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Article Document 1

Ethics and organ transplantation.

Lancet 2011 Oct 15; 378(9800): 1356



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Article Document 2

Penney, Kali; Snyder, Jeremy; Crooks, Valorie A; Johnston, Rory

Risk communication and informed consent in the medical tourism industry: a thematic content analysis of Canadian broker websites.

BMC medical ethics 2011 September 26; 12: 17

Abstract: Medical tourism, thought of as patients seeking non-emergency medical care outside of their home countries, is a growing industry worldwide. Canadians are amongst those engaging in medical tourism, and many are helped in the process of accessing care abroad by medical tourism brokers - agents who specialize in making international medical care arrangements for patients. As a key source of information for these patients, brokers are likely to play an important role in communicating the risks and benefits of undergoing surgery or other procedures abroad to their clientele. This raises important ethical concerns regarding processes such as informed consent and the liability of brokers in the event that complications arise from procedures. The purpose of this article is to examine the language, information, and online marketing of Canadian medical tourism brokers' websites in light of such ethical concerns.



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Article Document 3

International stem cell tourism in Russia and India: clinical research, innovative treatment, or unproven hype?

Kennedy Institute of Ethics journal 2011 Sep; 21(3): vii-viii



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Article Document 4

Daly, Brenda

Access to abortion services: the impact of the European convention on human rights in Ireland.

Medicine and law 2011 Jun; 30(2): 267-78

Abstract: Abortion is unlawful in Ireland except where it is necessary to save the life of the mother. The right to life of the unborn child is safeguarded under Article 40.3.3 degrees of Bunreacht na hEireann (the Irish Constitution). In 2003 the European Convention on Human Rights was incorporated into Irish domestic legislation, subject to the provisions of the Irish Constitution. The aim of this paper is to consider the potential impact of the ECHR on access to abortion services within the State. This paper commences with discussion of the statutory prohibition on abortion

and the Constitutional provisions concerning the protection afforded to the unborn child. It will then be necessary to examine the implications for Ireland of recent European Court of Human Rights' decisions, in particular the recent judgment in *A, B & C v Ireland*, regarding the right to legal abortions given the unique nature of the legal status of the ECHR and its relationship with the Irish Constitution.



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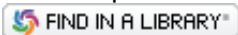
Article Document 5

Hudson, Nicky; Culley, Lorraine; Blyth, Eric; Norton, Wendy; Rapport, Frances; Pacey, Allan

Cross-border reproductive care: a review of the literature.

Reproductive biomedicine online 2011 Jun; 22(7): 673-85

Abstract: Cross-border reproductive care (CBRC) has attracted considerable attention in media and professional publications. The aim of this review is to present a critical narrative overview of the published evidence on CBRC. A systematic search of key academic databases was undertaken with no time restrictions set for publication. This was supplemented by additional searches of key websites, reference chaining and enquiries to people working in the field. A total of 54 items are included in the review, including both empirical research studies (18) and debate papers (36). The key themes discussed are: terminology and definitions; incidence; experiences; explanations; implications; and policy responses. Significant methodological limitations and gaps in the literature are identified. Evidence on incidence is scant, though it suggests that CBRC is increasing. The literature suggests legal, social and political drivers, which vary in importance geographically and between individuals. Limited findings on patient perceptions suggest a broadly positive patient experience. Suggested policy responses include prohibition, regulatory harmonization and harm minimization. There is a need for better international data collection tools and both quantitative and qualitative work which encompasses views of patients, donors, surrogates and professionals and which explores the implications for healthcare services in sending countries.



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Article Document 6

Biller-Andorno, Nikola; Capron, Alexander Morgan

"Gratuities" for donated organs: ethically indefensible.

Lancet 2011 Apr 23; 377(9775): 1390-1



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Article Document 7

Meghani, Zahra

A robust, particularist ethical assessment of medical tourism.

Developing world bioethics 2011 Apr; 11(1): 16-29

Abstract: Recently, in increasing numbers, citizens of wealthy nations are heading to poorer countries for medical care. They are traveling to the global South as medical tourists because in their home nations either they cannot get timely medical care or they cannot afford needed treatments. This essay offers a robust, particularist ethical assessment of the practice of citizens of richer nations traveling to poorer countries for healthcare.



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Article Document 8

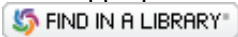
Widdows, Heather

Localized past, globalized future: towards an effective bioethical framework using examples from population genetics and medical tourism.

Bioethics 2011 Feb; 25(2): 83-91

Abstract: This paper suggests that many of the pressing dilemmas of bioethics are global and structural in nature.

