Reviewer’s report

Title: The framing of the Australian news media's coverage of medical tourism in low- and middle-income countries: a content review

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Reviewer: Rory Johnston

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Reviewers Report for 'The framing of the Australian news media's coverage of medical tourism in low- and middle-income countries: a content review' Michelle Imison and Stephen Schweinsberg

Overall Impression:

This is an interesting analysis with a sound rationale for its undertaking. The methods used appear to be sound, but could use more detail describing each of the steps taken and the theoretical framework informing the analysis. However, the major weakness in this paper is the discussion section. There is a lack of coherent rationale for each paragraph and the points raised are not always clearly tied back to the results. The number of codes presented in Tables 2 and 3 suggest a wide range of issues being examined by the authors, but the conclusions drawn in the discussion do not appear to be a natural fit with what is being presented in the results. I suggest that the discussion section be rewritten to more clearly speak to the issues raised by the frequency counts in the results so that the analysis has a more coherent and compelling argument for readers.

Major Compulsory Revisions

1. Background, Paragraph 3, Sentence 1: Temper this claim by acknowledging that cost is one likely factor that is regularly speculated as "the" driving factor behind the growth of medical tourism. There is limited consultation directly with medical tourists about their decision making, so it is unknown if cost is a/the central factor for many of them, especially amongst the different contexts of source countries. Availability of services in domestic systems may be as weighty, or a weightier, consideration (see: Johnston, Crooks, Snyder, in Globalization and Health, 2012)

2. Background Paragraph 1, Sentence 1: This is an oversimplification of why costs for health services are lower in many LMICs compared with HICs. It would be useful to also acknowledge the much lower cost of malpractice insurance for practitioners, lower construction costs, and the relative purchasing powers of different currencies.

3. Background Paragraph 3, Sentence 4: This number has been widely cited but is likely very flawed due to definitional issues and a lack of good quality tracking. Tie this sentence more directly to the disclaimers that follow to clearly acknowledge the uncertainty in this estimate.
4. Methods, Paragraph 1 sentence 4: 'whose definition as ‘medial tourism’ might be disputed for the range of complex issues they raise, including sovereignty, corruption and access to care’

This allusion to a definitional debate is much too brief and ends up being distracting. It is not clear how the complex issues of sovereignty and corruption impact the definition of medical tourism. Traveling internationally for elective medical care still best falls under the term medical tourism, even if the procedure involved is controversial. Consider clarifying the relationship of medical tourism to these issues by briefly outlining the relevant debate you refer to, altering the issues to more pertinent and interpretable issues (e.g. financial coercion of third parties), or simply stating that your review included more controversial forms of medical tourism, including 'reproductive tourism' and 'transplant tourism', that may fall outside of some definitions used elsewhere in the literature.

5. Methods paragraph 2 sentence 2: Your review of video media included reproductive and transplant tourism, but your review of print media excluded them in the search terms. Is there a rationale for this? If so, be sure to include it. If not, acknowledge this as a limiting factor that produces a slight mismatch between the foci of your two datasets.

6. Table 2 and 3: Some definitions and demarcations in Tables 2 and 3 are unclear. For example, what was the difference in coding for a specialist vs a surgeon vs a medical profession representative and the rationale for distinguishing between them; are 'Agency Representatives' MT facilitators/brokers?

7. Results, Para 1 sentence 3: How was relevance assessed? What were the inclusion/exclusion criteria?

8. Results - Para 2 sentence 5: "around half of them Australian (n =31)." Was the other half solely represented by actors in destination nations or were some from other prospective source nations?

9. Results para 3 sentences 1 & 2: Collapsing all dimension of access (financial, spatial, regulatory) into one category negatively impacts its analytical utility. In sentence 2, which I take as tied to the opening statement about access, cost is included, while in the corresponding table 2 entry, cost is explicitly excluded. This is all very confusing. Additionally, "being able to ‘feel good’ (n = 14)" is not a clear analytic category distinct from all of the others. Please clarify.

10. Results paragraph 3, sentence 4: What kinds of ethical dilemmas did you identify? Did you distinguish between ethical concerns for the Australian health system, the destination health system, and then individual level dilemmas such as purchasing kidneys? Which kinds of dilemmas dominated, which were absent? Unpacking or further describing the parameters of this code is necessary.

11. Discussion, Paragraph 2, sentence 2: "First, the range of topics represented in the 111 items analysed was concentrated around just twelve issues (a range
of surgical interventions, reproductive and regenerative procedures, and the threat of novel infections brought into the country by returning medical tourists)

Clearly state which 12 issues they were concentrated around. Were these 12 issues selected by the authors prior to coding and then populated, or did many of them emerge from later iterations of coding schemes? Also, the bracketed aside only includes 3 issues - what is their relationship to the 12 total that were listed?

