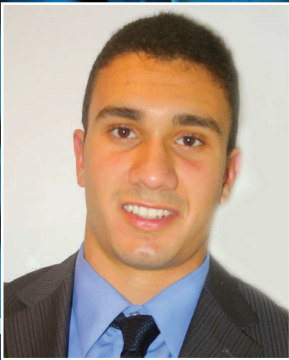


Globalized health care, an LSP's treasure chest



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Humankind has enjoyed significant gains in both the quality and longevity of life in the past century, yet with such gains comes a new set of obstacles. Science's incessant determination to preserve life has put humanity at a crossroad: how do we provide for a growing, aging population that depends upon the more economically productive youth when health care is universally only getting more expensive?

The traditional European model of paying taxes when you are younger in order to provide your older self with

a health care plan guaranteed by the government is not as viable as it once seemed. Its invalidity as a system owes itself to the primary concept that health care and medical treatment gets more expensive over time. Medical science doesn't remain stagnant, so neither does cost. This combination of variables results in a commonly witnessed burden upon public health services. It's the same mix of variables that affects the UK's National Health Service (NHS) and has prompted the Red Cross to state that the NHS is headed into a "humanitarian crisis," according to a January 2017 article in *The Guardian*, if it does not face reform. It is that mix that is adding to Canada's lagging medical technology, to France's financial deficit in providing top-quality

care to its citizens, and to Sweden's waiting times that are as long as Serbia's. What could contribute to a solution to this apparent lag in countries' abilities to cover their own aging populations? Medical tourism! This is an industry that is expected to receive double-digit percentage growth over coming years. This boon translates into an opportunity for language service providers (LSPs); a brand-new growth market.

In an all too recent past, medical tourism was not something that was viewed as accessible to a middle-class population. Medical tourism was often associated with elite politicians and celebrities flying into ultra-specialized clinics in Germany or the United States in order to receive specialized, expensive care. Presently, this notion couldn't be further from the truth. Estimates on the size of the medical tourism market range from \$45.2 to \$100 billion. The broad estimate range owes to the fact that the market is still in its infancy. A consensus among market analyst reports all indicate a high level of growth; estimates start at 15% and expand from there. As an LSP, it is



Many Southeast Asians are traveling within the region for medical care not available at home.

easy to get overwhelmed in the face of such haphazard data, particularly when conducting independent market research and recognizing that far more than a handful of countries are incentivizing a tourist-friendly health care infrastructure to accommodate this new breed of consumer. The primary central markets identified within this article on the basis of patient diversity and future growth are Thailand, Malaysia and India. Multinational LSPs must strategize

their business development operations in the region while smaller, local LSPs in the US can focus on the sudden shift of wealthy medical tourists that utilize the United States medical system while also preparing for the possibility of increased interest in Cuba.

The growth spurt contenders

Thailand, India and Malaysia each have carved a respectable niche in the medical tourism market. Thailand

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and India have an increased popularity with US and UK citizens (with Thailand being the place most visited by US patients) but the market dictators actually originate from the newfound wealth within the region. The emergence of a broad middle class in the last two decades has occurred in such a swift fashion that public health care systems are slow to adapt to the new accommodations and demands of the population. Developed nations such as Japan are also facing the highest rates of aging within their population and are experiencing increases in health care costs that are starting to burden the older population. Individuals who have recently developed the means and have the will to seek health care abroad have seemingly done so in

increasing prevalence. Afghans, Bangladeshi and Russians contribute to a sizeable majority of patients in India; Indonesians, Japanese and Chinese are fueling considerable growth in Malaysia; and Thailand retains the most diversity of patients hailing from everywhere between South Asia and Europe. Since health care is such a broad market, there is ample room for analysts' growth rates of over 20% in each country to come to fruition.

