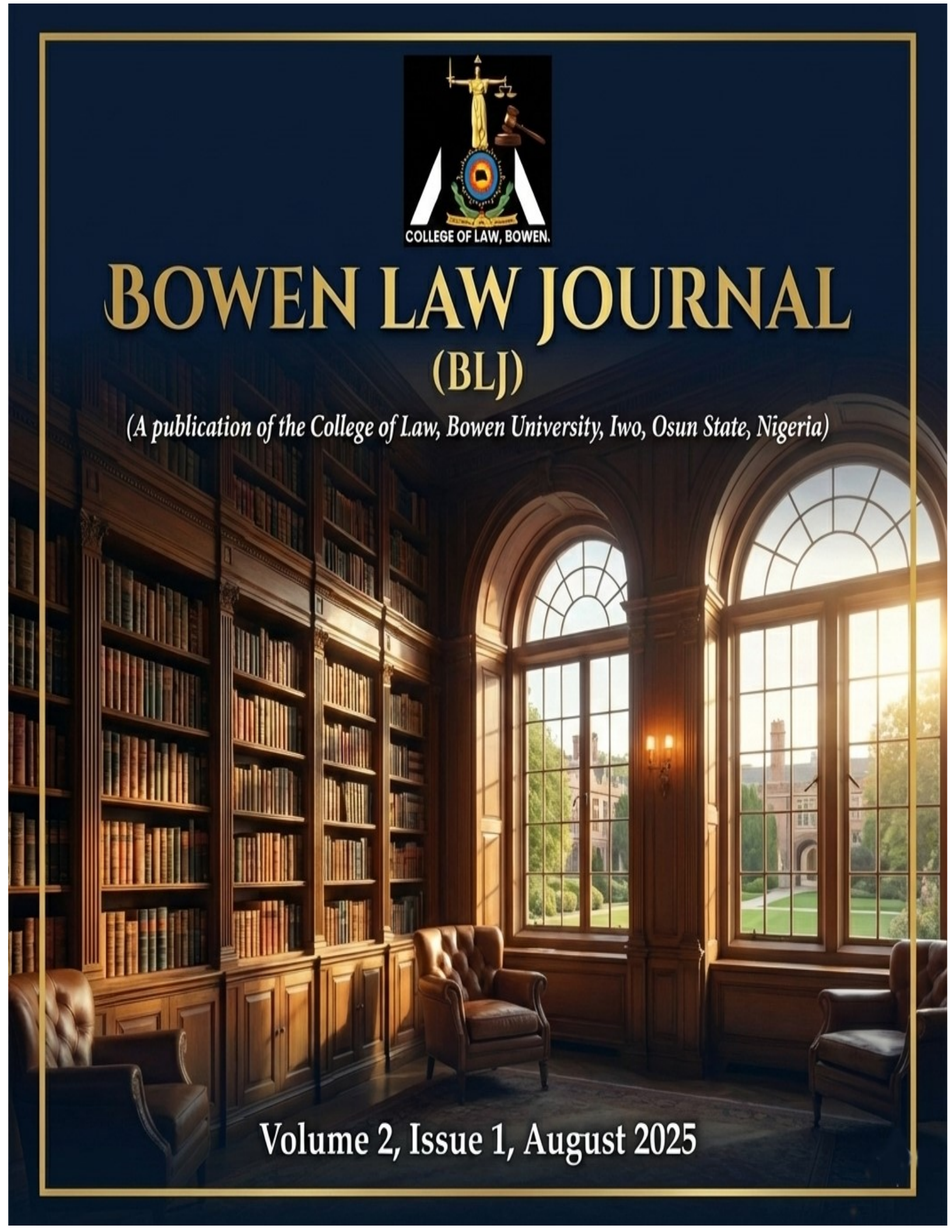
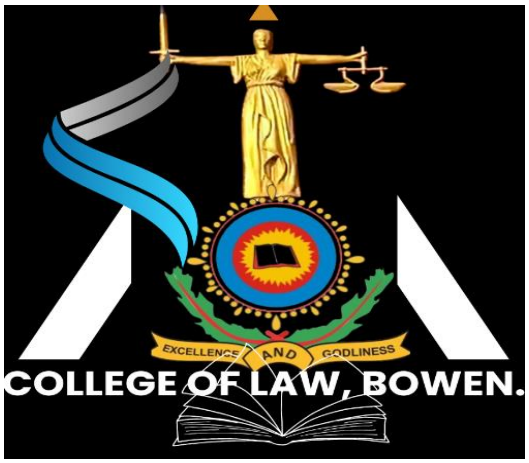

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Editorial

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College of Law, Bowen University, Iwo, Osun State, Nigeria.

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This edition of *Bowen Law Journal* is not only a resuscitation of the publication but its first online edition. It is appearing at a time that the world has become a global village, interconnected and observable by technological means. The journal, the content of which is peer reviewed, is therefore purposed for global impact through the projection of the dignified visibility of its contributors.

The journal accepts contributions on all areas of the law as is apparent from the present contents that span the areas of criminal law and criminology, human rights, employment law, law and medicine, security, peace, and tourism as well as business law generally, including taxation.

The thematic coverage of this journal accommodates impactful and scholarly contributions towards the advancement of the knowledge of law and its application in society. Significantly, the journal is interested in contributions that ensure that law addresses the intricacies of human relations and dealings as well as order in the world we live in.

