

“Without Tits There Is No Paradise”: Medical Tourism and Cosmetic Surgery in Colombia

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ABSTRACT

Globalization has allowed for the international flow of information, goods, services and, oddly enough, medical patients. Medical tourism is a growing globalized industry, where the ability to pay and willingness to travel have become prerequisites for medical care. The case study of cosmetic surgery in Colombia reveals that the advertising and information provided online compliments the literature’s descriptions of what is desirable and sought out by medical tourists. Johnston *et al.* (2012) established that the medical tourist’s interest in the characteristics of the country they visit is minor. However, the underlying national stereotypes or aesthetics may have an unconscious effect of association on the decision of medical tourists. For the medical tourism industry, the national stereotypes and aesthetics are a marketing opportunity to distinguish themselves from their international competitors beyond the comparable affordability of their services. Cosmetic surgery in Colombia indicates that, although medical tourism is a massively globalized industry, the roots and ongoing success of specializations in countries may have cultural origins that are not purely the product of foreign market demands

INTRODUCTION

Globalization has allowed for the international flow of information, goods, services and, oddly enough, medical patients. Medical tourism is a growing globalized industry, where the ability to pay and willingness to travel have become prerequisites for medical care. This paper will begin with a discussion of medical tourism and the current state of academic study on the topic, then describe the information available online for the case studies of two facilitator sites offering cosmetic surgery services in Colombia (Premium Care and Cosmetic Harmony). I will analyze the information provided on these websites and their connection to academic literature. Then, I will connect the growth of specialties in medical tourism destination countries to the culture and history of that locale. I will examine the Colombia’s specialization in cosmetic surgery as an outgrowth of its narcoculture. Through this analysis, I will establish that while a globalized industry, Colombia’s medical specialization has cultural roots.

MEDICAL TOURISM

Medical tourism is the act of pursuing medical treatment abroad instead of using the services available in your home country; these treatments are privately organized and purchased (Johnston, Crooks, and Synder, 2012; Guy, Hensen, and Dotson, 2015; Manaf, Hussin, Kassim, Alavi and Dahari, 2016; Maniam, 2015). Travel for medical treatment embodies a hope for a better quality of life after the procedures (Johnston *et al.*, 2012). Historically, wealthy people have chosen to travel for wellness, usually seeking out therapeutic landscapes or regional treatments such as spas and mineral baths (Guy *et al.*, 2015). Today, medical tourism is a global marketplace for biomedical procedures, treatments, and surgeries. There are two trajectories; the first is the flow of patients (usually wealthy) from less-developed countries travelling to Europe or North America for medical procedures and technologies not available in their home countries (Manaf *et al.*, 2016). The second flow is the movement of citizens of Higher Income Countries (HIC’s) to lower and middle-income countries (LMIC), seeking more affordable medical care. Usually, this flow sees patients go from the Global North to the Global South (Johnston *et al.*, 2012). Common medical

tourist destinations include: Germany, Iran, Argentina, Malaysia, Cuba Israel, Brazil, Jordan, Turkey, Costa Rica, India, Mexico, Singapore, Thailand, China and the Caribbean (Chen and Wilson, 2013). The most common procedures for medical tourists are dental care, bariatric, cataract, cosmetic and cardiac surgeries, reproductive care, arthroplasty, and tissue and organ transplants (Chen and Wilson, 2013). Khan, Chellian and Haron (2016) estimates that the medical tourism industry grew from 40 to 100 billion US dollars from 2004 to 2012. However, estimates of growth are often variable. Despite the rise in medical tourism, very little concrete research or numerical data is available; knowledge is usually based on “speculative claims” (Johnston *et al.*, 2012, p. 2) or is highly conceptual in nature (Manaf *et al.*, 2016; Guy *et al.*, 2015).

