

An Appraisal of the Causes and Implications of Medical Tourism on Nigerian Society and Economy

OGIDI, Ambrose W.

Department of Sociology, Faculty of Social Sciences, Nasarawa State University, Keffi

Abstract

Medical tourism is a term used to describe the movement of persons from one country to another with the aim of assessing better and effective Medicare. The focus of this paper is to examine some of the contributory factors to the rise of the phenomenon of medical tourism among Nigerians in recent years. The paper identifies two broad perspectives responsible for this trend in Nigeria. They are micro causative and macro causative factors. The paper also identifies some of the implications of medical tourism in Nigeria; amongst these are the huge capital flight to many European and Asian countries and the adverse image it has brought to Nigeria. It recommends among other things the ban on sponsoring top government officials for medical care and improvement in budgetary allocation for the health sector.

Keywords: Medical Tourism, Medical Care, Health Services

Introduction

During the colonial era, the British started a health care service in Nigeria where definitive treatment was on available as it were "back home" in the United Kingdom, but the services were on a low scale that rose to the stage of training doctors at the University College Hospital (UCH), Ibadan. However, when Nigerians took over at Independence, one expected a progressive continuation with health services would lead to the definitive treatment in Nigeria. However, that was not to be. Modern and highly sophisticated medical attention remained only available abroad where privileged Nigerians turn to for better medical care. Some have invested on properties in the United Kingdom and other European countries given their advanced health sector. This life style no doubt made Nigeria to be the revenue base for harvesting the cash few privileged individuals lavished on better health services abroad (Gyoh, 2008).

It is instructive to note that this attitude of the Nigerian ruling class explains the neglect and under funding of public health institutions since Independence. For example, Otuchukere (2008) observes that in the last few decades, most of the government hospitals including the National Hospital, Abuja, General Hospitals in State capitals and Teaching Hospitals have all become mere preliminary consulting rooms. This deplorable state of Nigeria's health care system has been attributed to so many factors, among which are poor budgetary allocation by successive administrations, massive corruption and embezzlement of funds by top government officials, lack of maintenance culture in our health institutions, frequent industrial disputes by medical and health

workers, and dearth of qualified medical personnel due to brain drain among others.

It is the foregoing status of health care delivery in Nigeria that resulted in a new phenomenon among citizens known as medical tourism which has become very popular in recent years. Medical tourism is originally a term used to qualify a patient's movement from highly develop country to other areas of the world with equally good medical health care to get medical treatment, usually at a lower cost. More recently however, the term is being generally used to mean every form of travel from one country to another in search of medical help, which can also simply be called "medical travel". Gaines and Nguyen (2016) define medical tourism as the term commonly used to described people travelling outside their home country for medical treatment. In the United States, medical tourism generally refers to people travelling to less developed countries for medical care. Patients may pursue medical tourism for a variety of reasons, ranging from decreased cost, a preference for care from providers from a similar culture, or to receive a procedure or therapy not available in their country of residence. It also includes travelling to countries where treatments for a particular health condition/illness is better understood.

Since the early 1990's, the growing number of medical tourists in Nigeria comprises top government functionaries and their dependants. For these individuals, the expenses of travel cost, accommodation and medical bills are usually incurred by government. On the other hand, some other categories of persons pay for their travel, accommodation and medical bills out of their pocket.

There exist a growing number of clientages (concierge) who act as intermediary to identify foreign hospitals. Similarly, some private hospitals in the country have formed alliance with overseas hospitals (especially in India and Malaysia) to control and co-ordinate processes of acquiring visa, flight schedules, accommodation and medical care. Also, with the advent of Information and Communication Technology (ICT), Nigerians are now exposed to many websites that market directly to interesting medical tourists' information to consider when selecting a facility or planning a trip for medical care. The most common categories of procedures that Nigerian medical tourists patronize in medical tourism trips include orthopedic surgery, cardiac surgery, liver and kidney transplants, oncologic care, and spinal surgery, among others (Yellow Book Travelers' Health, 2016).. Also, the common destinations for many Nigerian medical tourists includes, Germany, United Kingdom, India, Malaysia, Singapore, Cuba, Brazil, as well as other African countries like Egypt, Morocco and South Africa.