Accordingly, global ethical frameworks are required which recognize the ethically significant factors of all global actors. To this end, ethical frameworks must recognize the rights and interests of both individuals and groups (and the interrelation of these). The paper suggests that the current dominant bioethical framework is inadequate to this task as it is over-individualist and therefore unable to give significant weight to the ethical demands of groups (and by extension communal and public goods). It will explore this theme by considering the inadequacy of informed consent (the 'global standard' of bioethics) to address two pressing global bioethical issues: medical tourism and population genetics. Using these examples it will show why consent is inadequate to address all the significant features of these ethical dilemmas. Four key failures will be explored, namely, ? That the rights and interests of those related (and therefore affected) are neglected; ? That consent fails to take account of the context and commitments of individuals which may constitute inducement and coercion; ? That consent alone does not have the ethical weight to negate exploitation or make an unjust action just ('the fallacy of sufficiency'); ? That consent is a single one-off act which is inappropriate for the types of decision being made. It will conclude by suggesting that more appropriate models are emerging, particularly in population genetics, which can supplement consent.



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Article Document 9

Helble, Matthias

The movement of patients across borders: challenges and opportunities for public health.

Bulletin of the World Health Organization 2011 Jan 1; 89(1): 68-72

Abstract: In a globalizing world, public health is no longer confined to national borders. In recent years we have observed an increasing movement of patients across international borders. The full extent of this trend is yet unknown, as data are sparse and anecdotal. If this trend continues, experts are convinced that it will have major implications for public health systems around the globe. Despite the growing importance of medical travel, we still have little empirical evidence on its impact on public health, especially on health systems. This paper summarizes the most recent debates on this topic. It discusses the main forces that drive medical travel and its implications on health systems, in particular the impacts on access to health care, financing and the health workforce. This paper also offers guidance on how to define medical travel and how to improve data collection. It advocates for more scientific research that will enable countries to harness benefits and limit the potential risks to public health arising from medical travel.



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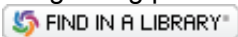
Article Document 10

Runnels, Vivien; Turner, Leigh

Bioethics and transnational medical travel: India, "medical tourism," and the globalisation of healthcare.

Indian journal of medical ethics 2011 Jan-Mar; 8(1): 42-4

Abstract: Health-related travel, also referred to as "medical tourism" is historically well-known. Its emerging contemporary form suggests the development of a form of globalised for-profit healthcare. Medical tourism to India, the focus of a recent conference in Canada, provides an example of the globalisation of healthcare. By positioning itself as a low-cost, high-tech, fast-access and high-quality healthcare destination country, India offers healthcare to medical travellers who are frustrated with waiting lists and the limited availability of some procedures in Canada. Although patients have the right to travel and seek care at international medical facilities, there are a number of dimensions of medical tourism that are disturbing. The diversion of public investments in healthcare to the private sector, in order to serve medical travellers, perversely transfers public resources to international patients at a time when the Indian public healthcare system fails to provide primary healthcare to its own citizens. Further, little is known about patient safety and quality care in transnational medical travel. Countries that are departure points as well as destination countries need to carefully explore the ethical, social, cultural, and economic consequences of the growing phenomenon of for-profit international medical travel.



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Article Document 11

Kangas, Beth

Complicating common ideas about medical tourism: gender, class, and globality in Yemenis

Signs 2011 Winter; 36(2): 327-332



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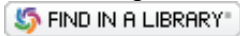
Article Document 12

Gilmartin, Mary; White, Allen

Interrogating medical tourism: Ireland, abortion, and mobility rights.

Signs 2011; 36(2): 275-79

Abstract: Medical tourism in Ireland, like in many Western states, is built around assumptions about individual agency, choice, possibility, and mobility. One specific form of medical tourism—the flow of women from Ireland traveling in order to secure an abortion—disrupts and contradicts these assumptions. One legacy of the bitter, contentious political and legal battles surrounding abortion in Ireland in the 1980s and 1990s has been securing the right of mobility for all pregnant Irish citizens to cross international borders to secure an abortion. However, these mobility rights are contingent upon nationality, social class, and race, and they have enabled successive Irish governments to avoid any responsibility for providing safe, legal, and affordable abortion services in Ireland. Nearly twenty years after the X case discussed here, the pregnant female body moving over international borders—entering and leaving the state—is still interpreted as problematic and threatening to the Irish state.



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Article Document 13

Bergmann, Sven

Fertility tourism: circumventive routes that enable access to reproductive technologies and substances.