The increase in volume and diversity of patients seeking out medical tourism raises the question: why do people go abroad for medical care? The most common reasons are affordability, availability and waiting times. Other motivators include: higher staff to patient ratios, staff attitudes and demeanors, clientele, technology, administrative procedures, physician competence, quality of care and facility reputation and accreditation (Chen and Wilson, 2013; Guy *et al.*, 2015; Johnston *et al.* 2012; Khan *et al.*, 2016; Manaf *et al.*, 2016; Maniam, 2015). The distribution of these factors varies depending on the type of national health care in the country of origin (Johnston *et al.*, 2012). These factors can further be described in terms of push and pull factors (Khan *et al.*, 2015). Push factors are what motivates people to seek out medical services abroad. (Khan *et al.*, 2015). Pull factors describe what leads an individual to choose a certain area for the medical service or another (Khan *et al.*, 2015). Issues with health care provision in the patient’s source countries and the benefits of the services available in the destination country simultaneously motivate patients to choose medical tourism.

The Internet is, in part, credited with the rise of medical tourism. Through the Internet, information about medical procedures and where they are available are only a few keystrokes away (Manaf *et al.*, 2016; Manian, 2015; Johnston *et al.*, 2012). A 2012 study of 32 medical tourists from Canada discerned trends in how and what information medical tourist sought out (Johnston *et al.*, 2012). The study found that medical tourists primarily became aware of medical tourism either through acquaintances or media stories and then primarily relied on sources of information online (Johnston *et al.*, 2012). However, not all information is of equal importance. For the medical tourist, information on the surgeon and facility quality and patient anecdotes have primacy over details regarding the country the medical services are located in (such as a country’s wealth, language, political history etc...) (Johnston *et al.*, 2012). Participants in the study, in general, did not discuss how they appraised the reliability of the information (Johnston *et al.*, 2012). The Internet has become an invaluable source of information and contact for medical tourists that it facilitated the growth of the global marketplace for medical tourism.

The majority of medical tourist destinations are in the global South. Prospective patients are often concerned about the quality of existing infrastructure and facilities, hygiene, being harassed by locals, crime levels, terrorism, natural disasters, privacy guarantees, malpractice recourse, and economic and political stability (Khan *et al.*, 2016; Guy *et al.*, 2015). As well, a lack of translators, issues with sustainability and community participation in the industry and, problems with obtaining visas can also significantly hinder the medical tourist (Khan *et al.*, 2016). Issues facing countries with medical tourism industries include: exploitation of donors and surrogates, health care costs becoming unaffordable to locals, and the creation of specialized

facilities that do not serve or address the local health needs and drain health staff (Chen and Wilson, 2013; Johnston *et al.*, 2012). From the medical tourist source countries, issues include: the lack of accurate and complete medical records for procedures and treatments done abroad, the cost to public health care for post-op follow-up care and pre-departure lab costs, and the possibility of infectious diseases contracted abroad (Johnston *et al.*, 2012; Chen and Wilson, 2013). Medical tourism is a largely unregulated industry and many of the issues surrounding its effect on healthcare systems globally are due to this of lack of regulation (Chen and Wilson, 2013; Johnston *et al.*, 2012). Without regulations, the industry operates without ethics, which leads to inequitable access to health resources (Chen and Wilson, 2013; Johnston *et al.*, 2012)

A CASE STUDY: COSMETIC SURGERY IN COLOMBIA

Colombia is well known as a hub for those seeking affordable cosmetic surgery. Colombia has a reputation for “beautiful people and [for] excellence in plastic surgery” and has used this reputation to build a booming medical tourism industry centered on cosmetic surgery (Canada, 2015). Many websites emphasize that the Colombian government actively promotes medical tourism in Colombia: “the government is working on alliances between the health sector and the hospitality industry in order to further promote the country as a destination for medical work” (Medical Tourism in Colombia, 2016).

This paper compares two websites advertising cosmetic surgery in Colombia: Premium Care plastic surgery in Cartagena and Cosmetic Harmony in Bogotá. Both websites act as facilitators and provide options for complete medical holidays (booking flights, airport pick-up, arranging accommodation, hospitals, and recovery services). This paper also examines the cosmetic surgery services offered by both websites, which are procedures focusing on enhancing appearance (American Board of Cosmetic Surgery, 2016). Both websites prominently advertise cosmetic procedures with an emphasis on breast augmentations and lifts, liposuction and buttock lifts and augmentations. This paper will compare the information on these sites in regards to cost and convenience, quality of care, medical efficacy, and the balance between leisure and medical procedures all of which are part of the marketing and advertising schemes of these two sites.

