care destination for regional patients.

The Queen Elizabeth Hospital serves as the main referral hospital for the entire Eastern Caribbean (Gonzales, Brenzel, and Sancho, 2001). Governments of other Caribbean nations refer patients via established cross-border care agreements to the Queen Elizabeth Hospital through Barbados’ Ministry of Health Chief Medical Officer. As one stakeholder noted, ‘All consultants have admitting privileges for private patients and what we find is that because we have a number of specialities here that some of the smaller islands find it difficult to have, patients are oftentimes referred from many of the OECS countries, to our consultants for care’. Consultants at the Queen Elizabeth Hospital also have the ability to admit private patients such as ill vacationers not covered by the island’s public system and other non-locals purposely seeking care in Barbados outside existing cross-border care arrangements. In these cases patients pay for their care out-of-pocket according to a fee schedule partly set by the Ministry of Health. There are also facilities intended to service not only Barbados, but also the

region. Examples of such hospital units include the orthopaedics and radiotherapy departments at the Queen Elizabeth Hospital and the regional optometric centre.

IMPLICATIONS OF TRANSNATIONAL MEDICAL CARE FOR PUBLIC AND PRIVATE HEALTH CARE IN BARBADOS

Transnational medical care in Barbados has many implications both for the provision of medical care within Barbados and for the country's economic development. Within the publicly funded health care system, transnational medical care has the potential for both positive and negative effects. The provision of transnational care could generate increased funding for the public system if tourists, medical tourists, and regional patients provide payments that are captured by the public system. This potential is weakest from medical tourism as these patients typically target private health providers. When visitors are admitted to the QEH, they may be admitted to a public ward or intensive care unit if very ill and requiring extended emergency care. In these cases, fees are paid directly to the hospital. When admitted to private units patients pay fees both to the hospital and to the individual consultant as private fees.

Barbados could address this issue by developing a national medical tourism strategy with potential to generate greater benefits for the public system (Bookman and Bookman, 2007). For example, payment of corporate taxes generates revenues for the Barbados government; these tax dollars can then be used to support publicly funded health care. In addition, the Barbados government could impose a tax or surcharge on all procedures or other health care interventions that are provided to medical tourists by private, for-profit health care facilities.

These tax dollars could be used to cross-subsidise the publicly funded health care system. While there are several practical obstacles to such a taxation scheme, in theory, and perhaps in practice if adequate monitoring and financial mechanisms were established, such an approach could benefit Barbados' domestic publicly funded health system.

Acknowledging that provision of transnational medical care could be used to promote economic and social development in Barbados, it is important to note that providing care for international patients could, at least in theory, have the deleterious effect of drawing attention and resources away from the needs of the local population and the public health care system. If medical tourists have medical needs different from those of the local population, then local patients might in time find it more difficult to access other forms of care, including more cost-effective preventive medicine and care for chronic conditions. These concerns are primarily generated by inflows of vacationers and medical tourists with medical emergencies; regional patients who access care in Barbados through planned, cross border care arrangements likely can be more easily managed in ways that support rather than hinder the public health system, but in all cases international patients have the potential to problematically re-focus health priorities within Barbados to the detriment of the local population if there should be a rapid influx without health planners planning for or recognising it. Thus, anticipating harms and planning to mitigate negative effects while maximising collective benefits is crucial. Absent adequate safeguards, expansion of medical tourism within Barbados could harm health equity, publicly funded health care facilities, health human resources, and access to public health care. With proper planning, the Barbados government might be able to avoid such harms while benefiting the domestic health care sector, the larger economy, and nonlocal citizens

seeking access to health care. Indeed planning facilities for medical tourism could provide benefits to the local population.

In addition to the public health care system, Barbados has a flourishing private, for-profit health care system that provides health services to both local residents and international patients. As Barbados has a small population, one possible advantage of opening the private health care sector to more international patients is that the range of specialised services offered is likely to be greater than what could be supported exclusively by local residents. Expansion of the private health care sector might enable Bajans to access a greater range of medical services without traveling abroad for care than would be otherwise possible. Sufficient patient volume would be needed for there to be adequate financial justification for increased specialisation of health services.