Medical tourism is a worldwide, multibillion-dollar phenomenon that is expected to grow substantially in the next 5-10 years. Sunrise River Press (2008), as cited in Hatman (2010) reported that over 50 countries have identified medical tourism as a national industry. It is a major sector boosting the economy of many developing countries such as Malaysia, India and Singapore. Studies have shown that hundreds of thousands of medical tourists travel from United States and European countries to other less developed countries annually (Reed, 2008; Hatman, 2010). In recent years, Nigeria has joined the league of countries that have embraced medical tourism. This explains the unprecedented influx of Nigerians from the political class, working class and even and lower class in search of quality and reliable medical care in these foreign countries. In Nigeria, medical tourism as a phenomenon has been influenced by both micro causative and macro causative factors that include, social status symbol, people's lack of confidence in the Nigeria health care delivery system, the psychology of few Nigerians to acquire citizenship for their children in some Western countries, poor budgetary allocation to the health sector, especially at the tertiary level, frequent industrial dispute within the health sector, absence of state of the art equipment in most tertiary health institutions, lack of qualified and experienced medical personnel among others.

This paper is couched on the emerging phenomenon of medical tourism among Nigerians in the last few decades. It attempts to identify some of the causative factors that have encouraged medical

tourism among Nigerians. The paper examines some implications that are associated to the phenomenon of medical tourism in Nigeria society and economy. These conclude varieties of health risks medical tourists often face in foreign countries and how it has undermined the economic development of the country among others. It concludes with some recommendation that would help reduce the phenomenon of medical tourism in Nigeria.

Theoretical Framework

The Political Economy theory of Health

The theory is derived primarily from the works of Karl Marx and his followers. Also, Navarro has been identified as one of the foremost proponent of the political economy theory. The political economy of health concentrates on issues of economy and state policies, and how it relates to health and medicine. Political economy denotes economic production and distribution of scarce resources in human society. It seeks to explain economic systems and particularly class relations among people as well as between the genders in the society (Navarro 1970). According to Marxist ideology, accessibility to health care in human societies is greatly determined by social class, gender and ethnicity, which is caused by differences in wealth, income, and living/working conditions (Haralambo, Holborn and Heald 2004).

Many works on political economy of health indicate a link between the political economy of some developing countries such as Tanzania, Ethiopia, Mozambique and Nigeria in relation to their health service organization and distribution (Ozo-Eson, 2011). Studies have shown that the problem of health services in these countries is directly influenced by wide spread inequality in the distribution of economic, social and political resources (Ozo-Eson, 2011; Alubo, 1995; Onoge, 1975). This explains the position of Alubo (1995), that Nigeria even after independence and with so much revenue made from the oil boom, the state of ill-health and poverty has remained the lot of the populace. The relevance of the political economy theory in this paper rest on the premise that since Independence, health care have been politicized to favour of the very few rich in the society. This demonstrate the fact that in spite of all the numerous policies and programmes in the health sector executed by successive governments in Nigeria majority of the populace have been denied the fundamental basic health needs (Eboh, 2008).

The goal of the political class is to ensure that they enjoy some form of exclusive rights and privileges in medical care by consciously neglecting health institutions in the country; and at the same time

regularly engage in foreign medical travel. It is the political power and social status they occupy in the society that influenced their patronage of foreign health institutions. However, this is at the detriment of the poor citizens who do not have any other alternative but to patronize the ill-equipped, neglected and deplorable health institution in the country. Medical tourism as a social phenomenon in Nigeria has become both social and economic indicators for the political elites and upper class to distinguish themselves from the poor in the society.

Micro causative Factors of Medical Tourism in Nigeria

In the last few decades the phenomenon of medical tourism or medical travel to foreign countries among Nigerians has assumed an unprecedented proportion. In the past, it was only privileged political office holders who engaged in medical travel abroad due to the fact that government usually set aside certain budgetary allocation to bear the cost for these officials and their families. In most cases it was linked with those who might have experienced life-threatening ailments. However, the trend in recent years revealed a greater number of Nigerians; including those from the lower strata of the society regularly engage in medical tourism for the simple reason to save their lives or lives of their loved ones who usually experience life threatening ailments. It is worth mentioning that medical tourism by and large has been influenced by individual behavioural attitudes and institutional failures. The foregoing can be categorized into micro causative and macro causative factors.