12. Discussion, paragraph 2: "While the newspaper data evidenced somewhat more extensive geographic and medical concerns, this did not extend to a broadening of ethical considerations, which were largely related to the personal or legal interests of a particular patient. This observation is reflected in the findings of a Canadian qualitative study of medical tourists,..."

Please clarify how the expansion of geographic and medical concerns, but not ethical ones, from one media domain to another reflects the narrow ethical scope of the Canadian medical tourists that were consulted. The relationship is unclear.

13. Discussion, paragraph 3 final sentence: "Third, the high proportion of Australians among all those interviewed mirrors the inclination toward using domestic sources in LMIC news more broadly [8]; there is far less media interest in those who make certain types of medical tourism possible, such as surrogate mothers and organ donors."

More concretely tie this claim to your results, or temper its scope. It is true that the number of destination surrogates and transplant donors are low in comparison with the number of stories focused on the procedures, but the relatively high number of specialists, surgeons, overseas hospital representatives, etc. suggests some sort of non-Australian face for the industry in Australian media. Clearly presenting the proportion of destination actors to Australian actors in your analysis, perhaps to the point of sub-type, could make your argument more compelling here.

14. Abstract Conclusion, Final sentence: was the contrast of LMICs as active service providers vs passive recipients of aid made within the content reviewed? If not, consider removing from the overview of the conclusions as it should speak first and foremost to the outcomes of the data analysed.

15. Methods paragraph 2 sentence 2: Did all the non-specialist, non-trade Australian publications reviewed include newspapers and print magazines of all types, newspapers and newsmagazines only, or just newspapers? From the table, I would guess the latter, but in text clarification would be helpful.

16. Methods paragraph 3 sentence 1: Was a coding software used (if so, what program?) or was coding done by hand using a word processing program? How was the coding scheme developed? Were both authors involved? I presume this is a thematic analysis from the description, but the methods for the selection of codes and the inductive determination of themes are not clearly discussed. More detail is needed.

17. Discussion, paragraph 3, sentence 1: "Second, this restricted media interest was..."
What particular restrictions are you speaking to here? The geographic scope, the twelve health issues, or the ethical considerations? Please clarify.

18. Discussion, paragraph 3: "Although not all of them had happy experiences to relate, every television story that presented medical tourism in a positive light included at least one delighted patient."

Did the negative stories exclude patients and focus on other actors?

19. Discussion paragraph 4 sentence 2: "Yet in their efforts to present medical tourism as credible, Australian news and current affairs coverage of the practice more often referenced some aspect of the actions of other medical tourists (the numbers who take part, and their personal experiences) than any reliable medical consideration."

The beginning of this sentence likely oversteps its analytic bounds. How were the authors able to determine the motives of the news authors / producers, or their specific reasons for including particular narratives? It is only fair and accurate for the authors of the paper to discuss the potential implications of the stylized presentation of medical tourism in the Australian media.

20. Discussion paragraph 4 sentence 5: "Most 'referrals' for medical tourism services come via word-of-mouth or websites [36] – and the bulk of relevant online information is offered by commercial interests."

The latter half of the sentence should be grounded in a citation, while the first half overextends the applicability of the analysis that is cited. 36 is not from a generalizable study and is restricted to experiences in the Canadian context - these limitations should be acknowledged and worked into the claim you are making here.

21. Discussion paragraph 4: far too long and covers too many distinct issues. The latter quarter of the paragraph ("The television items examined here.." onwards) is tenuously related to the first, and should be either cut or made into its own point.

22. Discussion paragraph 5: "Presenting medical tourism as simply another option available to the wealthy may inhibit appropriate policy development in source countries." Be more specific. What specific examples of appropriate policies are you thinking of here, and how might they be inhibited by the growth of MT?

23. Discussion paragraph 5: As with discussion paragraph 4, this paragraph wanders across topics without tying them tightly together around a coherent thesis. An array of ethical issues at different scales are raised, but do not come together to make an argument about what was seen in the results of the authors' analysis. Please revise to improve clarity and focus.

24. Discussion paragraph 6: As your analysis excluded inbound medical tourism, its absence in the Australian discourse speaks as much to your methods as it does the body of literature you reviewed. This discussion point does not usefully speak to your results.
25. Conclusion paragraph 1, sentence 2: "It revealed that such treatment is in line with broader domestic media coverage of LMIC health and that the impression advanced to the audience of medical tourism is a quite narrow one of affluent customers for health care making rational choices based on individual desire for particular services (low cost, ability to travel and 'feel good') and appetite for risk (uncertainty)."

The first point in this sentence conflicts with your statement in discussion paragraph 7, sentence 4. Please address. The sentence also runs on and should be broken into two distinct points.

Minor Essential Revisions

1. Tables 2 and 3: The organization of the tables is text heavy and difficult to interpret - consider incorporating row breaks between categories and bolding either the total number or just the Australian proportion of each category to distinguish between them more easily.

2. Results para 2 sentence 3: "Although there were several items about the controversial area of organ transplants from live human donors (n = 9), more complex procedures and some of their medical consequences (such as antibiotic-resistant infections (n = 2)) were not well-represented overall in the dataset.