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2. The standard British citation method should be adopted.
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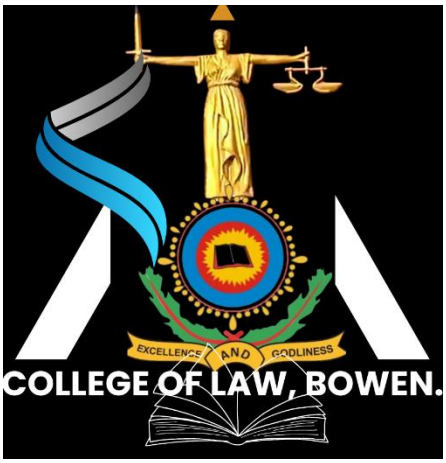
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Medical Tourism in Nigeria: Challenges, Concerns, and Implications for Healthcare Policy and Practice

Onyegbule Kelechi G, Awoke Gabriel Ugota [314]

Abstract

Millions of individuals are currently visiting abroad for medical care, particularly, from developing to developed nations. We refer to this trend as "medical tourism." One of the profitable sectors that have grown quickly globally, including in Nigeria, is medical tourism. The desire for more affordable, high-quality medical care is one of the causes of the development. However, the growth of the sector has given rise to several medical, legal and socio-ethical dilemmas. These problems need to be resolved since they could have an impact on how medical tourism develops in the future. Among the legal issues covered in this study are the absence of legislative regulation and the absence of proper legal remedy. The quality of care given by medical professionals, the absence of follow-up care for patients in their home countries, the availability of care for locals in destination countries, and the problem resulting from treatment that is prohibited in patients' home countries are among the ethical concerns. The aim of this article is to analyse these medical, legal and socio-ethical dilemmas in order to support the industry's and the nation's future economic development. The foundation of this study is grounded on the doctrinal research method which makes use of secondary sources, including laws, textbooks, and journal articles that deal with medical tourism and the problems that have arisen as a result of its growth. The article concludes that unified medical tourism legislation can address medical, legal and socio-ethical concerns. The article recommends the enactment of a legislative instrument specifically made to govern medical tourism in Nigeria.

Keywords: Medical Tourism, Nigeria, Healthcare Policy, Healthcare Challenges, Medical Travel.

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Awoke Gabriel Ugota, Lecturer, Faculty of Law, Alex Ekwueme Federal University, Ndufu Alike Ikwo, Ebonyi State

Introduction

Anyika was loud and clear when he asserted that a nation's health system serves as the backbone of its economic expansion and advancement[315]. Many nations throughout the world believe that the development of health care is related to their people, institutions, and the laws that were put in place to combine resources for efficient and successful health management for the prevention and treatment of illnesses, injuries, and diseases. The availability of competent human resources for health, sufficient finance, and passionate health research, a standard structure, and effective governance that understand and meet the requirements of the populace are all necessary for a sustainable health care system. For it is impossible to separate health care services from the myriad needs of people in question. The production and consumption of health care services have increased over many decades due to the rapid growth in the flow of patients and health professionals, as well as advancements in medical technology, capital funding, and cross-border consumerism brought about by globalization. Through the implementation of bilateral and regional trade agreements among nations, the World Trade Organization's (WTO) recognition of the free movement of goods and services has advanced the liberalisation of the health care services industry. According to Lunt and numerous others[316], the provision of health care has rapidly changed as a result of the global commodity that is health care services, which is primarily a service industry that is traded.

Public health care services in Nigeria remain extremely weak and underfunded, and they have not received a significant share of the country's concrete inclinations across various sectors. Data from the Central Bank of Nigeria Statistical Bulletin reveal that the proportion of public health spending to total government expenditure in Nigeria has fluctuated over the years, with reported values of 7.05% in the mid-1990s, 4.22% in 2000, 6.41% in 2005, 4.3% in 2009, and 4.4% in 2010[317]. Examining the national budget allocation from 2011 to 2015 revealed that the health sector got under 6% of the entire budget[318]. More recent data from the World Health Organization's 2023 report on global health expenditure show that this trend of low allocation continues, with public health expenditure as a percentage of total government expenditure recorded at roughly 4.7% in 2020, 4.9% in 2021, 5.1% in 2022, and 5.2% in 2023[319]. Reflecting persistent difficulties in giving health spending top priority within Nigeria's national budget, these numbers still fall short of the Abuja Declaration goal of 15%.

Truly, the medical tourism sector is increasing around the world, judging from McKinsey & Company's estimation which shows that the global medical tourism sector earned approximately

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[315]EN Anyika, 'Challenges of Implementing Sustainable Health Care Delivery in Nigeria Under Environmental Uncertainty'. *Journal of Hospital Administration* [2014] 3(6), 113-126. Doi: 10.5430/jha.v3n6p113.

[316]N Lunt, R Smith, M Exworthy, ST Green, D Horsfall and R Mannion, *Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review* (Paris: OECD, 2011).

[317] Central Bank of Nigeria, 'Exchange Rates'. *Central Bank of Nigeria*, available at: https://www.cbn.gov.ng/rates/. accessed 16 April, 2025.

[318] *Ibid*

[319] World Health Organization, 'WHO Calls on Governments for Urgent Action to Invest in Universal Health Coverage.' December 11, 2023. Available at: https://www.who.int/news/item/11-12-2023-who-calls-on-governments-for-urgent-action-to-invest-in-universal-health-coverage. accessed 16 April 2025.

$60 billion in 2006, with a predicted increase to $100 billion by 2012[320]. Annually, about 60,000 persons (an average of 5,000 per month) travel abroad for various types of therapy that might have been provided in Nigeria[321]. Due to a lack of investment in the Nigerian health care system, Nigerians spend approximately US$1 billion a year on medical tourism for a variety of medical needs, with 60% of those visits occurring in four major specialties: cardiology, nephrology, orthopaedics, and oncology[322]. About 20% of all public health care spending goes towards medical tourism. This includes the salaries of physicians, nurses, and other healthcare professionals, the cost of primary care programs like HIV/AIDS, malaria, and mother/child care, as well as the operating and capital expenses of all healthcare facilities across the country. Medical tourism is a potential asset to the country's health sector and economy as a whole, and the cost of leaving Nigeria's healthcare system is not negligible[323].