Firstly, one of the micro causative factors that have encouraged medical tourism is the lack of confidence citizens have on indigenous healthcare delivery system in the country. It has been observed that because people do not have confidence about the training and competence of medical doctors employed in most Nigerian hospitals, they prefer to travel to foreign countries such as United Kingdom, Germany and India where there are well trained and qualified medical personnel (Leadership, 2016). According to a school of thought, since the 1980s, when there was massive brain drain in Nigerian Universities, the country's medical schools have not been able to train well qualified medical students. The argument is that since the mid 1980's the Nigeria trained medical students do not have the opportunity for the best hands to train them.

Also, the issue of class or status symbol among few Nigerians has been identified as another micro causative factor for the growing trend of medical tourism. For example, even in situations

where few hospitals in the country have adequate facilities and qualified medical personnel, some wealthy Nigerians still prefer to travel abroad for medical care. One major reason that has been identified for medical tourism is the showing off life style of some individuals, who feel their elevated status and wealth make them to patronize foreign hospitals. Obaro (2016) had observed the superiority complex syndrome of a Nigeria local government Chairman, who thought his elevated status, should be reflected even in the choice of hospital his wife attends antenatal examination. Thus, he opted for an Egyptian hospital as a way of showing off before his peers and friends. For those that find themselves in public offices, and are entitled to free or government sponsored medical care abroad they opt for foreign hospitals as a way to reflect their new status in the society.

Furthermore, one common reason for the patronage of foreign hospitals by some Nigerians has to do with the psychology of acquiring automatic citizenship at birth in some Western countries. It has become very fashionable to see heavily pregnant Nigerian women who are almost due for delivery travel to the United Kingdom or United States of America under the guise of a vacation to have their babies there, so their children can secure automatic citizenship of such countries. In addition, the psychology of visiting a white doctor has been identified as a contributory factor in medical tourism. According to Tejuosho (2016) when a Nigerian patient sees a white man in front of him he psychologically believes that he will be better even if the white man doesn't know much about him. This is nothing but the common inferiority complex Africans always display toward the White man.

Another significant factor that has encouraged medical tourism among Nigerians is the special health needs some patients require. For example, some persons travel for assisted pregnancy, such as in-vitro fertilization. The reason why some Nigerian couples travel for this health condition is due to the fact that, they must have made spirited trials in the indigenous medical professionals for conception but without any meaningful result. For this category of Nigerians, the availability of the money and the belief they have that Western health institutions are better equipped with state-of-the-art facilities to successfully carry out in-vitro fertilization (IVF); coupled with a conducive hospital environment compared with Nigeria all contribute to medical tourism. This is also the case with treatment of cancer patients in the country. For example, there is the growing prevalence of cancer treatment abroad

among many Nigerians. And as a matter of fact this is one of the pointed reasons for medical tourism which cost Nigeria about 1.5 to 2 billion U.S dollar annually (Adesiyan, 2006).

Also, people undertake medical tourism for long delays incurred in waiting for certain medical procedures. A major challenge associated with the public health system in Nigeria is the inadequate medical specialists in certain fields of modern medicine in relation to the ever increasing number of patients. A large number of Nigerian medical tourists travel to foreign countries like India, Malaysia, and Egypt for the convenience and speedy access to attention. It has been observed that countries that operate public health care system often have long waiting time for certain operations. This is also common with the Nigeria health care delivery system where the ratio of a doctor to patients is very low when compared with the number of patients that visit hospitals.

Lastly, the character and attitude of certain medical personnel, especially nurses has been identified as another factor some individuals would prefer to engage in medical tourism. Tejuosho (2016) observed that the personality trait of some nursing staff have discouraged people, especially the upper class from patronizing Nigerian hospitals. Tejuosho (2016) further argued that even if we have the best doctors on ground because some people still fly in some doctors to treat them for about a week and go back. But, they now realized that the patient they left behind still falls sick because of poor nursing culture after the surgery they have done. In many Nigerian hospitals, it has become very regular for patients to complain about the high-handedness and poor receptive attitude of nurses. Nurses and other hospital attendants are presumed not to exhibit politeness in their work ethics in many hospitals in Nigeria (Otuchukere, 2008).