Signs 2011; 36(2): 280-88

Abstract: Fertility tourism is a journalistic eye-catcher focusing on the phenomenon of patients who search for a reproductive treatment in another country in order to circumvent laws, access restrictions, or waiting lists in their home country. In Europe, the reasons why people seek reproductive treatments outside their national boundaries are quite diverse, in part because regulations differ so much among countries. Beginning with four examples of people who crossed borders for an in vitro fertilization (IVF) treatment with gamete donation, this article provides some insight into these transnational circumvention practices based on material from ethnographic fieldwork and interviews in Spain, Denmark, and the Czech Republic. In all three countries, gamete donation is made strictly anonymous. Clinical practices such as egg donor recruitment and phenotypical matching between donors and recipients serve to naturalize the substitution of gametes and to install social legitimacy through resemblance markers with the prospective child. In comparison to other areas of medical tourism, which are subjects of debate as a consequence of neoliberal health politics and international medical competition, mobility in the area of reproductive technologies is deeply intertwined with new forms of doing kinship. For prospective parents, it holds a promise of generating offspring who could pass as biogenetically conceived children. Therefore, IVF with gamete donation is mostly modeled after conceptions of nature. Through anonymity and concealment it creates forms of nonrelatedness that leave space for future imaginings and traces of transnational genetic creators.



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Article Document 14

Turner, Leigh G

The coming backlash against "medical tourism".

Plastic and reconstructive surgery 2010 Dec; 126(6): 326e-327e



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Article Document 15

Ost, Suzanne

The de-medicalisation of assisted dying: is a less medicalised model the way forward?

Medical law review 2010 Winter; 18(4): 497-540

Abstract: Although assisted dying has been most commonly presented within a medicalised framework, the notion of de-medicalisation is employed in this paper to suggest that there are emerging models of assisted dying in which some medical aspects assumed to be an integral part of the phenomenon are both challenged and diminished. The paper considers cases where relatives have facilitated a loved one's assisted suicide abroad, cases of assisted death in which the assistor in the actual suicide act is a non-medical, and the growing debate surrounding non-medical grounds for desiring death. In evaluating the potential impact of partial de-medicalisation on the assisted dying debate, the argument presented is that whilst a de-medicalised model could well contribute to a richer understanding of assisted dying and a better death for the person who is assisted, there are cogent reasons to retain some aspects of the medicalised model and that a completely de-medicalised model of assisted dying is unrealistic.



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Article Document 16

Snyder, Jeremy; Crooks, Valorie A

Medical tourism and bariatric surgery: more moral challenges.

The American journal of bioethics : AJOB 2010 Dec; 10(12): 28-30



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Article Document 17

Gill, John S; Goldberg, Aviva; Prasad, G V Ramesh; Fortin, Marie-Chantal; Hansen, Tom-Blydt; Levin, Adeera; Gill, Jagbir; Tonelli, Marcello; Tibbles, Lee Anne; Knoll, Greg; Cole, Edward H; Caulfield, Timothy

Policy statement of Canadian Society of Transplantation and Canadian Society of Nephrology on organ trafficking and transplant tourism.

Transplantation 2010 Oct 27; 90(8): 817-20



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Article Document 18

Chatterjee, Biswaroop

Turmoil over New Delhi metallo-beta lactamase-1 :a tale of ersatz patriotism.

Indian journal of medical ethics 2010 Oct-Dec; 7(4): 200-3



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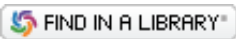
Article Document 19

Whittaker, Andrea; Manderson, Lenore; Cartwright, Elizabeth

Patients without borders: understanding medical travel.

Medical anthropology 2010 Oct; 29(4): 336-43

Abstract: The rapidly growing medical travel industry has implications for the health systems of both sending and receiving countries. This article outlines the political economy of the industry and the potential opportunities and disadvantages it poses for access, equity, and the right to health. Although the trade carries economic benefits for countries receiving foreign medical patients, it comes at a cost to the provision of public health, through distortions in the health workforce and the development of two-tiered health systems. Inequalities and failures in the health systems of sending countries largely drive the need to travel for care.



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Article Document 20

Mason, Chris; Manzotti, Elisa

Defeating stem cell tourism. Foreword.

Regenerative medicine 2010 Sep; 5(5): 681-6



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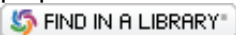
Article Document 21

Donchin, Anne

Reproductive tourism and the quest for global gender justice.