Cost and Convenience

Premium Care does not provide prices on its website, while Cosmetic Harmony provides the price per procedures in US dollars. The Cosmetic Harmony website emphasizes the relative affordability of cosmetic surgery in Colombia. Cosmetic Harmony states it began because of their realization that ‘surgery was available at a reasonable price which would allow people to choose Colombia to afford cosmetic surgery that was cost-prohibitive in their home countries’ (2016). Thus, part of the ethos of Cosmetic Harmony is low prices. This is echoed in their testimonial videos by patients, who state that they would not have been able to afford cosmetic surgeries in their home countries (most of these patients are from North America or Europe). In comparison, Premium Care never states prices. Their patient testimonials include reflection on the affordability of their medical services. Neither site includes prices for their all-inclusive packages; instead, you apply for a free quote. Although the two sites I analyzed provided differing levels of cost information, it was also the case that several other sites addressing cosmetic surgery in Colombia included tables with price comparisons between the United States and Colombia (Fig. 1), so price comparison information is readily available.

Both websites advertise the convenience of their location to the American medical tourist: “Direct flights from Miami, Fort Lauderdale, and Panama City make the trip to beautiful Cartagena exceptionally easy, and one-stop connections through these major airports make travel from Los Angeles, San Diego, Houston, Chicago and New York relatively hassle free as well.” (Premium Care, 2016)

Colombia thus is positioned as being close, affordable and convenient to the American medical tourist. While the low prices available are a selling point, the sites emphasize that the low prices are not an indication of low quality. Rather, they make the point that that cosmetic surgery is an affordable luxury and is conveniently located in Colombia.

BODY PROCEDURES	Average Cost Colombia	Average Cost USA
Abdominal, Back, Leg, Arm Liposuction	\$2,600 (2 areas)	\$3,400 (2 areas)
	\$4,200 (3 areas)	\$6,700 (3 areas)
	\$5,200 (5 areas)	\$9,900 (5 areas)
Tummy Tuck	\$4,500.00	\$6,700.00
Lower Body Lift	\$6,500.00	\$10,000.00
Buttock Augmentation with implants	\$4,800.00	\$9,000.00
Breast Augmentation	\$4,000.00	\$6,800.00
Breast Implant Exchange	\$4,000.00	\$6,800.00
Breast Reduction	\$4,500.00	\$7,500.00
Breast Lift	\$4,500.00	\$7,200.00
Breast Lift with Implants	\$5,500.00	\$8,000.00
Gynecomastia	\$2,800.00	\$5,000.00
Leg Lift	\$4,500.00	\$7,000.00
Arm Lift	\$4,000.00	\$6,500.00
Brazilian Butt Lift	\$5,000.00	\$8,000.00

Figure 1: Price comparison [www.plasticsurgery-colombia.com, 2016]

Quality of care

Premium Care communicates the quality of care through testimonials, their Doctors’ biographies, images of their facilities, before and after images of patients and their mission statement. Cosmetic Harmony relies on testimonial videos as a proof of quality of care. Premium Care’s website hosts a number testimonial video as well as statements with an accompanying star-style rating system. These testimonials are from both national and international patients. The

content of the review emphasizes high satisfaction with the results of the surgery, happiness and gratitude due to the level of care received from both doctors and nurses, pleasing accommodations, and patient reflections that they felt safe in Colombia. The website also includes biographies of two plastic surgeons: Dr. Alex Campbell and Dr. Carolina Restrepo, as well as, biographies of the nursing and support staff. The doctors' biographies emphasize their years of experience, international accreditations, and charitable work. In particular, Dr. Campbell is an American and it is emphasized that he was the top of his class and double certified by the American Society of Plastic Surgeons and the Colombia Society of Plastic, Reconstructive, & Aesthetic Surgery. The Premium Care website provides a series of images of their offices (inside and outside), their operating theater and doctor's offices (Figs. 2, 3, & 4). These images look sleek, modern, and clean, and they communicate that they are a sterile, high-tech and innovative facility. The website lists the many procedures done at Premium Care and, include rich descriptions both in text and in videos of the doctors explaining the surgeries, footage of the surgery and many before and after images.

