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Middle East

December 2014

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PARTY & RECOVERY ISSUE

13 BEST TECH TOYS FOR 2015

HOW MEN IN THE GCC ARE SAVING THOUSANDS ON THEIR MEDICAL BILLS p82



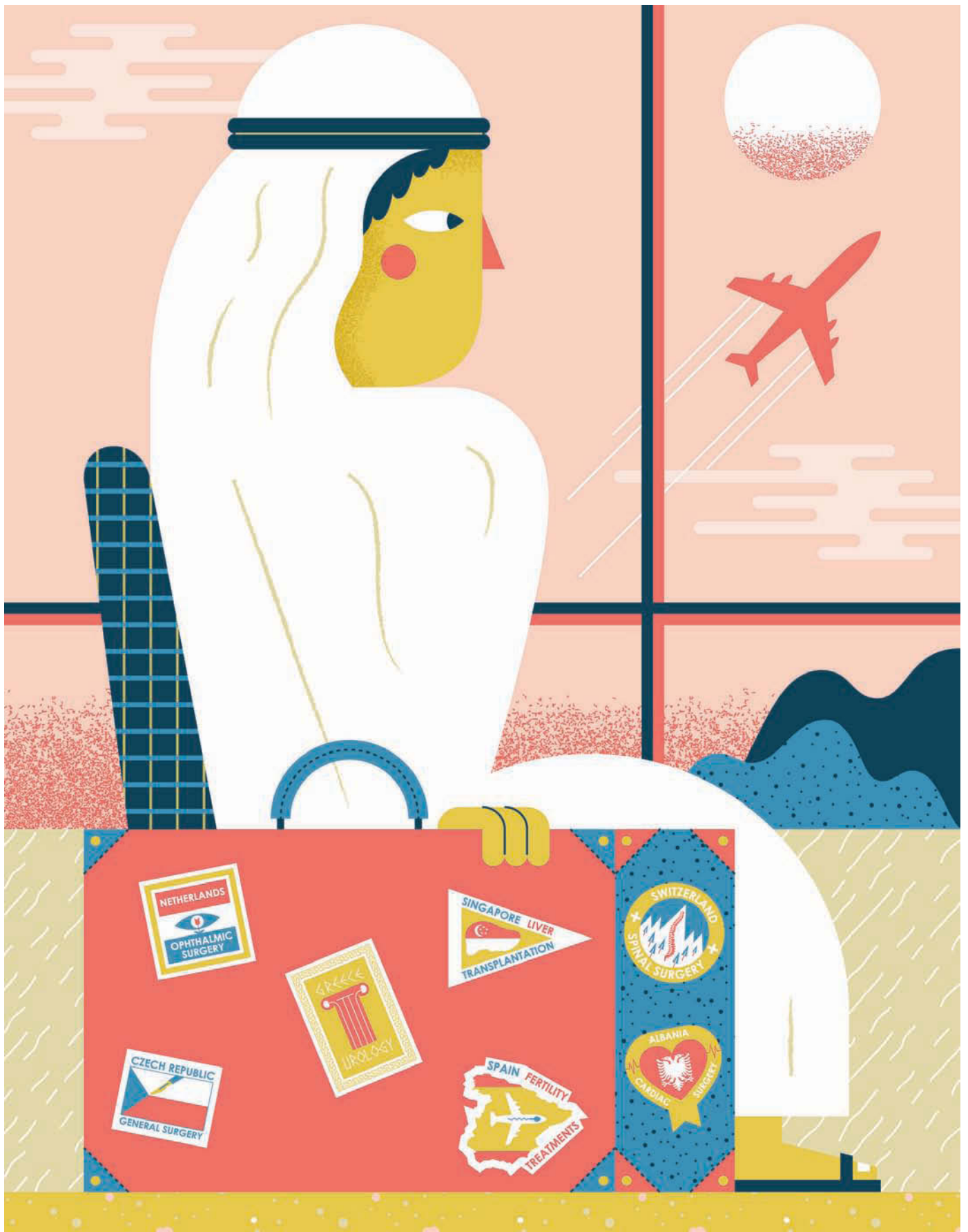
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YOUR PASSPORT TO HEALTH?

