Title: Health tourism – it's not all plain sailing

Overview: More UK patients are seeking healthcare treatment abroad (e.g. for bariatric surgery, dentistry, fertility treatment and cosmetic surgery). In 2010 at least 63,000 residents of the UK travelled abroad for medical treatment and at least 52,000 residents of foreign countries travelled to the UK for treatment under the NHS (8).

Author(s): Damian Whitlam, Partner Victoria Edwards, Legal Director

Full Article

Many patients returning to the UK post-surgery require NHS follow-up care (4). A recent Pulse and Nursing in Practice survey (10) found that three quarters of UK GPs and practice nurses have seen patients with complications from having surgery overseas in the past year.

Dentistry is one sector where high levels of UK dental tourism might be expected, given the well-publicised difficulty in accessing NHS dental services. A British Dental Association article in 2022 (5) reported that 95% of dentists have examined patients who have travelled abroad for dental treatment, 86% of those dentists have treated cases that developed complications. Two-thirds of dentists said that it cost patients at least £500 to repair the damage done to teeth. Over half reported that it cost more than £1,000. One in five of these dentists said the cost exceeded £5,000. Just over 40% of respondents said the remedial treatment was provided on the NHS.

Concerns and risks to clinicians & their insurers

Risks include:

- a lack of specialised global regulatory standards focused on the unique needs of health tourists
- Patients in some cases are undergoing significant and serious surgical operations with seemingly little in the way of follow up and no way to return easily to the operating hospital if they encounter complications once they are back in the UK
- UK healthcare facilities, such as hospitals (NHS and private), GP practices, walk-in centres, out-of-hours services and residential and nursing care homes, are subject to regulation and inspection by the Care Quality Commission (CQC) but, despite initiatives to provide patients with information about receiving treatment abroad, quality assurance systems may vary considerably from one country to another (2)
- inadequate collaboration between healthcare providers and tourism sectors
- the NHS or UK private clinics treating patients following a procedure are left exposed to risk by finding themselves treating patients, perhaps in emergency medical situations with insufficient, or no, patient records, or untranslated records.

Risks to travel tourism patients

Risks include (5, 6, 7):

- lack of or insufficient information being provided meaning lack of informed consent to procedures if performed at unregulated clinics abroad, by unqualified clinicians

- lack of information around health providers' insurance and policies
- concerns about the quality of care offered for the above reasons
- worries about how patients would be able to complain or seek redress
- concerns over communications between the patient and the practitioner doing the treatment
- concerns over communications between the patient and the foreign provider for patient queries
- one of the biggest gaps is continuity of care if patients fly home without structured follow-ups
- obtaining copies of your medical records
- medical risks: Travellers may face a plethora of medical risks including antibiotic resistance; exposure to blood-borne viruses and tropical diseases; use of poor quality or counterfeit medicines; increased risk of DVT when flying home (2)

UK Health Tourism Inquest Prevention of Future Deaths (PFD) reports

In many cases, inquests are required by law, especially when the death was violent, unnatural or sudden, or occurred while the person was in state detention. PFDs are an increasingly utilised tool in inquests, by which a coroner can draw attention to matters for which action could be taken to prevent future deaths.

We have identified three PFDs arising from patients travelling to Turkey for cosmetic surgery in 2023/ 2024 with consistent themes arriving out of them: one, a Brazilian Butt Lift; another a gastric sleeve procedure; and the third, a tummy tuck, liposuction and arm tuck. One PFD was issued against a UK Health Travel company and the other two against the Secretary of State for Health and Social Care.

Themes arising from the PFDs are:

- the inquest being unable to secure any information from the Turkish Hospital
- no information about whether any independent enquiries were made either by the company who organised the trip or the Turkish Hospital itself as to whether the patient was fit for surgery
- the inquest was not able to secure medical records so had no understanding of what exactly the surgery consisted of, or what post- operative care and treatment was provided
- no evidence to confirm whether the patient was made aware of the risks and mortality rates associated with any of the surgical procedures undergone
- additional surgery was offered by the hospital on arrival raising concerns about the consenting process
- Where records were obtained, come of them were inaccurate
- no evidence of any investigation having been conducted by the hospital into the death
- concern about the significant burden on the NHS

On returning to the UK following treatment abroad, health tourists may "only" need straightforward follow up such as removal of stitches. However, where there are complications the level of follow-up treatment required may be more extensive (2). In the BAPRAS (British Association of Plastic Reconstructive and Aesthetic Surgeons) 2008 survey, 215 cosmetic surgery tourism patients with complications were referred via the NHS (3).

Legal issues encountered

General issues encountered are lack of evidence and the difficulty in obtaining any records once the individual has left the country. Even if the evidence can be obtained and the case can be heard in the English courts, which is no easy challenge in itself, as the applicable law will be the place where the medical treatment too place, instructing medical experts who have the experience to comment on foreign medical standards for the country where the alleged medical negligence took place is no easy task and the costs of pursuing or defending the claim can far outweigh any potential award.

Jurisdictional issues

Health tourists who have experienced injuries following treatment abroad may need to resort to pursuing compensation through the courts. If the treatment was advertised and/or consulted on in the UK and took place in the EU, then patients may be able to pursue their claims through the UK courts but enforcement in another country can be complex. Otherwise, they may be obliged to bring a court case in the country where the treatment took place. Legal rights, costs and likely levels of compensation vary considerably from one country to another (2).

Discussion

In May 2025 at the Royal College of Nursing Congress '25 on Health tourism (9), there was discussion around whether a framework should be established to charge patients for NHS treatment of complications arising from overseas procedures.

Policy Exchange, a UK Think Tank, conducted an extensive Freedom Of Information exercise that found that between 2021 and 2024, NHS trusts in England invoiced £384,245,201 to overseas patients. The total value of unrecovered charges over the three years is over £250 million. That's enough to pay the annual salaries of around 3,200 GPs or to fund the building of approximately 68 new GP surgeries. The national average recovery rate over the period was 39 percent.

Our recommendations for clinicians and providers

For clinicians there can be difficulties getting copies of records, if needed, from foreign hospitals. For those individuals engaged in undertaking procedures abroad – make sure you are satisfied that the records of the provider are kept securely, and you understand where to obtain them from should the need arise. Ensure you practice the fundamentals of good record keeping, particularly around obtaining informed consent and setting out risk and reasonable alternatives and any follow up required.

For UK providers, if you are engaging in a relationship with a provider outside the jurisdiction, you must ensure that the contractual documents are sound. Ensure that the provider can provide the treatment, they have suitable records keeping policies, and they are using clinicians who are qualified to do the treatment outlined, and that indemnity clauses and relevant insurance is in place for the treatment being undertaken (and details of those insurers / indemnifiers is known). It must be clear

that they are providing the healthcare services directly to the patient. In addition, it is important to make clear in the contract with the patient who that healthcare provider is explicitly, and that in those terms and conditions the foreign hospital is the organisation providing the services directly to the patient.

Our recommendations for patients

- Before deciding on having treatment abroad, look closely at all the information available through the various professional organisations listed within this article
- Make sure you obtain insurance and that it covers any additional costs incurred by complications that could arise from your treatment
- Seek advice on appropriate after-care from your own GP
- It can be difficult obtaining records in different jurisdictions so get a copy of your records when you're there and bring them home with you to add to your UK records

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