Alarmingly, the World Health Organization's (WHO) comprehensive assessment of global health systems ranked Nigeria a dismal 187th out of 191 countries[324]. The fact that adjacent nations like Togo, Ghana, Niger, and Mali scored higher than Nigeria is pitiful. Although, the public and private sectors make up Nigeria's health care system, it is depressing to see the recent huge migration of Nigerians seeking medical care and medical professionals (such as doctors and nurses) to more hospitable areas. Shockingly enough, also, a report by Phillips Consulting[325], reveals a staggering healthcare workforce deficit in Nigeria, with a nurse-to-patient ratio of 1:20,000 and a doctor-to-patient ratio of 1:2,000. According to Clare Omatseye, president of the Healthcare Federation of Nigeria, there are around 37,000 doctors in the diaspora from Nigeria, 30,000 in the United States, and more than 5,000 in the United Kingdom, Great Britain, and Northern Ireland[326].

Inadequate medical facilities and equipment, poor human resources management, a lack of motivation and compensation, corruption, poor health care financing, decreased government spending on health, political instability, the absence of a unified framework for disease response, prevention, surveillance, and treatment. Exorbitant user fees, a severe shortage of healthcare providers, and a pervasive lack of trust in the health sector are further influencing the development of Nigeria's health care system as a whole and driving Nigerians to travel abroad for medical care[327]. The crisis prompted quick responses from external organisations, including multilateral

[320]MD Herrick, Medical Tourism: Global Competition in Health care. Dallas: National Centre for Policy Analysis [2007].Available atwww.ncpa.org/pdts/st304.pdf accessed 6 December 2024.
[321]M Abubakar, S Basiru, J Oluyemi, R Abdulateef and E Atolagbe, (2018). 'Medical Tourism in Nigeria: Challenges and Remedies to Healthcare System Development'. *International Journal of Development and Management Review* [2018] 13(1), 223-238.
[322] Phillips Consulting, *Investment Opportunities in Nigerian Health Industry* (Lagos: Phillips Consulting, 2017).
[323] PricewaterhouseCoopers, *Restoring Trust to Nigeria's Healthcare System* (Lagos: PwC, 2016).
[324]World Health Organization (2000). World Health Report 2000 – Health Systems: Improving Performance. Geneva: World Health Organization.
[325]*Ibid* (n 7).
[326]P Okafor, (2017, August 23). Nigeria loses $1bn annually to medical tourism – Omatseye. *Vanguard*.Available athttps://www.vanguardngr.com/2017/08/nigeria-loses-1bn-annuallymedical-tourism-omatseye/ accessed 5 December 2024.
[327]SA Obansa, AOrimisan, 'Healthcare Financing in Nigeria: Prospects and Challenges'. *Mediterranean Journal of Social Sciences*[2013] 4(1), 221-236.

and bilateral donors[328]; nevertheless, these responses have yet to result in improved health status and general quality of life for Nigerians[329]. Nigeria is grappling with the consequences of missed opportunities, having failed to capitalize on past chances to establish a robust and sustainable healthcare system. This study aims to investigate the issue of medical tourism in Nigeria, within the purview of the challenges, concerns, and implications for healthcare policy and practice. The paper examines among others the concept and evolution of medical tourism, looking at the definitions, dimensions, and debates surrounding it. The paper goes forward to look into the trends, patterns, and implications of medical tourism in Nigeria. The challenges, medical concerns, legal concerns, social concerns and their implications for Nigeria's healthcare landscape, and the regulatory framework for medical practice in Nigeria, while maintaining a focus on the area of medical tourism, are all constituent components of this work. The paper concludes that unified medical tourism legislation can address these medical, legal and social concerns.

The Concept and Evolution of Medical Tourism: Definitions, Dimensions, and Debates

To Anyika, global competition in the medical tourism industry is growing[330]. Lunt, Smith, Exworthy, Green, Horsfall and Mannion supported this view when they stated that its expansion is linked to economic growth, globalisation, and the uptake of health care[331]. Suffice that to be what it may, the definition of medical tourism is not universally agreed upon. The approaches used by different countries result in significant differences in definition[332]. According to Noree[333], however, the majority of definitions of medical tourism focus on the selection of health services, such as dental care, reproductive procedures, organ transplants, and health examinations, which raises ethical and patient safety problems. Foreign patients are counted in certain nations as they visit hospitals, but in other countries, patients are counted as they enter the country. Additionally, some nations consider the nationality of the patient rather than their domicile[334]. Recently, there has been an increase in the number of people travelling abroad to obtain medical care that is either significantly unavailable, inaccessible, or prohibitively expensive in their native country. Several scholars agree that medical tourism is a significant component of health tourism, despite the fact that its definition is unclear[335].

