

## *Ethical considerations regarding medical tourism in Iran: a qualitative study*

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### **Abstract**

The rapid growth of medical tourism, the provision of elective healthcare across borders, has raised complex ethical challenges. In Iran, the significant expansion of this industry can be attributed to advanced expertise and relatively low costs. This qualitative study examined the critical ethical issues in medical tourism in Iran through semi-structured interviews with purposively selected ethics scholars, managers, healthcare providers, facilitators, and international patients, using maximum variation sampling. Data were transcribed, analyzed, and refined through expert consensus, yielding 215 meaning units. Analyses revealed four thematic domains: rights and ethical entitlements of stakeholders; financial responsibility and economic equity; sociocultural determinants of ethical practice; and governance and regulatory accountability, with governance and regulation—particularly legislative gaps and weak coordination—emerging as the top ethical concern. Findings demonstrate the need for coherent policies and ethical frameworks to safeguard stakeholder rights, integrate ethics into planning, and align practices with both local values and global standards.

**Keywords:** *Medical tourism; Health tourism; Medical ethics; Bioethics; Qualitative study.*

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## ***Introduction***

Although scientific progress and advanced medical facilities have increasingly addressed human therapeutic, preventive, and caregiving needs, such resources remain unevenly distributed worldwide (1). Since accessibility often depends on time, cost, and expected service quality, many people seek healthcare outside their residential area, resorting to medical tourism, a growing global phenomenon (2). Despite a lack of universal definitions (3), medical tourism refers to patients crossing international borders for non-emergency medical care (4). Cost-effectiveness, accessibility, and expectations of higher-quality services often motivate people to travel for medical care once informed of such opportunities (5). Meanwhile, the destination's cultural, political, and social context shapes the ethical landscape of medical tourism. As these factors influence patient-physician relationships, determine the ethical acceptability of treatments, and ensure justice through law enforcement, neglecting them can result in ethical conflicts (6).

Mogaka et al. emphasize that, in addition to equity and care accessibility, the distribution of risks and benefits among stakeholders is also shaped by

legal, religious, and sociocultural contexts (7). Similarly, Nasrollahi et al. highlighted the influence of culture, service quality, government support, and religious norms on ethical challenges in medical tourism (8). Research conducted by Johnston et al. in Canada highlighted ethical concerns regarding justice, equity, and healthcare resource allocation in medical tourism (9). In Asia, Whittaker examined complex issues such as surrogacy and infertility treatment, illustrating region-specific ethical challenges (10).

According to a qualitative study by Gopalan et al., medical tourism is driven by a strong commercial perspective in India, Thailand, and Malaysia, with insufficient attention to patients' rights, including medical visas, insurance, and welfare (11). Significant tourism potential, relatively low treatment costs, and notable medical achievements in certain specialties have made Iran a favorable destination for patients from neighboring countries, particularly the Persian Gulf region (12). Recently, medical tourism in Iran has received increasing policy attention, from the Fourth National Development Plan (13) to the Strategic Document on Health Tourism (14), with various responsibilities assigned to relevant organizations. According to the 2019 report by the Ministry of

Health, 130,899 health tourists received services in Iran, mainly from Afghanistan, Iraq, Azerbaijan, Oman, Pakistan, Bahrain, Kuwait, India, Qatar, and Turkmenistan (15). Meanwhile, this increasingly growing sector should be managed through adherence to ethical principles, sensitivity to cultural and religious diversity, and respect for different beliefs to ensure responsible medical tourism (16).

The first phase of the study included a thematic content analysis based on international literature regarding ethical concerns in medical tourism (17). However, the unique sociocultural context in Iran limits the direct applicability of findings from other countries (18). Although several studies have addressed the ethical aspects of medical tourism in Iran (19, 20), most have primarily relied on literature rather than empirical evidence, demonstrating the importance of in-depth, context-specific investigations. Therefore, this qualitative interview-based study explores ethical considerations, reassesses previous findings, and identifies new insights to inform the development of a scientifically robust and ethically grounded medical tourism policy in Iran.