Bioethics 2010 Sep; 24(7): 323-32

Abstract: Reproductive tourism is a manifestation of a larger, more inclusive trend toward globalization of capitalist cultural and material economies. This paper discusses the development of cross-border assisted reproduction within the globalized economy, transnational and local structural processes that influence the trade, social relations intersecting it, and implications for the healthcare systems affected. I focus on prevailing gender structures embedded in the cross-border trade and their intersection with other social and economic structures that reflect and impact globalization. I apply a social connection model of responsibility for unjust outcomes and consider strategies to counter structural injustices embedded in this industry. The concluding section discusses policy reforms and proposals for collaborative action to preclude further injustices and extend full human rights to all.



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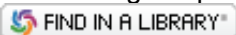
Article Document 22

Parks, Jennifer A

Care ethics and the global practice of commercial surrogacy.

Bioethics 2010 Sep; 24(7): 333-40

Abstract: This essay will focus on the moral issues relating to surrogacy in the global context, and will critique the liberal arguments that have been offered in support of it. Liberal arguments hold sway concerning reproductive arrangements made between commissioning couples from wealthy nations and the surrogates from socioeconomically weak backgrounds that they hire to do their reproductive labor. My argument in this paper is motivated by a concern for controlling harms by putting the practice of globalized commercial surrogacy into the context of care ethics. As I will argue, the unstable situations into which children of global surrogacy arrangements are born is symbolic of the crisis of care that the practice raises. Using the Baby Manji case as my touch point, I will suggest that liberalism cannot address the harms experienced by Manji and children like her who are created through the global practice of assisted reproductive technology. I will argue that, if commissioning couples consider their proposed surrogacy contracts from a care ethics point of view, they will begin to think relationally about their actions, considering the practice from an ethical lens, not just an economic or contractual one.



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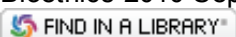


Article Document 23

Donchin, Anne

Reproductive tourism and the quest for global gender justice

Bioethics 2010 September; 24(7): 323-332



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Article Document 24

Shetty, Priya

Medical tourism booms in India, but at what cost?

Lancet 2010 Aug 28; 376(9742): 671-2



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Article Document 25

Smith, Elise; Behrmann, Jason; Martin, Carolina; Williams-Jones, Bryn

Reproductive tourism in Argentina: clinic accreditation and its implications for consumers, health professionals and policy makers.

Developing world bioethics 2010 Aug ; 10(2): 59-69

Abstract: A subcategory of medical tourism, reproductive tourism has been the subject of much public and policy debate in recent years. Specific concerns include: the exploitation of individuals and communities, access to needed health care services, fair allocation of limited resources, and the quality and safety of services provided by private clinics. To date, the focus of attention has been on the thriving medical and reproductive tourism sectors in Asia and Eastern Europe; there has been much less consideration given to more recent 'players' in Latin America, notably fertility clinics in Chile, Brazil, Mexico and Argentina. In this paper, we examine the context-specific ethical and policy implications of private Argentinean fertility clinics that market reproductive services via the internet. Whether or not one agrees that reproductive services should be made available as consumer goods, the fact is that they are provided as such by private clinics around the world. We argue that basic national regulatory mechanisms are required in countries such as Argentina that are marketing fertility services to local and international publics. Specifically, regular oversight of all fertility clinics is essential to ensure that consumer information is accurate and that marketed services are safe and effective. It is in the best interests of consumers, health professionals and policy makers that the reproductive tourism industry adopts safe and responsible medical practices.



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Article Document 26

McHale, Jean

Health tourism and the UK: some new developments.

British journal of nursing (Mark Allen Publishing) 2010 Jul 22-Aug 11; 19(14): 926-7

Abstract: Pre-empting the implementation of the EU draft Patient's Rights directive, the UK Government has issued regulations governing the reimbursement of costs of treatment to patients seeking treatment overseas. This article explores the new regulations and how they may impact on NHS resource allocation in the future.



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Article Document 27

Lunt, Neil; Carrera, Percivil

Medical tourism: assessing the evidence on treatment abroad.

Maturitas 2010 May; 66(1): 27-32

Abstract: The review focuses on one growing dimension of health care globalisation - medical tourism, whereby consumers elect to travel across borders or to overseas destinations to receive their treatment. Such treatments include cosmetic and dental surgery; cardio, orthopaedic and bariatric surgery; IVF treatment; and organ and tissue transplantation. The review sought to identify the medical tourist literature for out-of-pocket payments, focusing wherever possible on evidence and experience pertaining to patients in mid-life and beyond. Despite increasing media interest and coverage hard empirical findings pertaining to out-of-pocket medical tourism are rare. Despite a number of countries offering relatively low cost treatments we know very little about many of the numbers and key indicators on medical tourism. The narrative review traverses discussion on medical tourist markets, consumer choice, clinical outcomes, quality and safety, and ethical and legal dimensions. The narrative review draws attention

to gaps in research evidence and strengthens the call for more empirical research on the role, process and outcomes of medical tourism. In concluding it makes suggestion for the content of such a strategy.