Macro Causative Factors of Medical Tourism in Nigeria

The macro causative factors are derived mainly from institutional problems that resulted in the decay or deplorable state of health care delivery in Nigeria. A major factor that has encouraged medical tourism in Nigeria is the continued sponsoring of top government functionaries by successive government for foreign medical care. Otuchukere (2008) pointed out that many Nigerians have acknowledged the fact that top government officials who are responsible for ensuring that Nigerians are adequately attended to at the public hospitals have abdicated their responsibilities for the obvious reason that they do not

patronize the hospitals and would rather jet out of the country to Europe or other African countries at the slightest indication of illness.

Furthermore, poor budgetary allocation to the health sector, especially at the tertiary level is one of the macro causative factors. The health services of the country have therefore continued to suffer neglect by successive government (Gyoh, 2008). The downward annual budgetary allocation for the health sector has adversely affected the quality of the facilities as well as services available in the public hospitals in Nigeria. For instance, in the 2015 federal budget, only 5% was allocated to the health sector. And most worrisome is the fact that in the course of implementing the budget, less than 2% was released (Tejuosho, 2016).

The problem of endemic corruption and embezzlement of funds that is meant for the health institutions in Nigeria. Despite unprecedented quantities of monetary aid to the ministries of health of many African countries, including Nigeria health system on the continent has languished (Ayodele, 2008). Corruption is the greatest bane in the provision of effective and robust healthcare services for the sick in Nigeria. It has been observed that public health systems in many African countries are failing to deliver qualitative healthcare to the populace. According to studies undertaken by the WHO and the Centre for Global Development, donor nations rarely know what happens to their money after they hand it over to recipient governments (Ayodele, 2008). As a result of this lack of effective monitoring and control, International Multi-lateral Institutions funds are routinely subverted, siphoned by health officials for private gains. Countless forms of corruption have plagued Nigeria's healthcare system, including mismanagement of funds at the local level, employee absenteeism, extortion of patients by health workers, and the abuse of procurement contracts for hospital by top management officials.

The recurrent problem of work stoppages, warning strikes, indefinite strikes and other industrial disputes within the Nigeria healthcare system have all encouraged medical tourism. In the last few years the public health system in Nigeria has been plagued by restive industrial disputes occasioned by unmet demands for better emoluments. And throughout the entire period such strikes often last, hospitals remain shut and health services are paralyzed. Even where some hospital management offer services they are only skeletal and the few medical consultants are overworked. Apart from the recurrent issue of agitation for conditions of services by medical/health workers, a major problem that has bedeviled the health system in

recent years has to do with the struggle for supremacy between medical doctors and other medical professionals within the Nigerian healthcare delivery system.

Furthermore, the dearth of qualified and experienced medical consultants to manage and cure certain ailments is another factor. In many public hospitals, including teaching and specialist hospitals in the country there is the absence of qualified and experienced medical Consultants in areas of cardiology, Orthopaedic, renal dialysis, and cancer among others. As a result of this, patients with such life threatening ailments are forced to seek medical care abroad. There have been several instances where patients had undergone several operations due to non-availability of qualified and experienced medical Consultants in the country. Otuchukere (2008, p.22) from his findings relay the experience of a young Nigerian this way:

I had done five operations from the time I first visited this hospital early this year. After every operation it was discovered that due to the way it was handled, the problem still persisted and I was compelled to come back for another operation. When I was told that I had to do another operation which would have made it the sixth one. I made enquiries and was advised to seek assistance in a foreign hospital.

Similarly, the non-functional and deplorable state of most Nigerian health institutions has also contributed to the increase in medical tourism by many citizens that could afford it. Findings have it that in Nigeria, only the National Hospital, Abuja and another Private hospital have functional linear accelerators for Radiotherapy (a treatment modality for cancer) and those machines are suffering from extreme overuse (Adesiyun, 2016). The situation is even made worse due to poor maintenance culture that is usually exhibited by most of the health workers within the health institution. According to Otuchukere (2008) the poor state of Nigerian health institutions reveal a common sight to see patients in government hospitals complained about the deplorable conditions of facilities in most hospitals. There was the complaint of the unhygienic standard of most of these hospitals. The nurses and other hospital attendants are said to not adhere to the ethical standard of cleanliness, some equipment are said to have worn out. For example, most health institutions in Nigeria including Specialist hospitals lack some of the state-of-the-art equipment

to manage health conditions of many patients. Oyediji, et al (2008) observed that the more than sixty years old National Orthopaedic Hospital Igbobi, Lagos lacks dedicated amenity wards that can provide an aesthetic environment enough to discourage overseas referrals.