## ***Methods***

### *Qualitative Approach and Research Paradigm*

This study adopted a qualitative descriptive research design to explore participant experiences, perceptions, and perspectives on ethical issues in medical tourism. Semi-structured interviews were the primary data collection method due to their flexibility and common use in bioethics research (21). The rapid growth of medical tourism in Iran, along with the ethical challenges it raises, underscores the importance of examining these issues within the Iranian context.

### *Researcher Characteristics and Reflexivity*

The research team consisted of five members, four women and one man. At the time of the study, N.A. was a physician and a Ph.D. candidate in Medical Ethics and conducted the interviews. L.A. was a physician and a faculty member in Medical Ethics. S.B. and M.K. were forensic medicine specialists, faculty members, and fellowship-trained in Medical Ethics. N.A., S.B., M.K., and L.A. made substantial contributions to the study design. N.A., S.B., and L.A. contributed to data interpretation and table preparation, and N.A. and S.B. drafted the manuscript. All authors reviewed and approved the final version. The interdisciplinary backgrounds of the research team supported reflexivity and enriched the analysis of ethical considerations in medical tourism in Iran.

### *Context and Sampling Strategy*

Participants were recruited from various stakeholder groups involved in medical tourism in Iran to capture a broad range of perspectives. Purposeful sampling with maximum variation was employed to include individuals with diverse roles, experiences, and backgrounds. The sample comprised ethics experts, executive and managerial stakeholders, and other key actors, such as medical tourists, facilitators, and service providers. Snowball sampling was applied, with initial participants recommending other individuals who had relevant experience (22). Recruitment and concurrent analysis of interview data continued until achieving data and theoretical saturation to ensure a comprehensive exploration of the perspectives and emerging themes (23).

### *Ethical Issues concerning Human Subjects*

The study was approved by Shahid Beheshti University of Medical Sciences (IR.SBMU.MSP.REC.1401.667). Informed consent was obtained from all participants, who were guaranteed strict adherence to privacy and confidentiality and the freedom to withdraw at any time. Interviews were audio-recorded with consent, but transcribed verbatim and verified for one participant who declined.

### *Data Collection Methods*

Data were collected through in-depth, face-to-face, semi-structured interviews conducted at participants' convenience over six months in 2024. Interview durations ranged from 20 to 110 minutes (mean  $\approx$ 45 minutes). One interview could not be audio-recorded due to a lack of consent, so detailed notes were taken, reviewed, and confirmed by the participant. All other interviews were audio-recorded, transcribed verbatim, reviewed for accuracy, and confirmed by participants. Interviews began with general questions followed by probing questions to explore perspectives in depth. Data collection continued until thematic saturation was achieved, and field notes documented nonverbal cues and contextual information.

### *Data Collection Instruments*

Semi-structured interview guides were developed based on the research team's prior systematized review of the literature on ethical considerations and challenges in medical tourism (24). Key concepts and domains identified from this review informed the initial interview framework, which was refined through team discussions to ensure clarity and relevance. Interviews with ethics experts and managerial stakeholders began with an assessment of familiarity with medical tourism, followed by an exploration of perceived ethical

challenges related to their expertise. In contrast, interviews with patients and other operational stakeholders began with experience-based or process-oriented questions (e.g., patients' pathways into medical tourism and stakeholders' descriptions of operational procedures), which guided subsequent discussion of ethical issues. Question content and wording were tailored to participants' roles and levels of expertise. Subsequent probing questions were developed flexibly within a clearly defined thematic scope based on participants' responses. Ambiguities were resolved with the assistance of a second translator, and coding and preliminary analysis were conducted collaboratively by the research team, with uncertainties addressed through repeated listening to the recordings.