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Article Document 28

Crozier, G K D; Baylis, Françoise

The ethical physician encounters international medical travel.

Journal of medical ethics 2010 May ; 36(5): 297-301

Abstract: International medical travel occurs when patients cross national borders to purchase medical goods and services. On occasion, physicians in home countries will be the last point of domestic contact for patients seeking healthcare information before they travel abroad for care. When this is the case, physicians have a unique opportunity to inform patients about their options and help guide them towards ethical practices. This opportunity brings to the fore an important question: What role should physicians in more-developed home countries play in promoting or constraining international medical travel towards less-developed destination countries? In our view, critical attention to the decision spaces of patients—defined by the personal circumstances, socio-cultural cues, and legal constraints that inform decision-making—is a useful starting point for evaluating the proper response of physicians to various forms of international medical travel.



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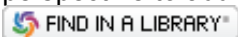
Article Document 29

Zarzewny, Amy; Caulfield, Timothy

Stem cell tourism and doctors' duties to minors -- a view from Canada.

American Journal of Bioethics 2010 May; 10(5): 3-15

Abstract: While the clinical promise of much stem cell research remains largely theoretical, patients are nonetheless pursuing unproven stem cell therapies in jurisdictions around the world—a phenomenon referred to as "stem cell tourism." These treatments are generally advertised on a direct-to-consumer basis via the Internet. Research shows portrayals of stem cell medicine on such websites are overly optimistic and the claims made are unsubstantiated by published evidence. However, anecdotal evidence suggests that parents are pursuing these "treatments" for their children, despite potential physical and financial risk. Physicians are in a unique position as they can be expected to be involved in, or privy to, such decisions. In this paper, we consider what duties physicians may have toward minor patients whose parents/guardians wish to engage in stem cell tourism on their behalf. We use the Canadian perspective to address the broadly relevant issues raised by this trend.



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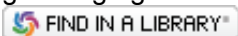
Article Document 30

Murdoch, Charles E.; Scott, Christopher Thomas

Stem cell tourism and the power of hope.

American Journal of Bioethics 2010 May; 10(5): 16-23

Abstract: This paper explores the notions of hope and how individual patient autonomy can trump carefully reasoned ethical concerns and policies intended to regulate stem cell transplants. We argue that the same limits of knowledge that inform arguments to restrain and regulate unproven treatments might also undermine our ability to comprehensively dismiss or condemn them. Incautiously or indiscriminately reasoned policies and attitudes may drive critical information and data underground, impel patients away from working with clinical researchers, and tread needlessly on hope, the essential motivator of patients, advocates and researchers alike. We offer recommendations to clinicians and health care providers to help balance the discourse with individuals seeking treatment while guarding against fraud, misconception, and patient harm.



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Article Document 31

Caplan, Arthur; Levine, Bruce

Hope, hype and help: ethically assessing the growing market in stem cell therapies.

American Journal of Bioethics 2010 May; 10(5): 24-25



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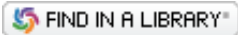


Article Document 32

Feudtner, Chris

Taking care of hope.

American Journal of Bioethics 2010 May; 10(5): 26-27



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Article Document 33

Chandler, Jennifer

Stem cell tourism: doctors' duties to minors and other incompetent patients.

American Journal of Bioethics 2010 May; 10(5): 27-28



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Article Document 34

Levine, Aaron D.

Insights from patients' blogs and the need for systematic data on stem cell tourism.

American Journal of Bioethics 2010 May; 10(5): 28-29



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Article Document 35

Reimer, Joanne; Borgelt, Emily; Illes, Judy

In pursuit of "informed hope" in the stem cell discourse.

American Journal of Bioethics 2010 May; 10(5): 31-32



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Article Document 36

Regenberg, Alan C.

Tweeting science and ethics: social media as a tool for constructive public engagement.

American Journal of Bioethics 2010 May; 10(5): 30-31



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Article Document 37

Sipp, Douglas

Hope alone is not an outcome: why regulations makes sense for the global stem cell industry.