While increased specialisation of health care has potential to benefit some Bajans, it is important to acknowledge that unless Barbados' Ministry of Health takes deliberate steps to promote health equity and provide government-funded access to such specialised health services, these enhanced options would benefit only those individuals with the financial means or insurance coverage to pay for these services. In short, there is no reason to assume that expansion of the private health sector and increased specialisation of health services will benefit all Bajans. Moreover, if the private medical sector in Barbados focuses on the needs of international patients and specialises in certain forms of care, then this enhanced service access will be narrower than a broad increase in services targeted at meeting the full range of needs of the local population. For example, if medical facilities targeting international patients focus in specific areas such as fertility treatment and elective surgeries, these services will be

of use to the members of the local population who need and can afford access to them. The services offered will be different and, potentially, more limited, however, than if they were being targeted solely at the local population. That point noted, even a narrowly focused expansion of local private care can benefit some local residents when compared to the offerings available without the support of international patients. Also, improved facilities and specialist care designed to cater for medical tourism would obviate the need for many patients, usually those with health insurance, to travel overseas for investigation or care, thus saving considerable foreign exchange, with direct benefit to the economy. Furthermore, the government could more readily afford to utilise such facilities for public patients than to authorise overseas care.

The inflow of international patients also has implications for health human resources. Historically, for numerous reasons Barbados has had difficulty retaining trained health workers. The draw of higher paying jobs regionally and internationally pulls many skilled health care professionals away from Barbados. Because English is the national language of Barbados, these workers are especially attractive to employers in the USA, UK, and Canada. A potential positive impact of increased inflow of international patients is that they can help support health sector jobs within Barbados. Better opportunities for Bajans trained in health professions might slow or reverse the emigration of trained health care providers. With greater demand for medical services can come better pay, working conditions, and training opportunities, all of which will reduce the appeal of migration.

However, if vacationers and medical tourists are principally accessing private care, expansion of the private sector might undermine public care within Barbados by drawing health human

resources to higher paying private positions. Thus the problem of supplying adequate health human resources in the public sector in Barbados may simply be shifted if health care professionals in the public sector relocate to the private sector rather than migrate to other countries. For Bajans unable to afford access to the private sector, these workers will be just as inaccessible to them as they would be were they located in another country. Given this possibility, it is important that the Barbados' government take realistic steps to reduce flows of workers from the public to private sector as flows of international patients increase or develop ways for private sector human resources to support the public sector. Though at present there is no indication of mass movement of health care professionals from Barbados' publicly funded health system to the private, for-profit health sector, researchers studying other medical tourism destinations report that expansion of private health care sector to treat international patients can result in movement of health care personnel from publicly funded medical facilities to private, for-profit hospitals and clinics. In our interviews with medical tourism stakeholders in Barbados, this concern was clearly articulated and it was discussed that a memorandum of understanding between the government and AWC included provisions for managing impacts on health human resources. The details of this agreement have not been publicised at this time.

In addition to its implications for the public and private medical sectors in Barbados, inflows of international patients have important implications for other sectors, including tourism and business development. This is the case particularly for medical tourists who are encouraged to couple their medical treatment with time enjoying the climate and culture of the country, and in so doing contribute to a range of businesses in the hospitality industry. Barbados' temperate climate combined with its well-established hospitality sector might lead to the development of

particular surgical offerings that are conducive to recovery or preparatory periods for patients, as has been the case with BFC. The economic impact of such forms of care differs from other types of treatment where patients remain in Barbados for a brief period and broader economic benefits associated with their visits are limited. While the economic impacts of ill vacationers and regional patients may be more limited as they are less likely to plan extended stays within Barbados, even in these cases family members may accompany these patients, stay in hotels, use local restaurants, rent vehicles or taxis, and otherwise have an impact upon the local economy. Moreover, extended recovery times will support local non-medical businesses.

There are a number of factors about Barbados that make it an appealing medical tourism destination including: the climate, proximity to Canada and the United States, skilled health practitioners, good infrastructure, and a strong tourism sector (Jessen and Vignoles, 2004). Moreover, Barbados benefits from the fact that English is spoken there with little dialect use among professionals, as opposed to Middle East and Far Eastern countries. It is conceivable that stiff competition in the medical tourism sector will mean that Barbados will not be able to capitalise on an influx of international patients and subsequent economic benefits. Some researchers are sceptical that Barbados will ever be able to compete with leading medical tourism destinations in Asia and Latin America, especially on cost (Chambers and McIntosh, 2008). If the medical tourism sector in Barbados severely underperforms expectations, then public resources devoted to encouraging this market will have been wasted.

The provision of care to international patients and, especially, the expansion of the private, for-profit health care sector in Barbados prompts concerns about health equity for the local population. Several stakeholders mentioned this concern in our interviews, though we were

also informed that the Barbados Government is committed to ensuring that increased medical tourism will not affect patient access. As we have observed, an influx of international patients might enhance access to medical services and provide economic benefits throughout the community. However, widening differential access to medical care is a concern in itself even if the net effect of international patients entering the country is positive. These effects will need to be closely monitored, managed, and mitigated if health equity is to be supported by the provision of care to international patients.