*Units of Study*

Fifteen participants were purposefully selected to represent diverse perspectives on medical tourism in Iran. The sample included nine experts (five ethics specialists and four management professionals, each with at least three years of relevant experience), and six operational stakeholders (three patients and three service providers). Some participants held multiple pertinent roles; for example, one medical tourist was also an organ donor, and one ethics expert had prior managerial experience. This diversity enabled a comprehensive understanding of ethical considerations. Table 1 presents participant characteristics

*Table 1. Participant characteristics*

Variable		Number	Percent
Age (y)	20-34	4	27
	35-49	4	27
	50-59	7	46
Gender	Female	2	13
	Male	13	87
Education	High school diploma/equivalent or lower	3	20
	University education (Bachelor's and Master's)	3	20
	Postgraduate education (PhD and higher)	9	60
Nationality	Iranian	12	80
	Non-Iranian	3	20
Participant Type	Expert	9	60
	Operational stakeholder	6	40

**Table 2.** *The coding process*

Theme	Subtheme	Initial Code	Sample Of Quotations
Rights and Ethical Entitlement of Stakeholders	Rights of Service Recipients	Patient-provider relationship	If we are not honest, the integrity of our services will be compromised.
		Quality of care and patient safety	One problem is the provision of services by non-specialists.
		Quality of ancillary travel facilities	Patients should have access to an interpreter, appropriate facilities, and adequate care.
		Privacy and confidentiality	Confidentiality of information is threatened when exchanged through intermediaries.
		Continuity of care and follow-up	The lack of a follow-up system is a serious challenge.
		Provision of adequate information	(A medical tourist) wants accurate information on whether the treatment he seeks is actually available here? How should he access it, and where is it of higher quality?
		Accessibility and accountability	- Transparency, responsiveness, and accountability are essential in this system.  - Medical tourist: "I felt at ease knowing that when I needed something or had a question, I wasn't confused or left alone."

**Data Processing**

All interviews were transcribed verbatim and translated into Persian when necessary. Field notes captured non-verbal cues and contextual details. Data were analyzed using directed qualitative content analysis. Coding was conducted collaboratively, with ambiguities resolved through

discussion and repeated listening. Themes and subthemes were identified iteratively, and emerging insights guided subsequent questions until thematic saturation was achieved. Table 2 demonstrates the coding process.

### ***Data Analysis***

Data were analyzed using Braun and Clarke's six-step thematic analysis (25):

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

At this stage, transcripts and field notes were reviewed, and coding was conducted collaboratively. The codes were then grouped into themes and subthemes, and relationships between the concepts were identified. The process continued iteratively until thematic saturation was reached, guided by prior literature and field observations to provide a comprehensive understanding of ethical considerations in medical tourism.

### ***Techniques to Enhance Trustworthiness***

Prolonged engagement with participants, peer debriefing, and iterative team discussions ensured trustworthiness. Member checking allowed participants to verify transcripts and interpretations. A clear audit trail of coding decisions, discussions, and analytical notes supported dependability and confirmability, while

translation accuracy was ensured through consultations with a second translator when necessary. Finally, maximum variation sampling and detailed field notes enhanced the transferability and credibility of findings.

It is worth mentioning that this study was reported according to the "Standards for Reporting Qualitative Research (SRQR) guideline (26).

### ***Results***

Fifteen face-to-face semi-structured interviews were conducted with 15 participants, and the obtained data were analysed using Braun and Clarke's six-step thematic analysis. Overall, 215 meaningful codes were identified and organized into 12 subthemes under four main themes (Table 3).

The results are presented following the steps proposed by Braun and Clarke to illustrate the outcomes of each stage of the thematic analysis, rather than to repeat the methodology.

#### ***1) Familiarization with the Data***

Repeated reading of transcripts and listening to audio recordings led to familiarity with the data and an overall understanding of participants' perspectives.

#### ***2) Generating Initial Codes***

During this stage, meaningful segments of the data were identified and coded. Initial codes were generated across the dataset.

### *3) Searching for Themes*

Related codes were compared and clustered. After merging overlapping and redundant codes, 215 meaningful codes remained, grouped into 12 preliminary subthemes.

### *4) Reviewing Themes*

The subthemes were iteratively reviewed through team discussions to ensure internal consistency and distinctiveness.

### *5) Defining and Naming Themes*

Four main themes, each with 12 subthemes, were ultimately defined to represent the core ethical considerations in medical tourism in Iran (Table 3).