The Middle East has some of the best clinics in the world: but a growing number of ordinary guys are flying to Europe – and beyond. *MH* investigates the health risks and pitfalls, to work out if you really are better off abroad

BY WILL NICOLL; ILLUSTRATIONS BY ANDREW GROVES

In an enclave on one of central Tirana's leafy thoroughfares, a stream of patients are making their way toward Albania's leading private clinic – which is hidden from the road, by a narrow stretch of Cyprus trees.

Within minutes of our arrival, a succession of English speaking nurses have provided me with a hairnet and fluorescent blue surgical shoe covers. As we stride towards the operating theatre – passing million dollar diagnostic equipment, and wards adorned with floral mosaics – I understand why thousands of Middle Eastern men plan journeys here every year. Annually, 780 million patients will travel outside their country of origin for healthcare. Guys from the GCC are contributing to a European health market with an estimated value of €15 billion.

When I reach the operating theatre, Drs. Arben Kojqiqi and his brother Besnik greet me. The mood is polite and professional, but what I am about to witness is an extremely serious procedure. A man lies anaesthetised on the titanium-topped operating table. He is sleeping softly but his chest has been opened, surgically. His exposed heart is still beating. Every capillary in his circulatory system fills with blood, as the brothers work tirelessly. After almost three hours of tiny, imperceptible incisions – which require massive reserves of nerve and concentration – their job is complete. Both may now work in Albania but they're confident that their country can lead the world, when it comes to high-spec cardiovascular procedures.

Figures provided by the World Health Organisation in 2014, point to expanding waistlines and worsening hypertension across the Gulf. Heart surgery is increasingly

common, even amongst the young. The American Hospital Group – who count around 5,600 of the world's best health organisations as members – now offer these kinds of operations in Albania. It's a destination further off the beaten trail for traditional health tourists, but highly appealing to patients from the Middle East. Within 10 minutes of arrival in Tirana, I realise that every preconception I had about heart surgery in an Albanian hospital was nonsense. Compared to hospitals I've visited elsewhere, the standards here are better than those common in both the US and UK. They are certainly on par with German clinics, and facilities in the GCC.

Fais is an engineer with first hand experience of an operation in Albania. He currently resides in Dubai, but spends a very large proportion of his professional life working on contract projects for telecom companies throughout the Caucasus and Middle East. Like the majority of guys who prosper in the Emirates, his salary is high: but between work, travel and training, he is chronically short on time. Correspondingly, we meet in one of the lounges at Istanbul's Ataturk Airport, when there is a short, but fortuitous cross-over window between his outbound flight to Dubai and my inbound trip from Albania.

"Finding medical treatment overseas began out of necessity," Fais explains. "I would fly into a country to work on a project. Sometimes the conditions were basic. The hours were also very long. On one occasion, I was training for my first half marathon. I pushed myself too hard. Within a day of landing in Tirana I'd broken my ankle. The US embassy recommended a hospital in Albania – but I was

still wary about what to expect."

By Fais' own appraisal, the care in Tirana was actually just as good as that covered by his employer's generous private insurance package. The care which he received upon return to Dubai was excellent: but had he needed to foot the bill himself, the entire package would have cost him around twelve times as much.

Fais now sees a filter-down effect within the emerging health tourism sector. For years, a select group of male professionals sought care abroad. They shared tips on which practitioner to pick in deserted airport delis and business-class lounges. Now, friends and relatives who don't necessarily travel for work are placing their health in the hands of European doctors, because they see the numerous benefits of leaving the GCC.