And lastly, the continued politicization of health care delivery in the country by successive administration in Nigeria has undermined the quality of public health institutions, and has therefore encouraged the phenomenon of medical tourism. The politics of health care delivery in Nigeria has deprived the majority of citizens of their fundamental basic knowledge of what, how, where and when the issue of health care is being planned and implemented (Eboh, 2008). The real politics of health care delivery in Nigeria rest on the premise that, each successive administration comes with its own policies and programmes, while jettisoning the previous government policies and programmes without minding the relevance of the policies and programmes on the wellbeing of the citizens. Since the period of Prof. Olikoye Ransome-Kuti, the then minister of health the vision of achieving effective primary health care in the country seems to be floundering without a clear notion about the goals and strategies (Adetokunbo, 2002; Ogidi, 2013). To corroborate this position, Gurege (2003) admitted that the organization of health care delivery in Nigeria is loose and uncoordinated.

Similarly, in 1994 the General Sani Abacha administration established the National Hospital for Women and Children Abuja, for the purposes of providing special health care delivery for women and children at the tertiary level. However, when President Olusegun Obasanjo administration came in 1999, the National Hospital for Women and Children Abuja was changed to National Hospital, Abuja. By this change in nomenclature, the vision and ideology of the National Hospital was changed too. The implication of this change in name of the National Hospital, Abuja is that the special priority hitherto given to women and children in the National Hospital Abuja was discontinued.

The Implications of Medical Tourism in Nigeria Society And Economy

Firstly, the health risks associated with medical tourism are enormous. For instance, medical tourism comes with some associated risks that may not be identified locally in Nigeria. It must be pointed out that there is little reliable epidemiologic data on medical tourism in many countries, including Nigeria. But evidence on report of disease outbreak serves as a

reminder that medical tourism is not without its risks or challenges. Across different countries of the world there are varieties of infectious disease-related epidemiology. In this regard, medical tourist's exposure to varieties of diseases outside their countries, without having natural immunity could be hazardous for very weak individuals. Also, the quality of post-operative care can vary dramatically, depending on the hospital and country. Furthermore, traveling long distances soon after surgery can increase the risk of complications. Long flights and decreased mobility associated with window seats can predispose one towards developing deep vein thrombosis and potentially a pulmonary embolism (New DVT Guidelines, 2012) Several studies have identified transplant of organ as a potential problem most medical tourists encountered (Reed, 2008; Obaro, 2006). The aftermath of organ transplant has been linked with some form of complications by the recipient donor.

In addition, medical tourism as a phenomenon has undermines the economic development of the country. Idowu (2009) had observed that it was downright mortifying that the Nigerian economy even amid the global meltdown, that has depleted its foreign cash stock, lives with an avoidable hemorrhage constituted by the loss of a princely (N32 billion), which is equivalent of (\$200 million), yearly to overseas medical trips by the big fries. Medical tourism has adversely affected the country's Gross Domestic Product (GDP) growth. Studies have shown that though countries at the receiving end of medical tourism only experienced its adverse effect, especially on the economy. In Nigeria, every year billions of dollars that should help to develop our ailing economy are being pumped by the government and private citizens into the economy of the tourist countries (Hatman, 2010). For instance, a former Minister of Health Prof. Babatunde Oshotimehin and the former Minister of Finance, Dr Ngozi Okonjo-Iweala both admitted that about 200 million Dollars (N30 billion) which is equivalent to about 20% of the budgetary allocation to the health sector in 2010 could be saved annually if Nigerians who travel abroad for medical services could be treated in the country (Hatman 2010).