A phenomenon known as "medical tourism" occurs when a nation purposefully markets its medical services and facilities to tourists in addition to the standard tourist amenities offered there[336]. According to Carrera and Bridges[337], medical tourism is defined as a planned or organised trip outside of one's normal healthcare environment with the goal of restoring or improving one's health

[328]EO Onyibocha, O Irinoye, EO Sagua, OT Ogungide-Essien, JE Edeki and OLOkome, 'Sustainable Healthcare System in Nigeria: Vision, Strategies and Challenges'. *IOSR Journal of Economics and Finance*[2014] 5(2), 28-39.
[329]*Ibid* (n 1).
[330]*Ibid* (n 5).
[331]*Ibid* (n 2).
[332]E Kelley, *Medical Tourism* (Geneva: World Health Organization, 2013).
[333]T Noree, 'The Impact of Medical Tourism on the Domestic Economy and Private Health System: A Case Study of Thailand'. (PhD Thesis).*London School of Hygiene & Tropical Medicine* [2015].Doi: 10.17037/PUBS.02267963.
[334]*Ibid* (n 17).
[335]L Al-Lamki, 'Medical Tourism: Beneficence or Maleficence?'*SQU Med J* [2011] 11(4), 444-447.
[336]G Goodrich and J Goodrich, 'Healthcare Tourism – An Exploration Study'. *Tourism Management*[1987] 2(1), 217-222.
[337]MP Carrera and JF Bridges, 'Health and Medical Tourism: What they Mean and Imply for Healthcare Systems'. *In Health and Ageing*[2006]15, The Geneva Association.

through medical procedures; however, it has significant effects on the health care system and the economy.

To Samir and Karim[338], medical tourism is defined as the phenomenon wherein patients traverse international borders, departing from their country of origin to seek medical care in other developing or developed countries. Snyder, Crooks and Turner[339]also maintained the same view, while Epundu, Adinma, Ogbonna and Epundumade a distinction by stating that the concept excludes patients/individuals who require emergency medical care while on vacation in another country, long-term residents in a foreign country, and those who travel as a result of bilateral agreements[340]. The Medical Tourism Association defined medical tourism as a condition in which people from one country travel to another to receive medical care that is equivalent to or better than what they would receive in their native country. Patients who choose to cross international borders in order to receive medical care are said to be engaging in medical tourism. Dental care, fertility treatments, cosmetic surgery, and elective surgery are a few examples of this medical attention (therapy)[341].

According to Johnston, Crooks, Snyder, and Kingsbury[342], medical tourism is the deliberate departure of patients from their nation of residence in order to obtain non-emergency medical care overseas. Medical tourism is the practice of people leaving their own country to receive medical treatment, such as surgery, overseas, typically without the necessary cross-border care arrangements in place[343]. According to Mogaka, Mashamba Thompson, Tsoka-Gwegweni, and Mupara[344], medical tourism is the practice of patients travelling abroad in pursuit of medical services that are either prohibited, unaffordable, or unavailable in their home health care systems because of a variety of factors, including high medical expenses, unequal access to high-quality healthcare, and different types of medical procedures and techniques. There have been strong objections to the use of the term "medical tourism" because it is a misnomer that implies leisure travel and frivolity, ignores the importance of patients' mobility, and eliminates the suffering that patients face[345]. Kangas believed the term to connote whole lots of ideas rather being restricted to

[338] N Samir and S Karim, 'An Insight: Medical Tourism, Local and International Perspective'. *Oman Medical Journal* [2011] 07.

[339]J Snyder, V Crooks and L Turner, 'Issues and Challenges in Research on the Ethics of Medical Tourism: Reflections from a Conference'. *Journal of Bioethical Inquiry*[2011] 8, 3-6.

[340]UU Epundu, ED Adinma, BO Ogbonna and OC Epundu,'Medical tourism, public health and economic development in Nigeria: Issues and Prospects'. *AsianJournal of Medicine and Health* [2017] 7(2), 1-10. doi: 10.9734/AJMAH/2017/36658.

[341]*Ibid* (n 19).

[342]R Johnston, VA Crooks, J Snyder and P Kingsbury, 'What is Known about the Effects of Medical Tourism in Destination and Departure Countries? A Scoping Review'.*International Journal of Equity in Health* [2010] 9(24), 1-13. doi: 10.1186/1475-9276-9-24.

[343]A Whittaker, 'Pleasure and Pain: Medical Travel in Asia'. *Global Public Health: An International Journal for Research, Policy and Practice*[2008] 3, 271-290.

[344]JJ Mogaka, TP Mashamba-Thompson, JM Tsoka-Gwegweni and LM Mupara, 'Effects of Medical Tourism on Health Systems in Africa'.*African Journal of Hospitality, Tourism and Leisure* [2017] 6(1), 1- 25.

[345]IA Glinos, R Baeten, M Helbe and H Maarse, 'A Typology of Cross-Border Patient Mobility'. *Health & Place* [2010] 16, 1145-1155.

mean leisure medical travel[346]. Such writers as Cormany and Baloglu[347], Crozier and Baylis[348], Fedorov, Tata, Raveslooy, Dhakal, Kanosue and Roncarati[349], and Song[350], however, have proposed various nomenclatures as the most appropriate terms to describe the transfer of people overseas for medical treatment. These terminologies include "biotech pilgrims," "medical refugees," "medical outsourcing," and "international medical travel", all of which encapsulate the notion of individuals seeking medical care beyond their national borders. According to Lunt, Smith, Ex-worthy, Green, Horsfall and Mannion[351], medical tourism has analytical relevance because, as a term, it represents a propensity to travel and a willingness to receive treatment, two important characteristics of the unexplored worldwide market for health travel. The broader economic impact of medical travel is constituted by the health sector, which also suggests the commercialization and commoditization of such travel. Medical tourism transcends all simplicity of notions of "willingness to travel" for healthcare and highlights the industry's involvement, advertising concerns, and supplier-induced demand.