*Theme 1: Rights and Ethical Entitlement of Stakeholders*

**Subthemes:** Rights of Service Recipients; Rights of Service Providers; Rights of Other Stakeholders (donors and intermediaries)

One participant stated that respecting the rights of medical tourists requires honesty, transparency, and accountability:

*"If we are not honest, the integrity of our services will be compromised." [participant number5]*

Another participant emphasized concerns regarding quality of care, particularly the involvement of non-specialized providers:

*"One problem is the provision of services by non-specialists." [participant NO.14]*

Absence of effective follow-up mechanisms was highlighted as a significant ethical challenge by one participant:

*"The lack of a follow-up system is a serious challenge." [participant NO.11]*

Table 3. Classification of codes extracted from the interviews

Theme	Subtheme	Code
Rights and Ethical Entitlement of Stakeholders	Rights of Service Recipients	Patient-provider relationship
		Quality of care and patient safety
		Quality of ancillary travel facilities
		Privacy and confidentiality
		Continuity of care and follow-up
	Provision of adequate information	
	Accessibility and accountability	
	Rights of Service Providers	
	Rights of Other Stakeholders	
	Medical Tourist Insurance	
Financial Responsibility and Economic Equity	Patient Costs	
	National Expenditures	Financial resource allocation
		Non-financial resource allocation
Sociocultural Determinants of Ethical Practice	General Culture, Language, and Religion	
	Physician and Medical Culture	
Governance and Regulatory Accountability	Administrative Efficiency	
	Legal Issues	
	General Health Policy Considerations	
	National-Level Policy	

Regarding access to accurate information, a medical tourist explained: *"(A medical tourist) wants accurate information on whether the treatment he seeks is actually available here, how he should access it, and where it is provided with higher quality."* [participant NO.6]

A manager noted concerns about privacy and confidentiality: *"Confidentiality is threatened when information*

*is exchanged through intermediaries."* [participant NO.1]

One expert emphasized the ethical rights and responsibilities of service providers and intermediaries:

*"In addition to patients, service providers and intermediaries also have rights and responsibilities."* [participant NO.3]

A donor highlighted the importance of informed consent:

*"My doctor explained the possible complications of organ donation, but I accepted it knowingly." [participant NO.7]*

### *Theme 2: Financial Responsibility and Economic Equity*

*Subthemes:* Medical Tourist Insurance, Patient Costs, and National Expenditures. The latter subtheme was further categorized into two specific codes: financial resource allocation and non-financial resource allocation

One participant emphasized the need for transparent cost structures and insurance mechanisms:

*"We need agreements with international insurance so that patients can access services using insurance coverage comparable to what our citizens have." [participant NO.2]*

Another participant noted ambiguities in financial arrangements:

*"Sometimes the financial dimensions of the work lack clarity." [participant NO.9]*

Regarding resource allocation, one participant commented:

*"A serious issue is prioritizing medical tourists over local patients in resource allocation, regardless of medical necessity." [participant NO.15]*

One expert added that non-financial resources, including consultation time and healthcare facilities, were limited:

*"In areas such as consultation, facilities are insufficient even for our domestic patients, and specializing in tourists is problematic." [participant NO.12]*

### *Theme 3: Sociocultural Determinants of Ethical Practice*

*Subthemes:* General Culture, Language, and Religion; Physician and Medical Culture

A participant stated the importance of respecting cultural and religious values:

*"It is essential to respect the customs and religious beliefs of clients." [participant NO.4]*

Another participant highlighted the influence of medical culture:

*"Both medical and general culture are important, as they affect relationships with tourists and respect for their rights." [participant NO.5]*

### *Theme 4: Governance and Regulatory Accountability*

*Subthemes:* Administrative Efficiency; Legal Issues; General Health Policy Considerations; National-Level Policy

One manager described administrative inefficiencies as a significant ethical concern:

*"Sometimes the significantly complex and time-consuming process of obtaining a license, guiding patients, or managing advertisements overwhelms the whole system." [participant NO.14]*

Another participant noted gaps in legal alignment:

*"Regulations should be in line with international standards to avoid violation of individual rights." [participant NO.11]*

At the policy level, an ethicist emphasized that ethical commitments were not always upheld: *"Some of the commitments in the physicians' ethical charter are not observed in practice." [participant NO.13]*

#### *6) Producing the Report*

The themes and subthemes were integrated into a coherent analytic narrative. Participant quotations were used to illustrate how stakeholders perceived and navigated the ethical challenges of medical tourism, collectively describing the ethical landscape in Iran.