Move the (n=2) to its own bracketed space following the aside, or replace the brackets in the aside with commas. It currently looks like the number is only referring to antibiotic resistance and not the larger issue.

3. Results paragraph 3 sentence 3: "As to the features of stories that gave credibility to medical tourism, personal testimonial was the most-used technique (n = 33): not surprising given the number of patient-news actors."; results, paragraph 3 sentence 1 "Without the same obligation as television to match content with constantly-changing images,..."

Avoid analytic asides or speculation in presenting results. This should be saved for the discussion.

4. Abstract Conclusions: clarify 'individually-relevant content' - is this referring to content relevant to individual patients / health consumers?

5. Discussion, Paragraph 1, final sentence: Change this sentence from a question to a clear statement of what this section will present to the reader

6. Background paragraph 3 sentence 2: "This has numerous, potentially positive consequences for destination countries, including the ability to earn foreign income and, the opportunity to raise the standard and coverage of domestic health care by helping to underwrite the expansion of public provision, and enticing emigrant medical practitioners to return"

7. Background paragraph 4 final sentence: 'the LMIC destination countries for this participating in this practice"
8. Methods paragraph 1 sentence 4: 'medical tourism'

9. Results paragraph 2 sentence 2: 'the balance of medical interest' - should this read 'the balance of media interest'?

10. Results, paragraph 3: "only a small number of items was about transplant surgery (n = 3) and none were about international surrogacy,"

11. Discussion paragraph 3: "promotes a kind of medical 'shop-till-you-drop' outlook," - word missing?

12. There is far too much of a reliance on bracketed asides throughout the paper. For example, "A sense of uncertainty about medical tourism (in relation to, for instance, the quality of treatment, standard of practitioner qualification or sterility of equipment) also pervaded the television dataset (n = 33)." These should be changed to commas or cordoned off into their own sentences to improve the readability and flow of the paper.

Discretionary Revisions

1. Background: Paragraph 1, Sentence 2: personally and strategically important to whom? Consider tying to the 'logistically and culturally accessible' bit with an 'and' rather than an 'or'.

2. Background paragraph 4 Sentence 1: Very broad. Consider providing concrete examples of developments in travel and medical services in LMICs. Also, is citation [26] intended for the end of the sentence, or is an additional reference needed to ground the claim that they have improved in their ability to recruit international patients due to their success in promoting a high quality image?

3. Results paragraph 1, sentence 2: Given the focus of the article on MT in LMICs, the rationale for exclusion inbound MT to Australia makes sense to me, but it would be useful to use the opportunity to clearly spell it out

4. Results paragraph 1, final sentence: briefly providing the proportions of articles focused on these specific issues could be useful

5. Discussion paragraph 4: This paragraph lacks a focused point to structure itself around. The information in it seems better suited for a results section as it wanders across an array of related information but does not tie them into one coherent discussion point. Consider reworking to improve clarity and purpose.

6. Discussion paragraph 7: "The context for most of the world’s travel for medical care is quite banal: it takes place between LMICs themselves, over short distances, across borders and within regions [14, 40]."

While this is likely, the confident way it is framed belies the extreme lack of quantitative data to ground it. It would be good to acknowledge the uncertainty in our knowledge of the size and direction of the flows of medical tourists. Also, the first 2 sentences are an odd fit with the content of the rest of the paragraph - consider dropping and simply focusing on the reconfiguration of LMICs in the MT
narrative as productive / hopeful spaces rather than the traditional destructive / hopeless spaces. It is an interesting point that could use more development and grounding in your results

7. Abstract Background, Sentence 1: Consider qualifying the patients referred to. Are you intending to refer to patients from all over the world traveling internationally for care or specifically patients from high-income countries?

8. Abstract Keywords: Consider adding 'content analysis' or some other indicator of the methods used.

9. Background paragraph 4 Sentence 2: Word choice - consider changing 'focus on' to 'depiction of' - is there a real, concerted focus on negative health issues in LMICs in HIC media, or is it more of a passive stereotype?

10. Results Paragraph 4: "the major weight of credibility was instead borne by the reported actions of others, through references to the number of other international patients visiting a country or facility for medical-tourism purposes"

   Awkward wording. If the only 'actions of others' that were referred to is the volume of international patients traveling to overseas facilities, consider stating this directly

11. Methods paragraph 3 sentence 2: Inclusion of the 'trigger' category in the organization of articles seems interesting and potentially valuable in analysis, but was ultimately not referred to in the results or the discussion. Consider incorporating into the analysis or dropping from the description of the methods.

12. Methods: The description of the coding process is sound, especially with inclusion of second author for rigour. Clarification of the selection method used for determining papers for the second reader could be useful/ Was true random selection (e.g. rolling a die), or was it pseudo-random (e.g. erratically chosen by the second author?)

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests