

Referrals of Ethiopian Orthopedic Patients for Treatment Abroad.

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Background: Referral for treatment abroad has both advantages and disadvantages that need careful balancing at an individual and at a national level. Advances in medical tourism have made referrals easier and currently patient flow is in both directions between developing and developed countries. Training & equipping local surgeons to perform advanced procedures would stop “unnecessary” referrals from developing countries-there by also saving the hard currency which is already compromised. In fact, such a set up in a developing country could be able to receive patients from abroad and generate a foreign currency. The setting for this study was at Addis Ababa University, Faculty of medicine, department of Orthopedics.

Methods: We reviewed the copies of all orthopedic referral papers from the country’s largest tertiary/ teaching Hospital in the whole year 2008.

Results: Only from our department, a total of 115 orthopedic patients were referred for treatment abroad. Most patients were young males from Addis Ababa-the capital. The commonest single diagnosis was osteoarthritis, followed by ACL tear. The top three procedures for which the patients were referred are total hip replacement, ACL reconstruction and total knee replacement. Inter-consultant variation in number of referrals offered was observed. There was no seasonal difference. Over the last five years, we observed an alarmingly increasing trend in the number of abroad referrals.

Conclusion: Total joint replacement and Arthroscopy surgeries are the main reasons to seek for treatment abroad. Sharp and steady increase in number of referrals abroad is observed in the last five years. Different ways to operate these patients inside Ethiopia should be sought.

Introduction

Referrals abroad for surgical treatment have been exercised since long time and currently the practicality is much easier due to advances in medical tourism. The flow of patients is mainly from developing to developed countries but these days the reverse is also happening-many patients from Europe/US are getting operated in Asia or Africa. There are also referrals between developed countries and between developing countries¹. Referral for treatment abroad has both advantages and disadvantages that need careful balancing at an individual and at a national level. The thought of having an operation and recovering in a nice country where the weather is warm and the surroundings are relaxing can be a very nice image but there may be a few reasons why having surgery overseas may prove to be a disadvantage. The following could be some of the disadvantages of abroad referrals²:

- Very high surgical costs (usually for surgeries done in developed countries)
- Worries about the standards of surgical practice,
- Fewer visitors around the patient,
- Language barrier,
- Travel issues,
- What if something goes wrong?

Going abroad for treatment is a very attractive option for some patients while for others the disadvantages far out-weigh the benefits. There are a number of reasons why it may actually be beneficial to seek treatment overseas. Included are:

- i. Lower surgical costs (for operations done in developing countries)
- ii. Short or no waiting lists,
- iii. Combining surgery with holidays and tourism,
- iv. Discreet cosmetic surgery (Some patients show-up after all ups & downs of Cosmo surgery are gone unseen by friends).

For Africans, abroad treatment is costly, for example a single total hip joint replacement in the US may cost over 50,000 USA with out including transport, escort, agent issues and accommodation expenses³. The idea of this article is not to totally abandon abroad referrals but to stop 'unnecessary' and avoidable referrals.

Methods

For an insight into the referral pattern of Ethiopian orthopedic patients who are sent abroad by the Federal Ministry of Health for surgery, we reviewed the copies of orthopedic referral papers from the country's largest tertiary/ teaching Hospital in the year 2008.

The abroad referral process in Addis Ababa University, orthopedic department:

Once recommended by the treating orthopedic surgeon, a committee reviews the patient who has requested or is recommended traveling abroad for surgery. The responsible surgeon prepares the details (History, Findings, Investigations, and recommended surgery) on the referral paper. Then, the abroad referral paper will be signed and issued by the abroad- board, which is comprised of three orthopedic surgeons, the orthopedic department head, the Hospital medical director and Ministry of health. The committee may deny the request. Copies are available at each office and with the patient. Escorts accompany each patient, the paper does not specifically mention to which country the patient is referred, patient can go anywhere he prefers to. The paper expires in six months and needs renewal. Before foreign currency exchanges are made, the ministry of health approves the decision of the orthopedic department abroad committee and our Hospital's medical director. Once the referral is given the patient can apply for a foreign currency exchange at the National Bank of Ethiopia.

Results

In the last five years we observed a linearly increasing trend in number of orthopedic patients referred for treatments abroad (Figure 1). Just in a one-year period, 2008, 115 orthopedic patients were granted referral.