Examining Medical Tourism in Nigeria: Trends, Patterns, and Implications

Emerging breakthroughs in medical technologies, disparities in healthcare regulations among countries, global economic imbalances, and globalization all contribute to medical tourism in the twenty-first century[352]. In Nigeria, the persisting economic crisis has had a considerable influence on the health sector, which receives inadequate fiscal support[353]. There is little doubt that most healthcare institutions in Nigeria perform worse than those in industrialized countries due to a lack of basic facilities and equipment[354]. Nigeria's budgetary allocations and per capita government investment on health are far lower than what a standard healthcare system requires[355]. This has rendered most healthcare institutions inoperable in terms of facilities and human resource development, contributing to a high percentage of medical tourism among those who can afford such trips. In low- and middle-income countries, such as Nigeria, government hospitals lack basic diagnostic machines for chronic diseases and medical treatments for mild health conditions, causing patients to die from minor illnesses such as diarrhoea, malaria, accidents, tetanus, typhoid, and fever[356]. As a result, many Nigerians have lost faith in the country's healthcare system. It should be mentioned that medical tourism is not limited to the wealthy in Nigeria; even those who

[346]B Kangas, 'Traveling for Medical Care in a Global World'.*Medical Anthropology: Cross-Cultural Studies in Health and Illness* [2010] 29, 344-362.

[347] D Cormany and S Baloglu, 'Medical Travel Facilitator Websites: An Exploratory Study of Web Page Contents and Services Offered to the Prospective Medical Tourist'. *Tourism Management* [2010] 32, 709-716.

[348] GK Crozier and F Baylis, 'The Ethical Physician Encounters International Medical Travel'. *Journal of Medical Ethics* [2010] 36, 297-301.

[349] G Fedorov, S Tata, B Raveslooy, G Dhakal, Y Kanosue and M Roncarati, *Medical Travel in Asia and the Pacific: Challenges and Opportunities* (Bangkok: UN ESCAP, 2009).

[350]P Song, 'Biotech Pilgrims and the Transnational Quest for Stem Cell Cures'.*Medical Anthropology: Cross-Cultural Studies in Health and Illness* [2010] 29, 384-402.

[351]*Ibid* (n 16).

[352]H Widdows,'Localized Past, Globalized Future: Towards an Effective Bioethical Frame-Work Using Examples from Population Genetics and Medical Tourism'. *Bioethics* [2011] 25(2): 83- 91.

[353]NV Orji, JJ Inyang,JS Akpan, FO Bassey and HU Edodi, 'Nigerian Tourists´ Concerns Towards Medical Risks and Social Challenges'.*Afri Journal of Hosp.*[2020] 9(4): 612-625.

[354]L Muraina, I Tommy and CMonye,*Outbound Medical Tourism: Result of a Poor Healthcare System* (Ciuci Consulting, 2012).

[355]*Ibid*

[356]*Ibid*

cannot afford such a visit go above and beyond to raise cash through social networks. Some people even seek medical care abroad although their health condition may be treated in Nigeria due to a lack of trust in the Nigerian healthcare system[357]. A survey conducted in Nigeria among those who have engaged in medical tourism and those who are planning to embark on medical tourism in Nigeria discovered that 40.2% strongly believe that inadequate medical treatment in their home country is the reason for their participation in outbound medical tourism[358]. Additionally, it was found that the majority of respondents (47.7%) cited inadequate infrastructure as the primary cause of their outbound medical tourism activities. Because the cost of treatment is comparable to the quality of care received overseas, over half of the respondents (59.8%) stated that they participate in outbound medical tourism. Because there are competent medical care providers overseas, 52.6% of the respondents strongly believed that they participate in medical tourism[359]

Challenges of Medical Tourism in Nigeria

A variety of variables contribute to the growing popularity of medical tourism among Nigerians. Travelling abroad for medical routine physical checkups and surgically treatable diseases is perceived as an elite idea by the affluent in the society. Furthermore, the perceived inadequate quality of service and treatment options offered at the country's healthcare institutions has resulted in limited patronage among those who can afford the relatively high healthcare costs in more industrialised countries. This costs the health business a considerable amount of money in missed revenue, as well as the country's expense of paying for these services when these customers are government officials, hence negatively damaging the Nigerian health market. Many claim that the country's service quality may not be comparable to that of the countries receiving the patients. However, few people may be aware that a Joint Commission International (JCI) approved health facility exists in the country. TheJoint Commission International (JCI)is recognized as the "International leader in Healthcare Accreditation around the world and is the oldest and largest standards setting and accrediting body in health care in the United States"[360]. This distinction shows JCI's prominent role as the primary accreditation organisation, having approved many of the most sought-after health institutions in the destination nations that medical tourists visit[361]. Since foreign hospitals and doctors are not subject to the same regulations, in-country hospitals and doctors are at a disadvantage due to the medical code's prohibition on advertising[362]. There might not have been a need for this repeal argument due to an unequal benefit if the profession had been protected globally and free of ads. The unequal playing field necessitates a reexamination of this code, particularly in developing nations with a growing middle class that can afford services, even though there is strong opposition to physician advertising and it is still illegal in many nations, including some developed nations[363]. Since the internet has created a whole new global village, it is challenging and divisive to enforce such advertising restrictions in a nation. If

[357]SA Na, AY Nee and CY Onn,'Medical Tourism: The Effects of Perceived Benefits, Perceived Risks and Geographic Region'. *Pertanika Journal of Social Sciences & Humanities* [2017] 25, 143-52.
[358]*Ibid* (n 38).
[359]*Ibid* (n 43).
[360] Who is JCI - Who We Are | Joint Commission International. Available athttp://www.jointcommissioninternational.org/about-jci/who-isjci/ accessed 7 December 2024.
[361]DM Herrick, *Medical Tourism: Global Competition in Health Care* (Texas, USA: National Center for Policy Analysis 2007).
[362]*Ibid* (n 27).
[363]S Zwier, 'The Neglected Repercussions of a Physician Advertising Ban'.*J Med Ethics*[2014] 40(3), 198-201.

left unchecked, such practices will continue to lead to disparities in access and knowledge among a nation's citizens.