### ***Discussion***

This study examined the ethical considerations surrounding medical tourism in Iran through a qualitative analysis. The main findings identified four ethical domains: "Rights and Ethical

Entitlement of Stakeholders," "Financial Responsibility and Economic Equity," "Sociocultural Determinants of Ethical Practice," and "Governance and Regulatory Accountability."

The first theme, "Rights and Ethical Entitlement of Stakeholders," consists of three subthemes. Some researchers, such as Sarwar et al., have focused on the patients' rights in ethical considerations (27). On the other hand, Fleuret, in his book, addresses not only patients' rights but also the rights of facilitators and service providers(1).

The current study has also examined populations such as donors and surrogate mothers under "other stakeholders." These groups face their own ethical issues and may be vulnerable to exploitation due to poverty, or they may accept certain practices without adequate consideration of related ethical problems out of financial need or lack of awareness.

Within the first main theme of the study, "Rights and Ethical Entitlement of Stakeholders," the predominant subtheme was the rights of service recipients. This subtheme and its associated codes have been frequently addressed in multiple studies. For instance, Mogaka demonstrated the pivotal role of autonomy and confidentiality in shaping

ethical considerations in medical tourism (28). Zakaria et al. emphasized that trustworthiness plays a crucial role in patient-service provider relationships (29). Our findings underscore the importance of informed consent for patients and other stakeholders such as donors.

Separate studies by Mogaka et al., in Africa (7) and Crooks et al. in Canada (30) pointed out the quality of care and patient safety as critical ethical issues in medical tourism. Similar to previous studies, our findings attribute these issues to the rights of service recipients, ethically grounded on non-maleficence.

The necessity of accountability is explicitly stated in the *Code of Conduct for Hospitals, Clinics, and Medical Travel Companies* (31). Similarly, the current study demonstrated the essential role of transparency and accountability as professional duties of medical practitioners in all areas, including medical tourism, and throughout all its phases. Furthermore, based on our findings, transparency provides psychological and social support for the patients, representing an ethical mandate from the perspective of virtue ethics and deontology (duty-based ethics).

Another main theme in the present study was “Financial Responsibility and Economic Equity.” Similar studies have reported consistent results,

with Xu et al., identifying patient costs as an ethical concern in medical tourism (32) and McAuliffe et al., addressing patients’ demand for insurance in the host country (33). Both studies argue that management of these financial issues can have ethical implications, affecting areas such as quality of care.

In addition to acknowledging this issue at the individual level, the participants in our study also considered it at the macro level and in terms of governmental responsibility, which is justifiable from utilitarian and deontological perspectives. From a broader perspective, research has also highlighted the role of international insurance schemes in cost management and higher service recipient satisfaction. In other words, a purely profit-driven approach in this industry would severely threaten both individual and societal ethical values.

Wessh highlighted the economic consequences of this industry for the host community from a public health ethics standpoint, particularly focusing on the principle of justice (34). Our findings in the financial domain align with the study by Wessh, though our novel contribution lies in participants’ belief that financial issues are not the only concern here. In terms of prioritization, adherence to the principle of justice also contributes to the proper

allocation of other resources, such as time and human resources.

Another finding of our study was the theme “Sociocultural Determinants of Ethical Practice,” which emerged because certain sociocultural factors shape ethical practice in the context of medical tourism. In the same vein, Zhong et al. conducted a scoping review in China and England, which highlighted the importance of religion and societal norms in the ethical interpretation of medical tourism (35). Similarly, through a qualitative study, Aluri et al. identified language as a key influential factor on the quality of care (36). Our findings also encompass these factors, suggesting that ethical decision-making is not possible without considering the sociocultural context of both parties. In other words, this context influences the selection and acceptance of medical and care interventions—even the perception of care quality. In our research, language emerged as an effective communicative bridge in professional interactions, and failure to consider its importance may divert the medical tourist from their primary objective.