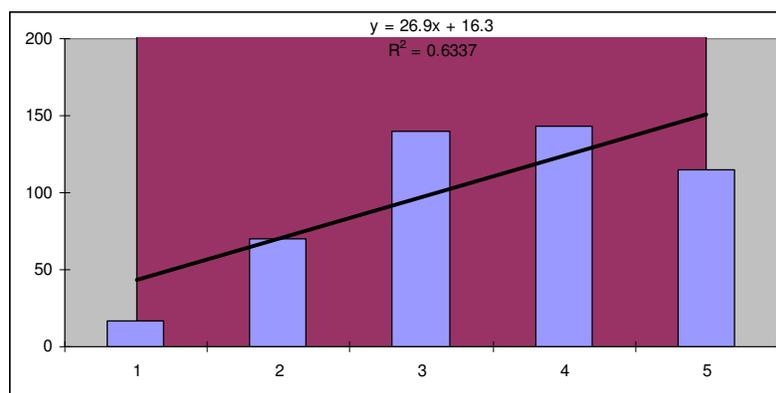


Figure 1. Linearly increasing trends in number of orthopedic abroad referrals in the last five years from Addis Ababa University, Black-Lion Hospital.

Table 1. Distribution of orthopedic procedures to be performed on Ethiopian Patients referred overseas in 2008 from Addis Ababa University, Medical faculty, Orthopedic department.

Procedure	No
Total hip replacement	41
ACL reconstruction	18
Total knee replacement	15
Spine surgery	9
Anomaly reconstructions	6
ORIFs	6
Prostheses fitting	5
Hand surgery	4
Tumor surgery	4
Post polio deformity	2
Nail removal	1
Others	4
Total	115

Table-2. Age distribution of Ethiopian patients referred abroad in 2008 for possible orthopedic surgical treatment.

Age (Yrs.)	No
0 - 15	13
16 -30	59
31 -45	31
45 +	12
Total	115

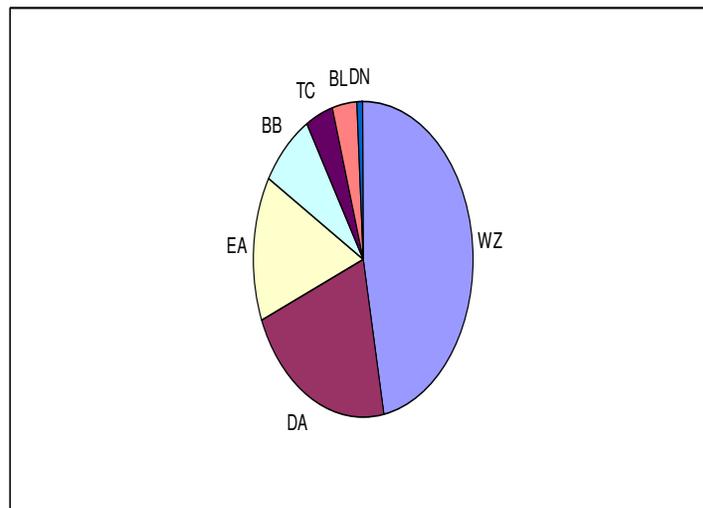


Figure-2. Proportion of patients referred abroad by different orthopedic consultants at Black-Lion Hospital in 2008.

The orthopedic department has referred the highest number of patients from the faculty with all clinical specialties. Males were 78 (68%) and females accounted for 37 (32%). Most of the patients referred were young adults (Table 2). Two third of the patients were from the capital-Addis Ababa, others from the regions around (Figure 3).

The highest number of patients referred by a single consultant was 54 (About half of all the referrals) and there is also a consultant who proposed no any referral abroad at all (Figure 2). The commonest single diagnosis was osteoarthritis, followed by ACL tear. The top three procedures for which the patients were referred are total hip replacement, ACL reconstruction and total knee replacement. The distribution of the diagnoses and procedures is shown on Tables 1 and 3 respectively. We did not observe seasonal variation in the number of referrals across the year.

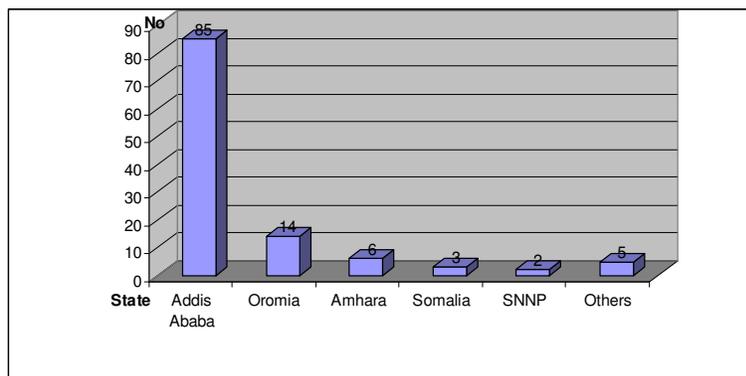


Figure 3. Number of orthopedic patients referred abroad from different Ethiopian regional states in 2008.