"Journalists, airline pilots and guys in the oil industry have been visiting European clinics for years – usually because they're already based in these destinations. Now, a lot of people from Saudi, Kuwait and Abu Dhabi are flying to Europe specifically to see a good doctor. A couple of months after my operation in Tirana, there was still a bit of pain. I landed in Tirana at 8:30am. A driver took me from Arrivals to the clinic. They scheduled the x-rays, read them and gave me the all clear by 11:15am. I had lunch overlooking the city. Including a driver and one night in a five star hotel, the entire trip cost me less than Dhs3,000. That's a smart way to use my time. These clinics are often based in very nice cities. Any medical stuff will be tied up quickly. Afterwards, you can enjoy the weekend."

Fais' colleague, Rick, is a keen champion of the same model. With the action-figure

HEALTH TOURISM

physique of a gent who reputedly chows 20 egg omelettes and bench-presses 200lbs, he moves lithely across the lounge to greet us. Trailing a battered Louis Vuitton carry-on, Rick, an Abu Dhabi based auditor, originally from New Orleans, appears impervious to the ritual humiliation of airport security.

Like Fais, Rick is keen to point out that the majority of guys he knows in the Gulf are travelling for more minor procedures than heart surgery. Anything from gastroenterological problems to dermatological or ophthalmic concerns caused by the fierce Gulf sun can be fixed, expertly, in a city you already fly to. In Tirana, orthopaedic operations are popular, because sedentary desk jobs and untreated sports injuries lead many men to suffer in silence.

Rick sustained a knee injury after he took a bad fall playing baseball at the age of 17. He faced a choice between mild pain and brain-dulling opiate pain medication for around 13 years. Eventually, an accountant friend in the KSA handed him a Greek surgeon's business-card over dinner.

"I was travelling to the Balkans for work

anyway, so I figured there was no harm in meeting. We arranged the opp. Everything was good. I did seven days R&R in Athens – four conducting meetings in the hotel's restaurant, then three kicking back beside the swimming pool. My wife joined me for the last two."

Both guys and their colleagues extol the benefits of health tourism to me, and statistics corroborate the growth of the phenomenon. The study *Globalisation of the Healthcare Market* approximates that it's growing at 2 percent annually and several Fortune 500 companies are now considering the possibility of outsourcing their employees operations to surgeons in countries like Albania – who are 100 percent skilled, but only obliged to pay 4 percent of the professional liability and operating costs required in America.

European cities are carving out a reputation amongst patients from the Middle East. Governments are promoting their country's medical prowess, alongside their beaches and museums. Hungary's Minister of State for Health, Dr Miklós Szócska, publically opened the country to health travellers in 2011. Poland's official year of Medical Tourism began

in 2014. Budapest is one of Europe's premium destinations for dental care: the first study to evaluate the phenomenon, conducted by Vienna University's Institute for Social Policy and Semmelweis University in Budapest found that price, but increasingly quality of service motivated foreign people to pick a practitioner there. Spain is Europe's fertility capital with around 35-40 percent of the world's IVF taking place here. Germany is renowned for spinal surgery. The Geneva Association reports that the Netherlands' largest health insurance companies now refer their 2.6 million members there for care.

But Dr. Neil Lunt, who is a researcher of Social Policy at the University of York in the UK, voices caution. Dr. Lunt – who has authored some of the only world studies on the phenomenon – does not deny that large numbers of men now seek healthcare outside of their principle country of residence. However, his concern is that it's difficult to spot the numbers of patients who encounter problems. No statistics are centrally recorded, to gauge the number of citizens affected by post-operative problems in the Middle East.

OPERATION MAPPER

The MH guide on where to travel for your op



“Historically, GCC citizens are more likely to make use of their cross-border rights than other countries, for reasons of borders and language, and men appear more likely to move across them to receive care,” acknowledges Dr. Lunt. “However, we can’t yet be certain how many run into problems, or what the aftercare costs are when they return home.”