Patients who travel outside of the country for medical treatment because they are uninformed of equivalent therapeutic options in their home country are doing themselves a disservice. Most of the time, they use the internet to look for services, which quickly connects them to a wide selection of Medical Treatment Facilities (MTFs) and health facilities throughout the world, providing them with multiple options for care. The cost of flying for care, usually with at least one companion, if channelled into patient management in-country, would cover the cost of treating the patient with significant leftover. Furthermore, because so few people are able to accompany the patient to the place for his or her care, the cultural value of supportive management by family members—which is highly valued in our environment—is undermined. The precise psychological impact that the lack of this family support can have is hard to predict. Additionally, it is impossible to completely rule out the possibility of a fatality during a medical journey overseas. Because it might be expensive to send a family member's remains back to the country, this raises the expense of management dramatically[364].

Additionally, patients who travel for medical tourism are unlikely to learn about the regulations controlling medical practice in the nations they are visiting and are likely to assume that equivalent regulations exist in their home country[365]. In situations that lead to litigation, such an assumption may be incredibly inaccurate and deceptive. Over time, Nigeria and many other resource-poor nations have seen brain drain, with the most talented scientists moving abroad to work as experts. In order to convert brain drain into brain gain, the experts must be appropriately hired to stay in Nigeria and offer the specialisedtreatment they have developed over the years. When they can effectively promote what they bring to the nation as well as the time and place where they may be reached while there, this will be feasible[366]. The likelihood that the visiting physician will make more visits is high if he or she finds the time spent in his or her native country to be rewarding. During such visits, information and skills can be transferred to those in the country who will be able to continue providing these services to the public.

Medical Concerns and Challenges in Medical Tourism in Nigeria

Medical tourism has given rise to a plethora of ethical concerns, giving rise to the need for critical examination. Medical tourism has ethical ramifications for both population and individual health[367]. While some patients may benefit from high-quality healthcare due to their wealth and influence, others may experience health issues when returning home, maybe as a result of the subpar treatment they received in foreign facilities[368]. Follow-up may be necessary for some medical operations performed on patients in order to track the healing process[369].The majority of patients, however, do not spend enough time in foreign institutions to adequately examine their

[364]OlusesanAyodejiMakinde, OlalekanOlaleye and Brandon Brown, 'The Impact of Medical Tourism and the Code of Medical Ethics on Advertisement in Nigeria'.*Pan African Medical Journal* [2014] 19(103). DOI: 10.11604/pamj.2014.19.103.5217.
[365]*Ibid*
[366]*Ibid*
[367]H Wahed, 'Ethical and Legal Issues in Medical Tourism'. *IIUMLJ.*[2015] 23, 227.
[368]*Ibid*
[369]L Turner, 'First World Care at Third World Prices. Globalization, Bioethics and Medical Tourism'.*BioSocieties* [2007] 2(3), 303-25.

health issues due to the financial burden. The onus of correcting any careless actions by foreign medical professionals usually falls on local physicians in the country of origin of medical tourists[370]. For instance, 39% of patients who underwent neuro-surgical surgery died from problems after returning to Nigeria, according to a study done at a medical facility there among patients who came in after receiving treatment abroad[371]. Over 25% of these patients required unscheduled follow-up care due to infections[372]. Some of the medical services that medical tourists seek after an operation is completed may also be prohibited or unethical in their native country, which could make follow-up challenging[373].

Medical tourists seeking treatment abroad may be exposed to bacteria that do not exist or are unusual in their native country, boosting the spread of infectious diseases to their place of residence[374]. Devastating outbreaks could result from infectious diseases contracted overseas, particularly if the population lacks innate protection to them[375]. For example, inadequate organ screening procedures in certain foreign hospitals may make organ transplant recipients more vulnerable to infection problems[376]. For instance, there have been reports of cases when certain individuals contracted hepatitis B while undergoing renal transplants in India and heart surgery in Pakistan[377].The unethical practice of using foreign patients, particularly those from low- and middle-income countries, for experimental treatment without informing them of the negative outcome of such a procedure, as well as the trend of harvesting organs from dead foreign patients without the deceased's family's approval, has been witnessed in numerous occasions[378]. There has also been increased interest in the effectiveness of medical personnel performing treatments on patients in hospitals abroad. While many foreign private clinics provide services to visitors, some clinics might not meet the standards set by the majority of regional medical regulatory agencies[379]. In order to provide the impression that these clinics provide healthcare services in accordance with internationally recognised standards of quality and safety, some of them have been approved as accredited facilities in partnership with the national government[380].

[370]LH Chen and ME Wilson, 'The Globalization of Healthcare: Implications of Medical Tourism for the Infectious Disease Clinician'. *Clin Infect Dis.*[2013] 57(12), 1752-1759.
[371]EO Idowu and OA Adewole,'Spectrum of Neurosurgical Complications Following Medical Tourism: Challenges of Patients Without Borders'. *Afr. Health Sci.*[2015] 15(1), 240-5.
[372]*Ibid*
[373]OA Makinde,'Physicians as Medical Tourism Facilitators in Nigeria: Ethical Issues of the Practice'. *Croat Med J.*[2016] 57(6), 601-604.
[374]NS AbdMutalib, LC Ming, SM Yee, PL Wong and YC Soh, 'Medical Tourism: Ethics, Risks and Benefits'. *Indian Journal of Pharmaceutical Education and Research*[2016] 50(2), 261-70.
[375]*Ibid*
[376]AE Anker and TH Feeley, 'Estimating the Risks of Acquiring a Kidney Abroad: A Meta-Analysis of Complications Following Participation in Transplant Tourism'. *Clin Transplant*[2012] 26(3), E232-E241.
[377]ST Green,'Medical Tourism - A Potential Growth Factor in Infection Medicine and Public Health'. *J of infect.*[2008] 57(5), 429.
[378]JJO Mogaka, L Mupara and JM Tsoka-Gwegweni,'Ethical Issues Associated with Medical Tourism in Africa'.*J Mark Access Health Policy*[2017] 5(1), 1309770.
[379]J Behrmann and E Smith,'Top 7 Issues in Medical Tourism: Challenges, Knowledge Gaps, and Future Directions for Research and Policy Development'. *Glob Jour of Health Sci.*[2010] 2(2), 80.
[380]*Ibid*

