

BOOKMARKS

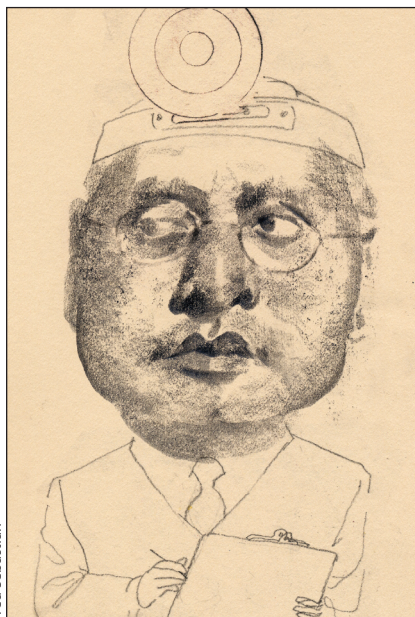
Travelling Well: Essays in Medical Tourism

Edited by Ronald Labonté, Vivien Runnels, Corinne Packer and Raywat Deonandan (University of Ottawa). Imagine leaving your own country to buy a surgery or an organ or even a pregnancy. The personal enormity of such actions seems at odds with the frivolous term used to describe them: medical tourism. Whatever one calls them, though, these things are occurring, often to the accompaniment of whispered rumours or blaring journalism.

Travelling Well: Essays in Medical Tourism, a new electronic publication from the Institute of Population Health at the University of Ottawa, attempts to demythologize these stories, to attach muscular facts to a skeleton of gossip and sensationalism. A collection of pieces by scholars from a variety of disciplines, *Travelling Well* tackles the “who,” “where” and “why” of medical tourism.

Travelling Well's real purpose is to describe the “how much,” in both quantitative and qualitative senses. Although several authors acknowledge that this description, hampered by the quality of existing data, is incomplete, the picture that emerges is impressively vast. Medical tourism is a multibillion dollar industry that continues to grow. It involves not only the tourists themselves, but the health care professionals who provide services, the companies that employ them, the brokers who make arrangements and the governments that permit (or encourage) it all. And don't forget those citizens of the destination countries who might provide an organ or a uterus for a price. *Travelling Well* ambitiously, but successfully, reports the scale of it all, in economic and human terms.

Primarily a descriptive work, *Travelling Well* gives little attention to what might be medical tourism's most important question: So what? What are the ultimate effects of medical tourism? Who stands to benefit and who can be harmed? These are complex questions that can be interpreted variously as inquiries about health care, economics, social justice or ethics.



Fred Sebastian

Some of these issues, such as the “internal brain drain” that might result when a developing country devotes scarce resources to visiting medical tourists, are mentioned on occasion, but rarely addressed in depth. A chapter by Raywat Deonandan from the University of Ottawa gets its hands dirty with the ethical bramble of reproductive tourism, and tantalizes the reader with its engaging discussion. However, such discussions might be considered to belong to a different publication.

A discussion of the history of medical tourism would have been appropriate to include. It would seem unwise to think about the future trajectory of this phenomenon without understanding its past. This discussion is largely absent, beyond mention of Middle Eastern oil sheiks who travelled to the United Kingdom for state-of-the-art care that they had not yet financed in their own countries, and the origins of medical tourism remain mythologically obscure.

This important omission aside, *Travelling Well* is an interesting read that challenges its audience: this is what medical tourism is, now what do we think about it? — Paul Moorehead, Janeway Children's Health and Rehabilitation Centre, St. John's, NL

CMAJ 2014. DOI:10.1503/cmaj.130396

Making Medicare: New Perspectives on the History of Medicare in Canada

Edited by Gregory P. Marchildon (University of Toronto Press). In the conclusion, historian Heather MacDougall rightly notes that “[h]istory matters, especially with regard to health policy, because health is fundamental to all to societies and their citizens.” And within Canada, history and health policy also directly connect with notions of national identity. As many popular and political surveys have demonstrated, a defining feature of Canada, as compared with our neighbour to the south, is its publicly funded universal health care system. Similarly, Tommy Douglas, the Saskatchewan premier who in the 1940s developed the blueprint of what would become a nationwide health care programme, typically tops opinion polls as Canada most significant Canadian. *Making Medicare* is a book that powerfully reminds us of all these important matters.

The 18 essays that comprise this volume examine medicare both from a national perspective (including a delightfully illustrated study using political cartoons from the 1940s to 1980s) and from selected provincial points of view. Historical analyses of Saskatchewan events are supplemented by those from Newfoundland (cottage hospital system), Alberta (Hoadley Commission 1932–34), British Columbia (beginning with “Bennettcare” and the BC Hospital Insurance Service) and Quebec (the “disappointing experiment” of state and for-profit hospital partnerships). Rounding out the book are several first-person oral histories by political and administrative personalities such as Allan Blakeney and Roy Romanow, which provide additional valuable insights to the broader historical trends dealt with by *Making Medicare*. In brief, this single book encapsulates the latest in historical thinking on Canadian medicare. — Jim Connor, Memorial University, St. John's, Nfld.

CMAJ 2014. DOI:10.1503/cmaj.130049