Dr Lunt is not deriding the quality of foreign healthcare. Instead, he is highlighting that for guys who do decide to take the plunge, there could be additional costs. Mandatory, post-operative services – such as physiotherapy – may not be covered by your insurer, when you return to the Emirates.

“Often there is a proviso that the insurer does not pick up the costs of aftercare, or things going wrong,” he tells me. In other words, seven days of post-op rehabilitation in Albania may be more than adequate to see me ready to catch a flight: but in the rare event of a complication, I might be liable to pay for more physiotherapy myself when I get home.

Dr. Lunt also highlights that patient choices can be positive – but as the majority of surgery abroad is currently “paid for” this allows guys to make choices which might conflict with their doctor’s opinion on their medical needs. One example is weight-loss surgery. In the Middle East, guys will be expected to demonstrate a rigorous, monitored commitment to shedding pounds and reaching

transcribed, and handed to him in compact disc form to avoid any future miscommunication with his Emirates care provider. Both guys agree that simple operations can easily be arranged. For more serious procedures, the safest way to proceed is by involving a health travel agent.

Ruth Taylor is CEO of Operations Abroad,

EUROPE IS CARVING OUT A REPUTATION WITH PATIENTS FROM THE GCC AND SO GOVERNMENTS ARE PROMOTING MEDICAL PROWESS ALONGSIDE THEIR BEACHES

a certain BMI, before being considered for bariatric procedures. At a European clinic, it may be possible to skip these steps, and immediately undergo gastric band surgery. With such serious operations, complications mean large costs – which could come straight from your own pocket, back home in the GCC.

Rick and Fais acknowledge the possibility of problems – which would mainly be financial – but believe that with the right know-how the risks are extremely small: and outweighed by the benefits.

“Of course, if I showed up at my doctor in Dubai with a bandaged knee from a Greek operation and expected him to attend to my problems, I’d expect a stern note from my insurer,” Rick laughs. “But clinics operating on foreign patients are highly organised. In the week following my operation, I received physiotherapy for around three or four hours per day. All of my dressings were removed before I embarked my flight home.”

Rick’s medical notes were also carefully

the first tour operator to identify a market for people who want to plan healthcare abroad. In other words, like a travel agent, Ruth’s company minimised miscommunication, by ensuring that every aspect of the trip is safe and easy.

The American Hospital – which opened in Albania in 2007 – is a new facility in a network which Taylor has pre-approved. She’s confident that operating standards are equivalent to those you’d expect in the US, UK or Emirates, and is happy for me to witness a highly-skilled cardiovascular operation in order to prove it. In the theatre, I quickly understand why Albania is fast earning a big reputation for high-quality, reasonably-priced health care.

Ordinarily, a patient’s heart is stopped during surgery. Breathing is then maintained using machinery. It’s actually much, much safer to allow the heart to continue beating: but while this approach removes the risk of a post-operative stroke almost completely, it

requires a very high level of training. American and British surgeons don’t have time to learn. In the UK, only 16 percent of surgeons have the right know-how to operate “off pump”.

Prior to entering theatre, I met Drs. Arben and Besnik Kojqiqi for an espresso in a leafy square beside the hospital’s café, who both felt excited to have entered a health environment which encouraged innovation. Both men’s professional backgrounds closely reflect those of their patients. Arben is a former Harley Street practitioner, who worked in the UK for 16 years. Besnik plied exactly the same profession in Freiburg, Germany – which is one of the most medically proficient destinations in Europe (and, therefore, the world). Doctors with similar backgrounds to the Kojqiqis wander the American Hospital’s corridors. Tirana is an attractive destination for specialists from other countries. Unhindered by high staffing costs and a monopoly on health pricing applied by Western insurers, German and Italian medics fly here for the chance to learn their trade.