In our study, the theme “Sociocultural Determinants of Ethical Practices” was also reflected in another subtheme titled “Physician and Medical Culture.” As participants stated in the

interviews, physicians' professional attitude toward medical tourism was a significant ethical challenge in this regard.

Danielsson et al., discussed a critical cultural aspect within the medical tourism industry—namely, the physician’s perspective toward medical tourism, non-native patients, and professional behavior toward them (37). Similarly, the participants in the present study regarded such attitudes as essential for preventing harm to patients and society and for ensuring the observance of justice.

Healthcare providers can make and implement ethical decisions correctly only if they are culturally and intellectually open to patients from diverse cultural, racial, and ethnic backgrounds, while simultaneously adhering to professional conduct principles. This cultural and ethical responsiveness can have significant effects on patients’ health, societal well-being, and even national economic outcomes.

Another finding of the present study was the theme “Governance and Regulatory Accountability,” which encompassed the most extensive range of findings, as highlighted by the interview data.

Administrative inefficiency could significantly undermine the ethical dimensions of medical tourism in Iran across various domains, thereby

weakening the ethical delivery of medical tourism programs. Notably, no direct equivalent of this finding was identified in the international literature reviewed. The administrative complexity of medical tourism in Iran—potentially associated with the nascent nature of this industry—has compromised service quality, consequently raising ethical concerns at both individual and societal levels.

More often than not, legal principles are inextricably linked with ethical considerations. Piersanti et al. found that some medical tourists travel abroad because the procedures they require are illegal in their home countries. Piersanti et al. also argue that in cases where mothers use advanced infertility treatments such as surrogacy in the host country, a legal–ethical vacuum emerges that severely compromises the rights of the intended mothers, children, and surrogate mothers (38).

The present study also reported challenges associated with the ethical nature of these issues, which seemed both predictable and unavoidable given the inherently international nature of medical tourism.

Baldusco and Daniel argue that in the absence of adequate regulatory oversight, illegal practices such as euthanasia may proliferate among medical

tourists (39). Consistent with this perspective, our findings indicate that legal compliance and regulatory oversight in medical tourism are not only inherently ethical but also foundational in shaping other ethical dimensions of the industry.

In a review conducted in Iran, Mostafavi et al. found that the absence of ethical guidelines has posed significant challenges to the development of medical tourism (40). In line with this finding, participants in our study emphasized that appropriate standards, along with timely monitoring and evaluation, can substantially help mitigate ethical challenges.

Based on our analysis, the nascent nature of the industry and the centralized governmental approach to decision-making and policymaking in Iran mean that ethical challenges are, to a large extent, structurally linked to the governance and regulatory domain. Among ethical principles, justice emerged as the most prominent, though this does not diminish the importance of principles such as beneficence, non-maleficence, and respect for autonomy. From a deontological (duty-based) perspective, the state’s governance role is particularly evident and ethically indispensable.

This study is a qualitative inquiry and, like any qualitative research, the applicability of its findings to other countries or regions is limited. However,

the research team has sought to address this issue by providing a description of the health tourism situation in Iran.

### ***Conclusion***

This study examined the ethical considerations surrounding medical tourism in Iran, highlighting four interconnected domains: stakeholders' rights, financial responsibility, sociocultural determinants, and governance and regulatory accountability. Ethical challenges extend beyond individual interactions and encompass organizational structures and policy frameworks. To address these challenges, healthcare authorities should develop comprehensive ethical guidelines, clarify stakeholder responsibilities, and implement mechanisms for accountability and transparency. Integrating ethical expertise into policy-making and administration can safeguard patient rights, reduce inequities, and strengthen professional integrity. Governance and regulation, particularly

legislative gaps and weak coordination, require special attention. Enhancing sociocultural competence and supporting healthcare providers' autonomy can promote ethical, patient-centred care. As we mentioned before, the findings may not be fully generalizable to other countries or regions due to the qualitative nature of the study. However, the research team has provided a detailed description of the health tourism context in Iran to enhance transferability.

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### ***Conflict of Interests***

The authors declare no conflict of interests.

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