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Americans travel abroad for crucial surgery

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Before getting two artificial disks to ease the grinding pain in his back, Wayne King asked prospective surgeons where they trained and how many disk replacements they had done.

Then he flew to Malaysia for the operation.

Rising health costs and dwindling insurance coverage are driving hundreds of thousands of Americans to travel far to avoid potentially devastating medical bills.

Among them are King, an insurance adjuster who lives in east Sacramento, as well as a Sacramento City firefighter who underwent major dental reconstruction in Tijuana, and an Elk Grove couple heading to India for fertility treatment.

Other than organ transplants, there's little data on the safety of medical travel, but "there is no question that it is increasing," said Dr. Arnold Milstein, chief physician at Mercer Health and Benefits, a firm that advises companies on medical insurance.

"In the U.S., it's getting to be pretty Darwinian in terms of who lives and who dies," said Milstein. Or who hurts and who doesn't.

King was driven by a steady, intense pressure on his midsection caused by one collapsed and one partly collapsed disk. It's like having an arthritic joint, but in the spine, said his rehabilitation specialist, Dr. Michael Hembd of Sacramento.

"I was absolutely miserable," King said. "I had no life."

Standing or sitting for more than a few minutes were equally tormenting. Painkillers fogged his mind. He withdrew from friends and snapped at relatives.

A standard treatment would be spinal fusion surgery, to immobilize a section of spine. An emerging alternative is disk replacement. Both have flaws, failing to cut pain in up to a fourth of the people who get them, said Dr. Serena Hu, an orthopedic surgeon at UC San Francisco who has researched disk replacement. But there is some suggestion that disk replacement may put less strain on nearby disks.

King was convinced replacement would give him better mobility and less risk of other disks degenerating.

Although European surgeons have replaced two neighboring disks for well over a decade, many U.S. insurance companies will only pay for single disk replacement because success of two-disk surgeries – what

King wanted – haven't been tracked as long.

He appealed his insurance company's denial. He changed jobs to try to improve his coverage. He was told yes, then no just days before Hu would have operated.

"I said screw it, I'm just going to do it and file bankruptcy, but the hospital wanted \$50,000 down" on the \$105,000 treatment, King said.

Ultimately, after months of Internet research and hiring MedRetreat, a medical travel organizer, he traveled in January to Gleneagles hospital in Malaysia.

The bill – surgery, hospitalization, hotels and airfare for himself, his partner and his mother – came to \$27,000. King borrowed from relatives and his 401(k).

Supplies cheaper, too

Gleneagles is among dozens of hospitals in the developing world racking up international accreditations or affiliations with prestigious U.S. universities. Many boast English-speaking and highly trained doctors, and nursing ratios that outshine U.S. care.

It isn't just lower pay for all those doctors and nurses and hospital construction workers that keep costs low in places such as Malaysia. Even supplies are cheaper. The exact same two disks that were placed in King's spine, at a cost of \$3,200 each, are priced at \$11,000 each in the United States.

"It's an unfortunate statement of the cost of health care here," Hu said.

Ten months after surgery, King is almost pain-free. The twinges are so slight he is off pain medication. "I can go out with my friends. I can go on a drive. I'm coherent again."

His post-surgical X-rays and mobility are about what a doctor would expect in someone who had had the same surgery in the United States, said Hembd, who has treated King since 2005.

Just last week, another patient told Hembd she's considering going to Germany for the same surgery, and has been quoted a price of \$35,000. Still, Hembd stresses he wouldn't encourage anyone to seek care outside the United States.

"What happens if it does fail?" the doctor asked. If follow-up surgery is needed, "who is going to take care of him? Who wants to clean up someone else's mess?"

No one knows how many overseas procedures go bad, or even how many Americans are making trips like King's. Estimates range from 60,000 to 70,000 annually who spend at least a night in a hospital, to hundreds of thousands seen as outpatients.

Data on outcomes is so scant that consumers often can't make good comparisons among U.S. hospitals and surgeons, let alone ones overseas, said benefits expert Milstein.

He suspects heading abroad might be slightly less safe, just because "people who need major procedures are not the world's best candidates for 20-hour airplane flights.

"But," the doctor added, "if you were to say to me, 'I'm not insured, I don't have a lot of money, it's this or health deterioration,' I'd say, 'Go.' "

Tijuana dental work top-notch

Much the same is true with dentistry – but only if the choice is between a well-researched locale or neglecting things so badly you could lose your teeth, said Roseville dentist Dr. Firas Nassif.

"If you're seeking something cheaper, you can do that with clothes, not with your health," Nassif said before acknowledging that Sacramento City Fire Capt. Ford Davies came to him with a mouthful of first-rate dentistry from Tijuana.

"It looks really, really good. It's a lot better than some of the dentistry I've seen in the U.S.," Nassif said.

Davies, a lifelong tooth-grinder, needed caps and crowns on more than 20 teeth, plus extensive gum surgery. He'd been quoted close to \$80,000, but his dental benefits topped out at \$2,500 a year. Getting the work done at home would have meant taking out a second mortgage – a disheartening thought for a 53-year-old firefighter.

"It just got to the point where my jaw was hurting and I had a couple of teeth falling out. ... I was absolutely desperate," the Roseville resident said.

When research and a travel planner called Planet Hospital led him to Mexico, Davies was initially so wary he took a cell phone photo of the license plate of the driver who picked him up, and sent it to his wife in case anything went wrong.

Ultimately, he went for repeated appointments, taking tranquilizers to endure six to 12 hours at a time in the dentist's chair. The lengthy appointments cut costs, but Davies' final tab was \$32,000, including travel.

Surrogacy less costly in India

Similar savings have Paula and Kevin Peter of Elk Grove traveling to Mumbai, India, later this month. There, a fertility clinic will combine her egg with his sperm and implant the embryo in a surrogate.

The trip, treatment and return trip to pick up their baby – perhaps their twins – will cost between \$30,000 and \$35,000. That's less than half the price of a U.S. surrogacy, Kevin Peter said. And it will protect his wife from another risky pregnancy and pre-term birth.

"I can actually have kids, but the risk is much greater that I would die," Paula Peter said. She suffered eclampsia and pre-eclampsia carrying her two children, now 12 and 19.

California and India both have legalized commercial surrogacy, and both draw scorn – as well as travelers – from nations that do not have surrogacy. Jacquelyne Gorton, who runs a Bay Area surrogacy agency, considers similar businesses in developing countries "exploitation of Third World people."

Concerns about exploitation led an international kidney group to recently urge a ban on all transplant tourism.

"There are a lot of horror stories about the rich buying kidneys from the poor," said Dr. Jagbir Gill, a Canadian kidney specialist.

He has practiced in Los Angeles and Vancouver, British Columbia, and in both places, patients "would show up in our clinic and say, 'I got a transplant abroad in the last month,'" Gill said. Often, U.S. doctors couldn't learn enough about the overseas surgery or the donor to make the best decisions about immune-suppressing drugs.

In a study published this month in the Clinical Journal of the American Society of Nephrology, Gill concluded that people who traveled abroad to find a kidney did not do as well as transplant recipients here.

Rejection rates were close to triple in overseas transplants, infections were more severe, and one overseas

patient died from hepatitis believed to have been contracted from the donor, he found.

"I strongly recommend you don't go. I believe in most places it is illegal," Gill said of going abroad for a kidney, "and it's unethical, and the outcomes aren't fabulous."

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