Discussion

The thought of having an operation and recovering in a nice country where the weather is warm and the surroundings are relaxing can be a very nice image but there may be a few reasons why having surgery overseas may prove to be a disadvantage. The following could be some of the issues to be considered during abroad referrals²:

Worries about the standards of surgical practice

The standards of care in developed hospitals are high and the staff are fully trained in all areas of their specialty and expected to work to the same high standards, following policies and acceptable procedures. Most or all practices are evidence-based, meaning they have been proven to be best practice. Even though it may not always be true, usually the practice in developed countries is better. Many patients from developed countries who are considering overseas treatment worry that the standard of care in other (developing) countries may not be so high. In actual fact, most of the overseas doctors who offer their services to patients from the developed world have worked within those countries at some time or were trained there. It is however, definitely worth looking at the rates of infection in any of the hospitals where the treatment may be offered and to also try and find out the history of the surgeon who will be looking after.

Number of visitors around

When you have your operation in your own country, whether it is in a private hospital or a government hospital, you will be able to receive visitors everyday until you are discharged. When patients go abroad however, it is true that unless they taking other family members of friends (escorts) with, they are unlikely to receive visitors, aside from the healthcare professionals looking after them. If patients are expecting to stay couple of days, they feel quiet lonely and this may be a challenging moment. For Africans, where extended family visits are experienced, this may have a deleterious psychological effect on the lonely patient.

Language barrier

Staff in hospitals overseas may not speak the same language to the patient are not obliged to learn so the patient might find a few problems with language barriers among the staff. In general however, the surgeon is highly likely to speak good international language and the hospitals often try their hardest to arrange same-language speaking staff when they are expecting overseas patients. If patient does not express his feelings, this could be a distressful event.

Travel issues

Referred patients may feel nervous about the prospects of having travel problems when you are going abroad for treatment. Flight delays, lost luggage and cancellations can all still occur even when they have or are about to pay a lot of money for an operation. Thanks to medical tourism, some agencies from abroad countries have opened their offices everywhere in the world to facilitate patient transport from and back to home (4,5). The authors know that there are few such agencies in Addis (from Bangkok, India, Germany, Saudi....) but these days movement in itself may be a risk!

What if something goes wrong?

Any operation / surgical procedure carries a small degree of risk including the anesthesia, bleeding, infection etc. Anything unexpected may happen. The bad effects and implications of these, while in a foreign land may be additive. Going abroad for treatment is a very attractive option for some patients while for others the disadvantages far out-weigh the benefits. Going abroad for an operation or treatment is not something that appeals to everyone but there are a number of reasons why it may actually be beneficial to seek treatment overseas.

Treatment costs

The cost of the treatment or surgery may well be expensive or cheaper depending on where the patient is and where is planned to go. This is the main reason to fly from developed to developing countries. Some patients from developed countries operated in developing countries claim to save over 80%! But most surgeries done in developed countries are by far very expensive for cost-sensitive patients from Africa. Many patients who wish to pay for their surgery privately are shocked to discover that costs in the UK/US are usually an awful lot higher than in other countries- Even costs in Asia are unbearable for many patients from Africa where some complicated surgery may be done for free or at a very very low cost. Cost may not be a problem for patients coming from developed countries, but is a serious limitation to those from developing nations. Currently, a single total hip replacement (THR) costs 40-60 thousands of USD (Over half million Ethiopian Birr) in the USA³. Recently an Indian referral agency based in Addis advertised on a local newspaper (published last month) the comparative costs of main orthopedic procedures done abroad and officially recruits patients to send to India for Surgery. More convincingly for example, is the fact that to pay for the services of the top surgeons in the UK you will usually have to pay more especially if you are needing specialized treatment whereas those who are looking into having their procedure performed abroad can expect to pay less for the services of a top surgeon in that particular country.

Surgical waiting lists

The length in waiting times is one of the main reasons why patients may opt for surgery overseas. Although the government and the hospitals are trying hard to cut down waiting times the chances are that patients will still have to wait some time for operation unless it is an emergency. In some parts of Europe the NHS are looking into and have implemented some instances where patients are advised that having treatment overseas will reduce their waiting time and may try and help with funding referrals abroad! These patients are referred to other countries and will shortly undergo

the same intended surgery at a lesser cost, but immediately. Waiting times in private practice are very short.