Legal Concerns and Challenges in Medical Tourism in Nigeria

The legal concerns pertaining to medical tourism have been examined by academics. When medical tourists receive subpar treatment abroad, they might not be able to pursue legal action, particularly in nations without legislation protecting foreign travelers[381]. It may be challenging to demonstrate subpar care even in jurisdictions with such laws, particularly if the legislation mostly depends on testimony from medical professionals in those nations[382]. In addition, international litigation is costly and challenging to implement[383]. As a result, individuals who are not wealthy and dissatisfied with the medical care they received abroad would not be able to pursue legal action. The cost of hiring a qualified attorney, travel expenses, and lodging may place additional financial strain on patients who travel abroad in search of justice. Patients find it challenging to bring solicitors from their own country due to the various rules that apply in other nations. Even in cases where pursuing legal recourse is feasible, language and cultural barriers may make it difficult since international solicitors might not comprehend the courtroom if the country where the case is being heard is the one where the treatment was sought[384]. The most practical solution for these medical tourists seeking justice is to hire a lawyer in the nation where the surgery was performed, which might be costly.

Even in circumstances where it is possible, a favorable judgment may not result in enforcement[385]. It is improbable that such a judgment will be implemented or that they will receive monetary compensation. One of the reasons for the high cost of health care in the United States is that patients have the legal right to seek remedy through court procedures if they are treated negligently or incorrectly[386]. Also, some organ transplantation procedures performed abroad are illegal because they typically involve the purchase of organs. This frequently occurs in severely poor nations, as poverty confuses people's perceptions of the repercussions of selling their organs. A recent case is a former Nigerian congressman who was convicted in the United Kingdom of coercing a young man into giving a kidney for a sick daughter through financial incentive without properly educating the young man on the repercussions[387].

Social Concerns and Challenges in Medical Tourism in Nigeria

Low-and middle-income nations become dependent on the rich world and lose faith in their healthcare systems as a result of medical tourism, which is an act of neo-colonialism[388]. Medical tourism turns healthcare into a commodity that only wealthy people can afford. Because medical tourism gives them alternative access to healthcare, political leaders and other key stakeholders who should be developing local healthcare systems have not done so, which further contributes to the poor state of local healthcare systems in low- and middle-income countries[389]. Medical tourism

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[381]PNJ Kassim, 'Medicine Beyond Borders: The Legal and Ethical Challenges'. *Med Law*[2009] 28(3), 439-450.
[382]N Cortez, 'Patients without Borders: The Emerging Global Market for Patients and the Evolution of Modern Health Care'. *Ind. Law J.*[2008] 83(1), 71-132.
[383]*Ibid* (n 66).
[384]*Ibid* (n 36).
[385]*Ibid*
[386]*Ibid*
[387]N Princewill and K Godwill, Nigerian Senator Jail for 9 years for organ harvesting plot.Accessed 7 December 2024.
[388]JJO Mogaka, L Mupara and JM Tsoka-Gwegweni,'Ethical Issues Associated with Medical Tourism in Africa' *J Mark Access Health Policy*[2017] 5(1), 1309770.
[389]R Smith, M MartínezÁlvarez and Chanda,'Medical Tourism: A Review of the Literature and Analysis of a Role for Bi-Lateral Trade'. *Health Policy* [2011] 103(2-3), 276-82.

may worsen poverty and economic inequality in low- and middle-income nations, as patients may deplete their savings while seeking treatment overseas[390]. Such persons may also lack the funds to deal with issues that develop as a result of such visits when they return to their native country. As long as therapy is available abroad, Low- and Middle-Income Countries (LMICs) may feel no obligation to remedy the deficiencies in their healthcare system, forcing individuals to put their material well-being at risk in order to receive necessary care[391]. Medical tourism may also result in patients substituting clinical criteria for economical reasons due to the poor status of their local healthcare systems and a desire to seek treatment. For example, medical tourists may choose to visit less expensive foreign hospitals over more expensive ones, regardless of the quality of care provided there[392].

The Tripartite Consequences of Medical, Legal, and Societal Concerns in Medical Tourism: Implications for Nigeria's Healthcare Landscape

Medical tourism is quickly expanding in Nigeria. However, disparities in socio-economic status and power stratifications within the country can result to inequities in access to healthcare. Unequal power and economic standing in society may also have an impact on justice issues when patients receive subpar care in foreign hospitals. Given the medical, legal, and social issues associated with medical tourism, Nigeria must first establish machinery to ensure that their healthcare systems are up to standard, as well as cutting-edge technologies to measure and meet the medical challenges of its citizens[393]. This will significantly limit the movement of patients from one country to another seeking healthcare services, as well as the financial burden that overseas medical travels impose on regular Nigerian households.