Furthermore the phenomenon of medical tourism has resulted in huge capital flight to many European and Asian countries in recent years. As at 2014 alone, the Nigerian political class and other top public servants have traveled abroad for medical care, and this had cost tax payers N198.95 billion, an equivalent of \$1 billion (Medical Tourism Information Nigeria, 2016). In 2015, the Nigeria Medical Association (NMA) disclosed that Nigeria was losing some \$800 million about N125 billion annually to medical tourism. It must be stressed here that the

capital flights to medical tourism is unfortunate and uncalled for. In the last few years many concerned Nigerians including (Labour Leaders and Civil Society Activists) have criticized the increasing trend of political office holders travelling abroad to receive treatment for ailments that can be effectively handled by hospitals in the country,

Similarly, the continued increase in the number of Nigerians that engage in medical tourism has further helped to worsen the perennial problem of unemployment in the country. It has been observed that if the huge sums spent on foreign medical travels annually had been invested in the Nigerian economy more jobs would have been created both for medical personnel and other allied workers in the health sector. Also, it has resulted in continuous migration of some of the best medical professionals seeking better paid employment in foreign hospitals that are willing to offer them highly competitive remunerations and other condition of service. It is common to hear of medical professionals traveling with their family to such countries due to job opportunities.

Also, the phenomenon of medical tourism among Nigerians in recent years has further undervalued the Nigerian currency. Since the mid 1980's when the Structural Adjustment Programme (SAP) was introduced, the Nigerian currency has continued to lose its value to other foreign currencies, especially the American dollar. According to Radio Nigeria News Commentary (2016), after education tourism, medical tourism accounts for the highest demand for dollars in the foreign exchange market. The reason for the continued devaluation of the Nigerian currency is that more and more persons are demanding for the American dollar in exchange for the Nigeria naira so as to accelerate medical tourism to foreign countries.

Lastly, the phenomenon of medical tourism in recent years has adversely affected the image of Nigeria in the international arena. It is regrettable that virtually all of Nigeria's political class present and past as well as top business executives travel for medical care to foreign countries even at the slightest ailment. It has become very recurrent to hear about prominent politicians passing away in foreign hospitals due to protracted illness. Just recently, on Monday 10th July 2017, Nigeria's former Permanent Representative to the United Nations Alhaji Maitama Sule died in an Egyptian hospital. However, this is not the situation in some African countries like South Africa and Tanzania, where prominent leaders like Julius Nyerere and Nelson Mandela after protracted illness died in their country. There was never a time these leaders were flown out of Tanzania and South Africa for medical tourism (Obaro, 2016). These are clear examples of

internationally-respected African leaders who insisted on seeking medical care within the boundaries of their country. This unique character of these former African leaders is a reference point for Nigerian leaders and public-office-holders to emulate. The rest of Africa and the world should see that the health sector of a self-proclaimed "Giant of Africa" is second-to-none in the continent. It is regrettable that this phenomenon of medical tourism has already caused so much embarrassment to Nigeria as a sovereign nation. The battered image of Nigeria in the eyes of the global community leaves a pitiable story to tell, especially in the provision of qualitative and affordable health care delivery in this twenty-first century.

Conclusion

It is pertinent to note that one significant approach in reducing medical tourism among Nigerians is the urgent need for government to improve the quality of health care delivery in the country. And this can be achieved through adequate budgetary allocation for the health sector. It is also pertinent to the health institutions in the country to be managed by well trained and experienced professionals. And more importantly, citizens need to change their orientation and attitude that foreign or Western health institutions are superior to Nigerian health institutions. In this regard, the political class in the country must display exemplary character and thought in appreciating Nigerian health institutions/medical personnel. Also, the ordinary citizens need to discard the wrongful notion that anything foreign is superior, while anything Nigeria is inferior. Limitless opportunities abound in Nigeria's health care delivery sector for private Organization/Corporate Institutions to actively participate and reap from. All that is required is for the affluent class to have the will and determination to end the capital flight and harvest their money back in the local economy. We have well trained and experienced medical personnel to manage all kinds of ailments. All that is needed in Nigeria hospitals is modern state-of-the-art equipment and conducive working environment.

Recommendations

i) The government, especially at the federal level needs to improve its annual budgetary allocation to the health sector. This will accelerate the development of infrastructure in the health sector. In this regard, it will enhance the quality of personnel and facilities in our health institutions.