This diversity of patients and variety of languages and customs that are brought with them requires a symbiotic relationship of growth between the medical tourism industry and LSPs. As the CEO of Patients Beyond Borders Josef Woodman puts it, "language is one of the prin-

cipal Achilles' heels of medical tourism, particularly for the high-acuity patient with complex conditions that require precise communication about diagnosis and treatment." As the market continues to grow, multinational LSPs must actively pursue contracts and certifications within these growth countries in order to reserve a section of the market for them. It is becoming a rarity for LSPs to be presented a new market as the overall LSP ecosystem continues to mature. Ignoring such shifts in the demands for language services will most definitely result in an increasingly competitive regional market that could begin to threaten LSPs that have enjoyed dominance in Europe and the Americas. By investing in localized business development specialists and actively pursuing corporate partnerships between private health care providers and LSPs, a large return can be expected as a reputation is developed in this growing market.

Possibilities of American and Cuban ascension

US doctors, health care institutions and treatments of specific ailments remain the best in the world. Of course, this traditionally comes at a steep price and for this reason, the relatively small number of inbound medical tourists are not prevalent enough to catch the eye of multinational LSPs. Small to mid-sized firms that have lower overhead costs alternatively can benefit. The most notable uptick in the origin of patients coming to the US for treatment stems from China. Considering that economic growth has spread across various social classes in China and has actually buttressed and expanded the upper middle class and rich, it comes as no surprise that they have become more common medical tourism patients on the continental US West Coast. With



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certain facilities such as the Convoy Union Medical Clinic beginning to provide “membership plans” to Chinese patients as an alternative to insurance, smaller LSPs can expect to be drawn upon in order to provide interpretation and translation services for visits and foreign or domestic medical documentation. The cost of marketing to such clinics and doctors remains far more cost effective for small community-based LSPs since the desired clientele would be within an accessible geography. Since the relative rate of growth remains uncertain in the US market, it's important for LSPs to remain active within both the medical language service community and the medical community at large. Maintaining open lines of communication with industry professionals can provide a pulse for LSPs to plan upon until further well-developed data becomes available.

Another fringe market that remains a possible contender in the medical tourism market is Cuba. There is a consensus that Cuban doctors are among the most qualified in the world, but the actual medical system in the country is in quite a dire condition. In an email interview, Woodman made the fair point that though Cuban tertiary and quaternary care is outdated, “Cuba boasts a couple of excellent clinics for pediatric, neurological and orthopedic rehabilitation, and a couple of excellent ophthalmology clinics.” The language barrier is far higher in Cuba, so if political trends toward open borders and loosened restrictions continue between Cuba and the US, there could be an expectation of specified demand for medical interpreters to accompany Americans into Cuba, which has a relatively small English-speaking population. LSPs don't have to dedicate much of their time to this, since as of present, medical

tourism from America into Cuba is at a very low rate. Establishing relationships with medical tourism companies that are expressing interest in accessing Cuba remains the best bet to get a foot in the door, because once access is gained, one can bet that the Cuban government will further invest into attracting US citizens and their dollars into the country for treatment.

Longevity in the market

A narrative that has become more frequent in the LSP industry is the introduction and anticipation of technology. As artificial intelligence continues making its gains, a future LSP market that requires less input from human labor will become inevitable. Within medical language services, however, don't necessarily expect the transition to technology to be so swift. Technology has already been created to attempt to bridge gaps that can occur between a patient and a doctor who do not speak the same language, but the application of such technology is spotty, and there is little or no accountability to guarantee that the doctor has properly conveyed his communication to the patient via technology. Professional health care interpreters are the only ones who can do that. Ad hoc interpreters such as social workers, a patient's relative or nurses are much more likely to commit serious errors like giving incomplete information on medications or forgetting to ask about any drug allergies. This only serves to benefit LSPs further in the face of this growth market. While patients continually seek the best care, hospitals will continue to cater to them by having to provide them with medical interpreters. As health care continues to globalize, at least the LSP industry will have one market that will likely not succumb to technology for a very long time. [M]



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