Arben cites the example of anaesthesiologists – whose role in any operation is just as important as the surgeon’s. The anaesthesiologist is the doctor who puts you to sleep pre-op, and then ensures you survive the procedure and immediate recovery. Anaesthesiologists are very busy people in the hospitals of the Middle East and Western Europe. They don’t just watch your vitals during theatre, but need to keep watch on your recovery in the 24 hour window that follows. In both US and UK hospitals, anaesthesiologists must be on hand – but not necessarily in the same building. In Albania, two will be on hand during your procedure, and in the immediate aftermath. You will also be operated on by two surgeons. As Arben explains, this means you are receiving four doctors for the price of





OPERATION HOLIDAY
 People are turning
 their procedure
 into leisure time

one. Crucially, you will pay approximately one twelfth of the price.

In Taylor's view, the most popular subjects for male enquiries, include correction of pre-existing sports injuries, removal of hernias and remarkable packages known as "executive health check-ups." These are bundles of medical tests – performed over the course of one day – which include almost every foreseeable screening method known to medicine. MRI scans will be run on your entire spine, to spot signs of deterioration. Full assessments for STDs can be returned. From liver function checks – to microscopic analysis of your blood – these results would take months to arrange in the GCC, at enormous cost. In Albania, they take 24 hours and cost around Dhs2,000. It's no exaggeration to say that these check-ups can provide any and every prospective warning that is available using modern science. They also provide very empowering numbers for guys who want to know everything, but could be embarrassed

or reluctant to ask. Dubai may have some of the best private hospitals in the world, but attitudes to subjects like fertility and STDs can be tough talking points. As a result, the uptake from the GCC for these sorts of discrete treatments has been very strong.

Taylor acknowledges that travel for any kind of healthcare is a big decision. Correspondingly, her agency does everything possible to consider the Middle Eastern market's considerations. On request, mini-bars at hotels can now be pre-prepared without alcoholic drinks. Suites with kitchenettes can be made available to accommodate female housekeeping staff pre-designated for Arabic guests. Food can be guaranteed Halal, and Falafel or Fattoush pre-prepared using the original recipe. Any aspect of proceedings can be arranged in Arabic. Newspapers and magazines can be pre-ordered from the Gulf. Deft TV arrangements, mean you'll be wired in to exactly the same networks as the GCC. Most importantly, prayer mats will

be available in rooms. Mosque visits will be organised. A sticker on the ceiling of every hospital room will point east. You may want to escape the stifling Arab summer, but extensive consideration will be made to everything you would like to bring from the GCC.

Brno is a beautiful, historic castle town, two hours south of Prague in the Czech Republic. I am accompanied there by Taylor, and an entrepreneur, named Jitka Kellnerova, who is in high spirits. "The imaging department was very busy for a Monday morning," she tells me, as her heels clip the white marble floors.

I follow her into the gleaming lift. Moments later the doors open and we arrive besides a huge rectangular swimming pool. "This is the main area of our swimming pool," she says, stopping to align a pile of towels. "These are the therapeutic Jacuzzis" – she pauses. "And here is our luxury spa."

There are MRI machines gently whirring in the distance. I thumb a patient menu which lies beside a teak sun lounger. The raspberry

panna cotta sounds delicious: as does the filet mignon, tuna steak and smoked salmon. A selection of pressé fruit juices accompanies the list of deserts. This by the way, is a hospital – not a luxury retreat.

Set in a white, sand-stone building, on a spectacular Baroque Square, the clinic includes both a luxury spa and an imaging department. Staff are friendly, professional and bilingual – arrival, in a marble, wood-panelled hallway feels less like patient registration, and more like check-in to a boutique hotel.

Aside from the aesthetic points – crisp white sheets, an a la carte patient menu which is delivered directly from a local restaurant, a beautifully landscaped garden, perfect for post-operative strolls, and an innovative Skype TV system which allows relatives to take-in every stage of your recovery – Surgal has medical facilities which are at least comparable to Middle Eastern private care, and possibly even better.