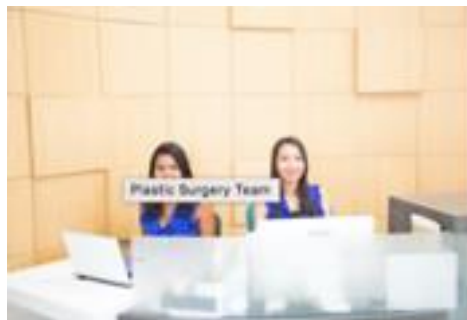
Cosmetic Harmony relies on the content of its mission statement and testimonial videos. Cosmetic Harmony's mission is "To provide excellent surgery at the most reasonable prices without sacrificing quality or safety and delivering excellence" (2016). The testimonial videos are similar in content to the videos on Premium Care's website, emphasizing that patients felt looked after and comfortable in Colombia. Some of the Cosmetic Harmony testimonial videos also introduce some plastic surgeons associated with the group, the patients testify that they are happy with the results, but there is no information regarding the surgeon's education or experience. There is a section on the Cosmetic Harmony site titled 'Our Team' that should provide information about the staff, however, it is currently blank.



Figure 2: Premium Care offices exterior [www.premiumcare.com, 2016]



Figure: Premium Care operating theater [www.premiumcare.com, 2016]



Figures 4: Premium care reception [www.premiumcare.com, 2016]

Medical efficacy

The cosmetic surgeries offered by Premium Care and Cosmetic Harmony are primarily cosmetic with an emphasis on body surgeries such as liposuction, breast and butt lifts and augmentations. The medical efficacy is primarily represented in the testimonials on each websites citing improved body image and quality of life of patients following their cosmetic procedures. Both websites provide information on the relative success and risks of each procedure, for example, the possibility of irregular butt shape following a Brazilian Butt Lift (Cosmetic Harmony, 2016). Premium Care also provides information about reconstructive surgeries. However, these pages contain remarkably less information than cosmetic body surgery pages and no before and after photographs or instructional videos. The efficacy of cosmetic surgeries in Colombian is advertised primarily in testimonial videos and is based on improved body image and personal satisfaction leading to better quality of life.

Medical versus leisure

The websites emphasize medical information over tourism information; however, they are not completely without information about leisure. Both Premium Care and Cosmetic Harmony includes statements about the beauty of Colombia in their “About us” pages. The majority of the information, however, is on the medical acumen of their service with the “spectacular Caribbean setting” as a bonus (Premium Care, 2016). Premium Care’s website includes a section titled “Cartagena—Around” that has information about and images of the city. This page provides very general information about Cartagena’s lively nightlife, beaches, eco-tours, quality hotels, shopping, and food, as well as links to additional websites for more information. Both Premium Care and Cosmetic Harmony include testimonials where patients discuss how beautiful Colombia is and how they enjoyed the beach and weather during their recovery. For example; one testimonial

statement on Premium Care states “Aside of all the excitement of undergoing through such desired life-changing procedures, one gets to do it in such a beautiful and magical location” (2016). Both Cosmetic Harmony and Premium Care include stock-type images of beautiful women on the beach looking out on the brilliant blue Caribbean (Figs. 5 & 6). Although they do not provide in-depth information about tourism in Colombia, both use archetypal images of pristine beaches as healing landscapes to make Colombia an attractive and leisurely backdrop for surgical recovery.



Figure 5: Beachside recovery in Colombia [www.cosmeticharmony.com, 2016]



Figure 6: Recover in Paradise [www.premiumcare.com, 2016]

ANALYSIS OF ONLINE INFORMATION AND LINKAGES TO LITERATURE

Much of the information that is available online regarding cosmetic surgery in Colombia paralleled the sort of information which the literature states is important to medical tourists. Cosmetic Harmony and Premium Care emphasized testimonial anecdotes as part of their assurances of the quality of their care and the safety of Colombia from the perspective of western tourists. Johnston *et al.* (2012) states that this is very influential for medical tourists. The websites allotment of medical versus tourist information reflects the literature's assertion that the medical tourist is more interested in the reputation of the institutions and the expertise of surgeons than the location of the medical services (Johnston *et al.*, 2012). The majority of information, images and testimonials were dedicated to describing doctors' credentials, facility characteristics, providing information about procedures and cost. The sites also take advantage of the medical tourist's propensity to not evaluate the reliability of information (Johnston *et al.*, 2012), with testimonials recounting solely positive experiences and rarely mentioning post-surgical pain or complications. Both sites enthusiastically announce their comparatively (to the United States and Europe) low prices, pandering to the medical tourists' desire for affordable medical services. Premium Care and Cosmetic Harmony both emphasized the air connectivity of Colombia to North America, particularly the US, and the affordability of Colombia for Europeans and North Americans. Their

all-inclusive airport pick-up services are clearly geared towards the comfort of imported patients; despite this, the surgical services are not exclusively an international commodity as their testimonial pages include statements from ‘national patients’.