Nigeria's government must enact enforceable laws, policies, and guidelines on medical tourism that regulate the quality and standard of hospitals where patients can seek medical care abroad and protect their legal rights in case of complications from substandard care. This is because it is nearly impossible for a country to have all the necessary measures to prevent its citizens from seeking medical care abroad due to differences in the efficacy and optimization of healthcare systems across the world. For example, in the event of difficulties, a patient's death due to inadequate care, or if it is discovered that organs of deceased patients are being exploited without the proper authorisation from the patient's family, the treating physician or healthcare professional should be required to sign a legal implication form[394]. Similar to this, organ transplantation procedures overseas should go through the right government agencies to check the donor's identity and, if necessary, obtain informed permission before allowing the travel to foreign mission embassies for visas. Relevant health stakeholders should also continue to educate the public about the complications that may be linked with certain medical treatments sought outside of Nigeria, particularly cosmetic surgery, which may result in follow-up challenges when they return to the nation.

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[390]B Kangas,'Hope from Abroad in the International Medical Travel of Yemeni Patients'. *Anthropol Med.*[2007] 14(3), 293-305.
[391]*Ibid*
[392]*Ibid* (n 27).
[393]Adeponle Olayode Adeoye, 'Assessing the Associated Medical, Legal, and Social Issues in Medical Tourism and its Implications for Nigeria'. *Pan African Medical Journal* [2023] 45(145). DOI: 10.11604/pamj.2023.45.145.41104
[394]*Ibid*

Regulatory Framework for Medical Practice in Nigeria

The primary legislative enactment governing the practice of medical profession in Nigeria is delineated by the provisions of the Medical and Dental Practitioners Act[395]. The Medical Council of Nigeria was founded under *Section 1(1)* of this Act with the responsibility of establishing the degree of education and training needed to pursue a career in medicine. It is also in charge of publishing the list of people who are permitted to practice medicine in Nigeria, reviewing the standard, and making sure that registers of those authorized to do so are established and continually updated[396].

The provisions of this Act stipulate that an individual must be registered with the Council in order to hold an appointment or practice medicine in Nigeria[397]. This registration may be temporary (i.e., for a brief period of time), full, or provisional. New graduates of medical school must register provisionally. Fresh graduates are granted a provisional registration certificate that enables them to work in accredited organizations in order to obtain real-world experience while being closely supervised and guided by one or more fully trained medical professionals. The individual is eligible to obtain a certificate of experience upon successfully completing such a period of employment[398]. The certificate of experience enables the holder to be fully registered as a medical practitioner upon application. To be completely registered as a medical practitioner in Nigeria, an individual must successfully finish a training program authorised by the Council and obtain a certificate of experience[399].

Furthermore, if a foreign-trained medical professional can show that he has been chosen for a specific amount of time to work in an authorised hospital or institution in Nigeria and that he has passed the Council's assessment exam, if any, after obtaining certain credentials outside of Nigeria that the Council currently recognises, the Act permits him to be temporarily registered in Nigeria. For the term of their job, a person with a temporary registration in Nigeria is entitled to the privileges associated with being a fully registered medical practitioner[400].

Finally, the Medical and Dental Practitioners Act[401], the Nursing and Midwifery (Registration etc.) Act[402], the National Health Act[403], the Code of Medical Ethics in Nigeria[404], the Constitution of the Federal Republic of Nigeria 1999 (as amended), the Medical Oath, the Compulsory Treatment and Care for Victims of Gunshot Act[405], the Patients' Bill of Rights[406], the Pharmacy Act[407], and the Criminal Code Act[408] are some of the statutes that govern medical practice in Nigeria, the country still lack a legislative instrument or enactment specifically meant for the regulation of

[395] CAP M8, Laws of the Federation of Nigeria, 2004.
[396] *Section1(2).*
[397] *Section 17.*
[398] *Section 12.*
[399] *Section 8 and Section 9.*
[400] *Section 13.*
[401] *Ibid* (n 80).
[402] No. 89, 1979.
[403] No. 208, vol. 101, 2014.
[404] Made pursuant to section 1(2)(2), CAP MS.
[405] No. 105, 2017.
[406] Patients' Bill of Right Act 2018.
[407] Pharmacy Act of Nigeria 1992 No. 91 P17 – 2.
[408] Criminal Code Act 1965 CAP C38.

medical tourism, this has left a lacuna in the system that needs to be addressed as medical tourism in the country is witnessing rapid evolution.

Conclusion

It has been made clear that people benefit from the growth of medical tourism in several ways. It enables quicker access to medical care and provides people with the chance to receive high-quality care that is not available in their native countries at a reduced cost. However, the growth of medical tourism brings up a number of medical, legal and social concerns that could hinder the industry's future advancement. Some of these medical, legal and social dilemmas have been covered in this article.

The absence of legal remedies and laws governing medical tourism are the legal problems. We suggest adding alternative dispute resolution techniques to current medical tourism laws and creating a consistent set of guidelines relevant to all countries engaged in medical tourism to help us overcome these obstacles. Patients may be able to receive compensation through alternative dispute resolution instead of going through the drawn-out legal process. In order to help patients and raise knowledge of their rights and legal options in cases of medical harm brought on by medical tourism, a unified regulation is required.

Important ethical questions are also brought up by patients' usage of medical tourism, including those pertaining to patient safety and the effects of medical tourism on both the patients' home and destination nations. First, the disparity in the criteria used to determine the quality of care raises doubts about the quality of care for certain treatments offered by healthcare professionals. Second, because the cost of medical care is borne by the patient's home country, it presents ethical challenges, as is the follow-up care provided after returning home. Furthermore, medical tourism may worsen health disparities for the impoverished locals in the countries of destination. Finally, when individuals go to receive therapy that is prohibited in their native nations, medical tourism presents an ethical dilemma. The idea is to establish a standardised accreditation process that is in charge of evaluating the standard of care provided by all healthcare providers. To guarantee that all patients have access to improved healthcare and to control unlawful treatment, a standardised regulatory framework should also be established in order to ensure that medical tourists are legally and medically guided.