- ii) As a matter of patriotism the government and its citizens should develop the orientation and attitude to appreciate and patronize our local hospitals. This comes with selfless service and discipline for all Nigerians. We need home grown solutions to our medical challenges in this twenty first century. And as a policy on the part of government, there should be outright ban in foreign medical care for top government officials and their families.
- iii) Relevant authorities/technocrats within the health sector need to display cordial industrial relation practices with Trade Unions, so as to sustain industrial harmony in the health sector. There is also the need for medical personnel, especially nurses to be more courteous in relating with patients in the course of discharging their duties. This attitudinal change among nurses will no doubt encourage Nigerian to patronize her local hospitals.

References

- Adesiyun, O. (2016). Open Letter to President Muhammadu Buhari on the Health Sector. Leadership Friday, 17th June. P.2.
- Alubo, S. O. (1995). *Medical Professionalism and State Power in Nigeria*. Centre for Development Studies, University of Jos, Nigeria.
- Ayodele, T. (2008). Infrastructure and Africa's healthcare. ThisDay, Tuesday, April, 29. P.18.
- Eboh, D. (2008). The politics of healthcare: A game of lottery or policy for equality of access. New Nigerian Newspaper. Mon, July, 21st 2008. p. 26.
- Gaines, J. and Nguyen, D. B. (2016). *The pre-travel consultation counseling and advice for Travelers*. Yellow Book Travelers Health.
- Gureje, O. (2003). *Revisiting the national mental policy for Nigeria*. Archives of Ibadan Medicine. An international Journal of medical science. April, 4(1) 2-4.
- Gyoh, S. (2008). Health. Newswatch Special Edition. Oct. p.25-28.
- Haralambos, M; Holborn, M. and Heald, R. (2004). *Sociology: Themes and Perspectives*. 6th Edition. London. HarperCollins.
- Idowu, K. (2009). Quality healthcare: For big men, not small men? The Nation Newspaper, July, 13th P. 19.
- Leadership March, 11th 2016. P.48.

- Medical Tourism from Nigeria to India:
 medicureassist.com/medical-tourism-from-nigeria-to-india Retrieved 18/4/2016.
- Medicureassist.com/medical-tourism-from-nigeria-to-india Retrieved 16 April, 2016.
- Navarro, V. (1970). *Medicine under Capitalism*. New York. Prodist.
- New DVT Guidelines: No evidence to Support "Economy Class Syndrome". Oral Contraceptives, Sitting in a Window Seat, Advance Age, and Pregnancy Increase DVT Risk in Long-distance Travelers" American College of Chest Physicians. 7 February 2012. Retrieved 10 February 2012.
- Nigeria News Day Editorial. April, 2009. Pp. 20-26.
- Obaro, H. (2016). Medical Tourism: Is Nigeria Really A Giant of Africa? Naija News
- Ogidi, W. A. (2013). *Governance and qualitative modern health care delivery in Nigeria: Issues and challenges*. NASHERJ. 11(2) 88-98.
- Onoge, O. (1975). *Capitalism and Public Health in Nigeria* in S. Ingman and A. Thomas (eds) *Topias and Utopias in Health*. The Hague: Mouton: 219-235.
- Ozo-Eson, P. I. (2011). Health services in Nigeria: A sociological analysis. Proceedings of 16th Annual conference of Anthropological and Sociological Association. Held at the University of Ilorin, Nigeria. August 9th-11th. 117-127.
- Radio Nigeria News Commentary 21st June, 2016
- Reed, C. M. (2008). *Medical tourism*. *Med Clin North AM*. Nov: 92(6):1433-46. Xi.
- Roger, B. A; Aminzadeh, Z; Hayashi, Y and Paterson, D. L. (2011). *Country-to-country transfer of patients and the risk of multi-resistant bacterial infection*. *Clin Infect Dis*. JUL 1: 53(1). 49-56
- Otuchukere, (2008). How hospitals are killing Nigerians. *Sunday Leadership*. July, 20th. Pp 1-2.
- Oyedepi, O; Adepoju, W. and Ijibayiwa, S. (2008). Lack of Infrastructure bane of health sector. *The Nation Newspaper*.
- w.w.w.hatman.2010.org/index.php/newsletter/28-47-of-outbound-medical-tourism-in-nigeria-go-to-india. Retrieved 21/2/2016.
- Yellow Book Traveller's Health (2016). *Medical Tourism* Chapter 2. Retrieved 21/2/201