The number of testimonials included on each website from ‘national patients’ was initially surprising. Less surprising was that the testimonials, whether national or international, were almost exclusively from women. Interestingly, the majority of the marketing images on each site are sexualized images of Latina women (Figures 7-11). The female body has become a means of nation building: “In Colombia, women with surgically enhanced breasts and buttocks symbolize both the boundaries and content of the nation” (Hunt, 2015, p. 545). The nationalization of surgically altered women’s bodies was first popularized by Colombia’s thriving drug economy under Pablo Escobar beginning 1970s and 1980s (Hunt, 2015). In combination these elements form an “aesthetic nationalism” developed from narcoculture for Colombia (Hunt, 2015), Narcoculture developed in the 1990s as a subculture that has grown in South America out of the persistent and powerful presence of drug cartels (Rojas-Sotelo, 2014). It has led to a number of cultural artifacts including narco-novelas, narco-democracies, narco-aesthetics, and narco-religion (Rojas-Sotelo, 2014). Drug barons preferred the company of women with large breasts and buttocks. Cosmetic surgery enabled women to purchase the physical attributes and status associated with being attached to a drug baron (Hunt, 2016). The curvaceous physique of these women became intrinsic to narcoculture. The connection between women in narcoculture and cosmetic surgery is most obvious is the telenovela *Sin tetas no hay paraíso*, (Without Tits There is No Paradise). *Sin tetas no hay paraíso* follows the story of “a teenage girl from a poor family who seeks to improve her social status by augmenting her breasts with silicone implants so that she can become an escort of important local drug traffickers” (Cabañas, 2012). The prevalence of cosmetic surgery in Colombia is not solely a medical product available because of market demand; it is also a cultural artifact of Colombian narcoculture. The archetypes Latina beauty (Figs. 7 & 8) are then used to market the cosmetic surgical services of Cosmetic Harmony and Premium Care to attract medical tourists.



Figure 7: Marketing image of Colombian beauty [www.premiumcare.com, 2016]



Figure 8: Marketing image of Colombian beauty [www.cosmeticharmony.com, 2016]

The subsequent emergence of cosmetic surgery as an offshoot of the influence of drug cartels is not acknowledged in the literature on medical tourism, and websites seek to distance themselves from the associated reputation of violence through testimonial's frequent assurances of patient safety in Colombia. Arguably, the origins of cosmetic surgery and the emergence of the medical tourism industry flow out of Colombia's drug cartel's idealized versions of women's bodies and purchasing power. Medical tourism as depicted on the sites I analyzed focuses on the outcomes of cosmetic surgery and the origins of that specialization do not figure into decision-making. It is the popular conception of the national identity (beautiful Colombian women) that is important. Additionally, the literature does not address, outside market terms of demand and opportunity, why particular countries or regions become recognized for a particular type of medical tourism.

CONCLUSIONS

The medical tourism industry is a contentious and growing industry. The case study of cosmetic surgery in Colombia reveals that the advertising and information provided online compliments the literature's descriptions of what is desirable and sought out by medical tourists. Johnston *et al.* (2012) established that the medical tourist's interest in the characteristic of the country they visit is minor, however, the underlying national stereotypes or aesthetics may have an unconscious effect of association on the decision of medical tourists. For the medical tourism industry, the national stereotypes and aesthetics are a marketing opportunity to distinguish themselves from their international competitors, situating their competitively low prices in place. While literature often notes that certain countries become known and specialized in a certain type of procedure (Guy *et al.*, 2015), there is little discussion on the possible cultural roots or origins for a country's area of specialization. Cosmetic surgery in Colombia indicates that, although medical tourism is a massively globalized industry, the roots and ongoing success of specializations in countries may have cultural origins that are not purely the product of foreign market demands.

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