American Journal of Bioethics 2010 May; 10(5): 33-34



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Article Document 38

McMahon, Dominique; Thorsteinsdóttir, Halla

Regulations are needed for stem cell tourism: insights from China.

American Journal of Bioethics 2010 May; 10(5): 34-36



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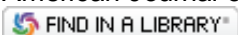


Article Document 39

Crozier, G.K.D.; Thomsen, Kyle

Stem cell tourism and the role of health professional organizations.

American Journal of Bioethics 2010 May; 10(5): 36-38



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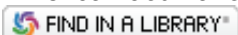


Article Document 40

Hauskeller, Christine; Wilson-Kovacs, Dana

Traveling across borders -- the pitfalls of clinical trial regulation and stem cell exceptionalism.

American Journal of Bioethics 2010 May; 10(5): 38-40



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Article Document 41

Shalev, Carmel

Stem cell tourism -- a challenge for trans-national governance.

American Journal of Bioethics 2010 May; 10(5): 40-42



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Article Document 42

Dolan, Timothy

A three-pronged management strategy to stem cell tourism.

American Journal of Bioethics 2010 May; 10(5): 43-45



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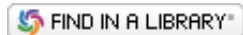


Article Document 43

Devereaux, Mary; Loring, Jeanne F.

Growth of an industry: how U.S. scientists and clinicians have enabled stem cell tourism.

American Journal of Bioethics 2010 May; 10(5): 45-46



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Guest, Jim; Anderson, Kim

Hopes and illusions.

American Journal of Bioethics 2010 May; 10(5): 47-48



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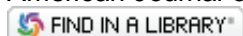


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Foster, Susan

The role of patients and patient advocacy groups in educating patients on the importance of legitimate scientific research.

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Boyer, P; Gervoise-Boyer, M; Tourame, P; Le Coz, P; Poirot, C

[Response by P. Boyer et al. to the article "Regulations for oocyte donation in France..."]. = Réponse de P.

Boyer et al. à l'article de F. Merlet et B. Sénémaud: "prise en charge du don d'ovocytes: réglementation du don, la face cachée du tourisme procréatif" *Gynecol Obstet Fertil* 2010;38:36-44. La face cachée du don d'ovocyte: quelle face?

Gynécologie, obstétrique & fertilité 2010 Apr; 38(4): 300



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Article Document 47

Schiano, Thomas D; Rhodes, Rosamond

Transplant tourism.

Current opinion in organ transplantation 2010 Apr ; 15(2): 245-8

Abstract: PURPOSE OF REVIEW: Because of the ongoing organ donor shortage, transplant tourism is occurring at an increasing rate both in the USA and abroad. To date, there have been little published data to help guide the programmatic philosophy of the USA transplant centers regarding transplant tourism. RECENT FINDINGS: We summarize position statements from several transplant societies regarding transplant tourism and specifically transplantation occurring in China (because of the use of executed prisoners as organ donors). Transplant tourism is ever increasing and patients may be at risk for greater post-transplant morbidity as well as inadequate follow up care. Transplant centers require some guidance with regard of how to deal with these patients. SUMMARY: Transplant tourism is an increasing reality facing the USA transplant centers. Most professional societies do not condone it yet cannot abrogate a physician's right to care for such patients. Ethical principles mandate transplant physicians provide adequate care for returning transplant tourists. Better ways of assessing the scope of the problem are necessary. Transplant tourism may exist because of the disparity between the need for organ donors and their availability and is thus likely to continue into the future.



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Cohen, Cynthia B; Cohen, Peter J

International stem cell tourism and the need for effective regulation. Part I: Stem cell tourism in Russia and India: clinical research, innovative treatment, or unproven hype?

Kennedy Institute of Ethics journal 2010 Mar ; 20(1): 27-49

Abstract: Persons with serious and disabling medical conditions have traveled abroad in search of stem cell treatments in recent years. However, weak or nonexistent oversight systems in some countries provide insufficient patient protections against unproven stem cell treatments, raising concerns about exposure to harm and exploitation. The present article, the first of two, describes and analyzes stem cell tourism in Russia and India and addresses several scientific/medical, ethical, and policy issues raised by the provision of unproven stem cell-based treatments within them. The distinction between treatment based on proven clinical research and "innovative treatment" is addressed and the authors conclude that the innovations at issue constitute neither. Regulatory measures need to be developed or strengthened in accord with internationally accepted standards in such countries to protect those seeking stem cell treatments.



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Cohen, I. Glenn

Medical tourism: the view from ten thousand feet.