Combining surgery with holidays

For many people the thought of combining their treatment with a holiday is very appealing. Getting away from all the normal stresses of everyday life and recovering in a warm climate amongst peaceful surroundings is enough to tempt them overseas. If you are having a fairly minor procedure there are a wider variety of options available as many packages now include activities such as safaris and adventure breaks so people can often combine their treatment with a holiday of a lifetime.

The aim of this article is to show the pros and cons of referrals for orthopedic surgery abroad from different angles discussed. By far, for Ethiopians it is advantageous to get operated in their home country once the expertise is available and the country should work in building the capacity of super-specialized surgeons to handle these procedures at home. One way to achieve this goal may be to train committed and loyal surgeons to sub-specialize abroad, share experience with invited expatriates and conduct series of CME& CPD. What is spent to train one super specialist is by far very less as compared to what he saves for the country. The other way is to invite experienced surgeons from abroad (preferably from similar nations) to give hands-on short trainings to the staff here, For example a good lesson can be taken from Kenya where in one Hospital one THR is done per day at a cost of 2-4 thousand USD by renowned surgeons who once used to practice in developed countries⁶. The Kenyans are enjoying THR at very low costs thanks to the commitment of their University Hospitals to adopt the South African System where patients buy the prosthesis from the company they like and officially registered in the Kenyatta National Hospital. The company puts its instruments (lends to) at the Operating room in the Hospital where the surgeon uses.

Ethiopia, a home for 75 million, has less than half number of Orthopedic Surgeons than Kenya and is known to have multitude of orthopedic problems to deal with, hence ESOT has to work hard in looking a system to scale-up the quality of practice and address nation's orthopedic issues nationally. We should share experience locally, regionally and internationally. This may not give a complete answer as rightly noted by Mulimba⁶, "Kenyan's 'African's' love treatment abroad" for no reason!. However, it definitely reduces unnecessary and costly referrals abroad. The other issue to think is Orthopedic surgeons in our country should think of upgrading their skills and always alertly look for further training opportunities to fulfill the surgical demands from their patients. If one does something special, the combination under good professional associations can bring marvelous change! This could even be pronounced more if sister professional associations work together for example. in forms of Surgical campaigns. In Kuwait, after the Iraqi invasion, cardiac surgery (pediatrics and adults) represented 50% of the cases sent abroad for treatment^{6,7}. This figure has been reduced tremendously in recent years as two pediatric surgeons were requested to visit Kuwait more than six times a year and a senior adult cardiac surgeon from USA started to work in the Chest Hospital. This has helped them to avoid unnecessary & expensive chest evaluation and referrals^{8,9}. Once the local expertise is established in different procedures, it could also be turned into hard currency generating activity by receiving patients from abroad; besides it spares the scarce hard currency the nation has.

Conclusion and Recommendations

In order to reduce the number of patients' unnecessary referrals abroad and spare the needed financial resources, we suggest the following recommendations to our country:

1. Train committed and loyal young surgeons to sub and super-specialize in selected fields that resulted in large number of unnecessary referrals from the country.

2. Recruit experts and experienced expatriates in the specialized fields to establish the services and to train the young generation. Continue to invite experts in different fields to regularly visit the department to see patients, perform operations and train local staff. Provide these experts with good remuneration. The department and the faculty should identify gaps and prioritize the needs.
3. Send reports, X-rays and investigation results to specialized centers for expert opinion before sending the patient so that the highest center makes sure that the patient will benefit from a specific investigation or intervention that can not be performed locally. Telemedicine in our Hospital helps a lot. This could be worked out through an official agreement with various specialized centers. Currently, when asked to review a difficult case, most overseas centers request that the patient be sent to them and then their reply is quite often negative.
4. Increase the number of local qualified consultants in each hospital and encourage sub specialization among them. There is no substitute for local experts. Contact between the government and private hospitals should be improved so that a sub-specialized expert in one hospital may manage cases that cannot be managed at another hospital. For example, a case of neuroblastoma was sent abroad by one hospital, while three similar cases were treated in another hospital in Kuwait¹⁰. This particular patient stayed abroad for seven months costing the Ministry a lot of money. What is done where and by who should be known across the nation! Here comes the help from the media.
5. Redirect the hard currency that had been specified for treatment abroad to:
 - a. The purchase of new equipment and the upgrading of current equipment to perform sophisticated surgeries that necessitated abroad referrals.
 - b. Recruit and accommodate a high standard surgical staff (Surgeons, and Nurses) to give short-term trainings at homeland.
 - c. Facilitate and encourage the local young staff to actively look for scholarships. Arrange more posts for the overseas training of junior local staff

Acknowledgement

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