Health tourism and the NHS: a personal view

Sir,

Access to UK national health services is via numerous routes. Some are agreed conventions, exemptions and reciprocal agreements and all are open to fraud. I read with interest the article by Murphy et al (https://doi.org/10.12968/hmed.2018.79.6.C94) on NHS charging regulations for overseas patients. As a physician in a hospital 3 miles away from one of the world's busiest airports, I frequently witness contraventions of almost all supposed legitimate points of access and manipulation of a system that would struggle without this added burden. Examples include patients arrive seeking expensive drugs regimens, obtaining complex obstetric deliveries (sometime on multiple occasions) and renal dialysis, all of which would not be available in their own country.

Non-resident patients may obtain treatment giving false details, subsequently discovered when a medical device, incorporating patient data and implanted elsewhere reveals different identities. Such patients have a local hospital registration number and even an NHS number.

Students receive free health care, which means student registration, at a minimal cost, entitles entry to the UK and subsequent free health care.

People who have lived abroad their entire life but who possess a UK passport can return to the UK, declare an intention to become resident and then receive free health care. Once well there is nothing to stop them returning to their life (and family) abroad, having made no financial contribution to the UK whatsoever.

Some visitors have required a medical procedure, such as implantation of a metallic heart valve, and then cannot be repatriated because of the lack of provision in their own country to monitor the device, or in some cases even check their coagulation status.

In my experience, many overseas visitors seem to consider the UK 'wide open' for health care as frequently illustrated when patients from the USA, where health insurance is considered almost obligatory, arrive without insurance cover.

We have arrived at a situation where an intended national health service is now required to also service an international population. These few examples are in addition to the fact that over 1 billion people are entitled to legitimate reciprocal health services (Dubrey et al, 2011), some from countries with basic health-care facilities.

The argument that these individuals will be invoiced fails to appreciate that a major reason for seeking health care in the UK was for economic reasons in the first place.

How can such a system be sustained or justified to contributing resident patients receiving care in an overburdened health service?

Simon W Dubrey
Consultant Cardiologist
Department of Cardiology
The Hillingdon Hospital
Hillingdon Hospitals NHS Foundation Trust
Uxbridge
Middlesex UB8 3NN

Dubrey SW, Mehta PA, Sharma R, Shah S. Entitlement to hospital treatment in the United Kingdom. Br J Hosp Med (Lond). 2011 Mar;72(5):294. https://doi.org/10.12968/hmed.2011.72.5.294

Sir,

The NHS was founded on the principle of providing needs-based care free of charge for all. As junior doctors, working in an NHS which is continuously under threat, we are passionate about defending the doctrine of health care as a human right.

As clinicians who work in an international community of staff and patients alike, we see the ill effects of the 'hostile environment' daily. We see elderly people denied a dignified death as they can not access palliative services in the community. Mothers arriving in labour having had no antenatal care. Patients who have lived and worked in the UK for many years requiring emergency dialysis – which is much more expensive to provide than preventing their kidney function decline in the first place.

Despite working across the busiest renal dialysis and transplant units and the biggest cardiac device centre in the UK, the authors have not seen, or heard, of patients fraudulently accessing the NHS. Discussions with our colleagues not only failed to yield examples of such 'abuse', but also brought out the anger and frustration that our colleagues feel with the structural racism that the current charging legislation brings to our health service. With 35% of doctors within the NHS from overseas, it seems the NHS is deemed international only if and when it suits the government's needs.

The linking of paying into the tax system with worthiness of health care is itself against the NHS's founding principles. Paying into the NHS should not only be a form of self preservation and insurance, but a means to protect those most vulnerable around us. While a more open model is theoretically at a greater risk of 'manipulation', the same argument could be made for many NHS services – if we stopped providing care that had the potential to be abused by a small minority then we would not be left with very much at all.

Lisa Murphy
Foundation Doctor
Centre for Primary Care and Public Health
Barts Health NHS Trust
London EC1A 7BE
(lisaanna.murphy@bartshealth.nhs.uk)
Joanna Dobbin
Foundation Doctor
Centre for Primary Care and Public Health
Barts Health NHS Trust
London
Sarah Boutros
Paediatric Registrar
Paediatric Intensive Care Unit
Great Ormond Street Children's Hospital
London