Hastings Center Report 2010 March-April; 40(2): 11-12



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Ferraretti, Anna Pia; Pennings, Guido; Gianaroli, Luca; Natali, Francesca; Magli, M Cristina

Cross-border reproductive care: a phenomenon expressing the controversial aspects of reproductive technologies.

Reproductive biomedicine online 2010 Feb; 20(2): 261-6

Abstract: Cross-border reproductive care, also called reproductive tourism, refers to the travelling of citizens from their country of residence to another country in order to receive fertility treatment through assisted reproductive technology. Several reasons account for cross-border reproductive care: (i) a certain kind of treatment is forbidden by law in the couple's own country or is inaccessible to the couple because of their demographic or social characteristics; (ii) foreign centres report higher success rates compared with those of the centres in the country of residence; (iii) a specific treatment may be locally unavailable because of a lack of expertise or because the treatment is considered experimental or insufficiently safe; and (iv) limited access to the treatment in the couple's home country because of long waiting lists, excessive distance from a centre or high costs. Although cross-border reproductive care can be viewed as a safety valve, the phenomenon is often associated with a high risk of health dangers, frustration and disparities. Solutions to these problematic effects need to be considered in the light of the fact that cross-border reproductive care is a growing phenomenon.



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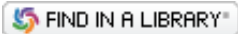


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Testa, Giuliano; Angelos, Peter

The transplant surgeon and transplant tourists: ethical and surgical issues.

American Journal of Bioethics 2010 February; 10(2): 12-13



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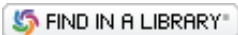


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Hippen, Benjamin

Professional obligation and supererogation with reference to the transplant tourist.

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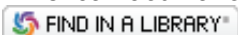


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Ho, Dien

Providing optimal care with dirty hands.

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Martin, Dominique

Professional and public ethics united in condemnation of transplant tourism.

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Devereaux, Mary; Loring, Jeanne F.

A modest proposal in response to Rhodes and Schiano.

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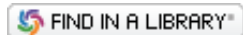


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Tsai, Daniel Fu Chang

Transplant tourism from Taiwan to China: some reflection on professional ethics and regulation.

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Fujita, Misao; Slingsby, Brian Taylor; Akabayashi, Akira

Transplant tourism from Japan.

American Journal of Bioethics 2010 February; 10(2): 24-26



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Schiano, Thomas D.; Rhodes, Rosamond

The dilemma and reality of transplant tourism: an ethical perspective for liver transplant programs.

Liver Transplantation 2010 February; 16(2): 113-117

Abstract: Transplant programs are likely to encounter increasing numbers of patients who return after receiving an organ transplant abroad. These patients will require ongoing medical care to monitor their immunosuppression and to provide treatment when the need arises. Transplant societies have condemned transplantation with organs purchased abroad and with organs procured from executed prisoners in China. Nevertheless, transplant programs require guidance on how to respond to the needs of returning transplant tourists and to the needs of patients who may choose to become transplant tourists. This discussion presents a case that raised such issues in our program. It goes on to offer reasons for considering a program's responses in terms of the most relevant principles of medical ethics, namely beneficence and nonjudgmental regard.



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Biggins, Scott W.

Supply and demand in transplant tourism: disclosure duties of the transplant physician and our global transplant community.

Liver Transplantation 2010 February; 16(2): 246-247



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Cortez, Nathan

Recalibrating the legal risks of cross-border health care.

Yale Journal of Health Policy, Law, and Ethics 2010 Winter; 10(1): 1-89



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Turkey. Transplantation Society [TTS] and International Society of Nephrology [ISN]. International Summit on Transplant Tourism and Organ Trafficking

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Saudi Journal of Kidney Diseases and Transplantation 2010 January-February; 21(1): 138-147



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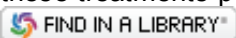
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Ryan, Kirsten A.; Sanders, Amanda N.; Wang, Dong D.; Levine, Aaron D.

Tracking the rise of stem cell tourism.

Regenerative Medicine 2010 January; 5(1): 27-33

Abstract: AIMS: Driven by hype surrounding stem cell research, a number of clinics around the world currently offer 'stem cell therapies' to patients. These unproven interventions have attracted policy interest owing to the risks they may pose to patients and to the progress of legitimate translational stem cell research, yet remarkably little data exists about the patients who undergo these unproven therapies or their experiences. We sought to characterize this patient population. MATERIALS & METHODS: We developed a comprehensive data set of blogs written by patients (or their caretakers) about their experiences with unproven stem cell therapies. RESULTS & CONCLUSIONS: Analyzing these data suggests that unproven stem cell therapies are increasing rapidly in popularity and are attracting a wide range of patients—both young and old and with a diverse collection of medical conditions. These results should help clinicians advise individual patients and help policymakers devise strategies to mitigate the risks these treatments pose.