For instance, there's the fully equipped intensive care unit – scarce in the GCC – an anaesthesiologist on 24-hour call, as in Albania, and a strictly devised rota, to ensure surgeons operate daily, to reduce error. This would be extremely rare in a country like the US or the UK. A knee replacement operation like Rick's would cost around Dhs40,000. The same procedure at home in the Emirates could cost Dhs120,000.

The cost issue seems to drag down the credibility of health tourism. We're persistently told by insurers and advertisers that nothing is more valuable than our health – which is undoubtedly true. Yet the corollary of this statement is that seeking cheap care equals irresponsible thinking. As Dr Michael D. Horowitz, who is an Associate Researcher at Emory University, Atlanta, finds, when it comes to health tourism, this is not actually the case.

His meta-analysis of the available data on health tourism shows that a massive

amount of the physicians in medical tourism destinations received post-graduate training in developed nations, had board certification, and had practised in the country where they trained. The first specialist I meet at Surgal has just returned from Japan, where he was a key speaker at a conference on a state of the art, 3D surgical technique called laparoscopy which significantly reduces surgical scarring. As in Albania, a straw poll of the half dozen specialists I speak to in the Czech Republic also reveals that all trained or practised in other countries, including the US, Belgium and France. These guys are exactly the same as doctors back home: and some are possibly better qualified.

The major question in all this is perhaps, why are men who are possibly already insured by their employer to receive excellent health care in the GCC, leaving the country to pay for an operation? Convenience is certainly an answer for the guys who are regularly travelling to these European cities for business, but that's certainly not the whole story. Other than that you could number anything from avoiding Premium increases in their cover, to the fact that many operations are simply quicker to arrange abroad, to how your op in Europe is likely to be cheaper, even, than the excess fees you will occasionally total-up in the GCC.

Back at Istanbul Ataturk, Fais and Rick prepare to make the long walk to the departure gate at the other end of the airport.

"Look, healthcare which you need is never 100 percent pleasant or positive," says Rick. "We all wish that this stuff wasn't really happening to us, but it is and we have to deal with it. However, what I would say is that knowledge is always power...if you're in the country where you're seeing the physician on business, view your consultation as an extension of the same mentality. It's your health: and there are some very good deals to be done."



TRAVEL CHECKLIST

Health tourism requires meticulous planning so follow our dos and don'ts to maintain control of your care programme

DO

- Ask the number of surgeries the hospital you've chosen performs daily – the best expect surgeons to maintain a daily rota, which significantly reduces errors. There are no 'right' figures, because every specialty is different. But you should be very suspicious of any hospital which claims to operate at very high capacity: 365 days a year, seven days a week, including evenings and weekends. This shows a quantity over quality approach to patients.
- Ask for general surgical outcome statistics, and the complications rate for the clinician they plan to assign. It may sound high – but a figure below 9 percent is good. When it comes to infections like MRSA, the hospital must be able to prove it has never existed there.
- Arrange your aftercare – from return flight, to follow-up consultations and physiotherapy – as meticulously as you arrange your outbound trip. Hopefully your insurer will step up to the plate: but first assume that your costs will be UK private prices during recovery (then be pleasantly surprised, later).
- Ensure that any medication you're likely to be given is fully licensed for use in the GCC. You can check this by registering at BNF.org, and searching for the drug's name.

DON'T

- Hold back details of your medical history – it's better to be safe and certain before you book your flight.
- Go it alone. Book through an established medical travel company, with a reputable history, who can provide specialist insurance.
- Leave early. Try to wait at least seven days for stitches to be removed, rehabilitation to end, and oxygen levels to return to normal before flying home.
- Expect to block-book surgery. Cost of travel makes it appealing to have several operations at once, and some hospitals have even been known to offer 'packages' which offer a discount – but the trauma to your body is significant. This can be a useful way to spot a good hospital, as the best limit the number of procedures at once: Surgal, for example will only consider an absolute maximum of two.