FUTURE RESEARCH DIRECTIONS

It is possible that Barbados will not see a significant increase in inbound transnational medical care. The global marketplace for health services is extremely competitive and health care facilities in many countries compete for international patients. However, Barbados relative proximity to the United States, Canada, and other Caribbean nations, as well as its longstanding ties to the United Kingdom, suggests that it might have success in attracting medical tourists from these countries. In addition, Barbados has historically attracted numerous regional medical travelers from other Caribbean countries and with appropriate planning the QEH is best placed to capitalise on the Caribbean referrals and to greatly expand in this area. Public and private sector initiatives to promote Barbados as a medical tourism destination, the country's longstanding appeal as a tourist destination, as well as its developed hotel and resort industry, suggest that Barbados has some advantages as it tries to increase its standing as a destination for transnational medical care.

Recognising that government and private sector efforts to attract international patients to Barbados could lead to increased inflow of international patients, we identify numerous topics as warranting further research. Of the numerous hospitals and clinics in Barbados, BFC and AWC will be worth studying as they try to attract non-local residents to Barbados. BFC has already been successful establishing itself as a clinic capable of attracting an international clientele. AWC remains at the planning stage, but its scale suggests that it could play a significant role in expanding the place of transnational medical care in Barbados. In addition to studying particular health care facilities, we see need for careful quantitative, qualitative, and ethical analysis of the effects of increased inflow of international patients. With regard to quantitative data, both publicly funded health care facilities and private, for-profit health care institutions should carefully document how many international patients they treat, the types of medical tests and treatments they receive, the home countries from which they travel, financial losses or gains associated with treating them, and both morbidity and mortality associated with providing care to international patients. Such data should be provided to Barbados' Ministry of Health and used to assess the effects of increased medical travel, including the spin-off tourist effects of relatives and friends. In addition, health ministry officials, local Bajan researchers, and international researchers, can all contribute to studying health system, health human resources, and health equity effects of increased transnational medical care within Barbados. If Barbados succeeds in attracting significant numbers of international patients the for-profit, private health care sector could expand relative to the publicly funded health system. Taxation of procedures provide to international patients could generate revenues that can then be used to cross-subsidise care of local residents. However, it is also possible that the public health system will experience harms rather than benefits as a result of increased transnational care.

We regard transformation of Barbados' health care sector, as well as the possible expansion of Barbados' private health care sector, as a topic meriting careful study over the next five to ten years. The effects of medical travel upon health human resources is another subject warranting additional research. Increased transnational medical care could help Barbados retain health care professionals and, importantly, expand provision of numerous specialised health services. However, it is also possible that increased transnational medical care will lead to intranational 'brain drain' of health care providers from Barbados' publicly funded health care facilities to private, for-profit hospitals and clinics. We regard study of health human resources effects of increased medical travel as a subject deserving serious scholarly analysis. Next, increased transnational medical care could promote domestic health equity, if revenue generated from treating international patients is used to cross-subsidise care of local citizens. The health equity effects of increased transnational medical care in Barbados deserve thorough analysis as both government officials and local entrepreneurs try to increase Barbados' standing as a destination for international patients. Finally, we suggest the importance of studying Barbados' emerging medical tourism industry in a comparative perspective. Both within the Caribbean and the larger global health services marketplace, countries increasingly are seeking to use medical tourism as a form of economic and social development, attract international patients, and fuse provision of health care with domestic hospitality industry.

We anticipate that there is much to gain from using numerous research methods to compare and contrast developments in Barbados with health systems, health human resources, health equity, and health policy changes in other countries striving to attract international patients. Studying such transformations requires methods, methodologies, and theories from many

different scholarly disciplines, and as we continue to study Barbados as a destination for transnational medical care we intend to draw from such fields as geography, bioethics, philosophy, and health sciences.

CONCLUDING SUMMARY

Barbados hopes to emerge as a popular medical tourism destination, as demonstrated by government efforts to develop its industry, although its potential success or failure is far from clear. Increasing medical tourism flows to Barbados may ease or alter existing health and human resources shortages in the country depending on how this industry is managed. If equitably managed, increasing medical tourism could improve the quality of domestic health services by supporting medical specialisation, health worker retention, as well as cross-subsidise care for domestic users by foreign patients. If poorly regulated, increasing medical tourism in Barbados could exacerbate health inequities by facilitating the growth of the private health care sector. Assessing the impacts of medical tourism in Barbados will take time and input from a variety of disciplines and stakeholders

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