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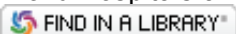


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Haley, D. Rob; Abdel Khalifaa, M.; Beg, Sama A.; Sobh, Nesma

Globalization and the ethical implications for the Egyptian healthcare system

World Hospitals and Health Services 2010; 46(2): 8-11



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Biggins, Scott W; Bambha, Kiran; Terrault, Norah; Inadomi, John; Roberts, John P; Bass, Nathan
Transplant tourism to China: the impact on domestic patient-care decisions.
Clinical transplantation 2009 Nov-Dec; 23(6): 831-8

Abstract: Organ procurement in China has been criticized because of its reliance on executed prisoners as donors. We aimed to assess the influence of perceptions about organ procurement practices in China on domestic patient-care decisions. Methods: An anonymous internet administered case-based questionnaire was used to survey a sample of healthcare professionals with affiliations to hepatology and transplantation professional societies. Results: Of 674 completed surveys, the vast majority (93%) of the respondents were physicians, surgeons or allied transplant professionals actively caring for liver transplant patients and 81% practiced in the US. A strong majority believed procurement practices were ethically sound in the US and Europe (87% and 73%) but far fewer believed that procurement practices were ethically sound in China (4%, $p < 0.001$). In case-based questions, lack of confidence in the ethical standards of organ procurement in China predicted patient-care decisions. The majority would provide post-transplantation care for patients who underwent liver transplantation at another domestic center, in a foreign country and in China (90%, 78%, and 63%, respectively, $p < 0.001$) yet respondents who suspected unethical procurement practices in China were more reluctant to do so ($p < 0.001$). Conclusions: Transplant professionals expressed concern about organ procurement practices in China which influenced their patient-care decision-making.



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Zarocostas, John
Developing nations pour cash into attracting medical tourist [news]
BMJ: British Medical Journal 2009 September 5; 339(7720): 535



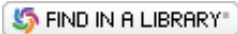
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Noël, Luc; Martin, Dominique
Progress towards national self-sufficiency in organ transplants [editorial]
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Lindvall, Olle; Hyun, Insoo
Medical innovation versus stem cell tourism.
Science 2009 June 26; 324(5935): 1664-1665

Abstract: Stem cell tourism is criticized on grounds of consumer fraud, blatant lack of scientific justification, and patient safety. However, the issues are complex because they invoke questions concerning the limits of acceptable medical innovation and medical travel. Here we discuss these issues and articulate conditions under which "unproven" therapies may be offered to patients outside of regular clinical trials.



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Milstein, Arnold; Smith, Mark D.; Kassirer, Jerome P.

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Khoury, Christopher

Americans consider crossing borders for medical care: Competition for high-quality, affordable medical care no longer local

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Konrad, Walecia

Going abroad to find affordable health care

New York Times 2009 March 21; p. B6



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Turner, Leigh

"Dental tourism": issues surrounding cross-border travel for dental care.

Journal (Canadian Dental Association) 2009 March; 75(2): 117-119



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McDonald, Mark

Beijing investigates transplants for tourists

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Smith, Anne Kates

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Rose, Daniel Asa

LARRY'S KIDNEY: BEING THE TRUE STORY OF HOW I FOUND MYSELF IN CHINA WITH MY BLACK SHEEP COUSIN AND HIS MAIL-ORDER BRIDE, SKIRTING THE LAW TO GET HIM A TRANSPLANT—AND SAVE HIS LIFE

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Schnieder, Ingrid

Indirect commodification of ova donation for assisted reproduction and for human cloning research: proposals for supranational regulation

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Richards, Tessa

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Delmonico, Francis L.

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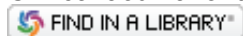


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Turner, Leigh

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Transplant no-no [news]

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Rundle, Rhonda

Europeans take beauty trip to U.S.; plastic surgeons see rise in overseas clients amid weak dollar

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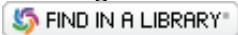


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Watkin, Eleanor Black

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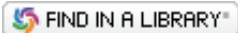


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Let's wave goodbye to "transplant tourism"

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Royal care for some of India's patients, neglect for others

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Sen Gupta, Amit

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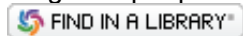


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Pennings, Guido

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Moazam, Farhat

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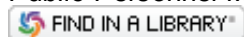


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