Searching for hope

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He who has never hoped can never despair.
George Bernard Shaw

It is well known that Canadians participate in the medical tourism industry as patients, investors, and business people, but there is very little research examining the magnitude of the issue.[1] In a previous issue of *Canadian Family Physician (CFP),* Crooks and Snyder provided a practical overview of the pitfalls of medical tourism for Canadian family physicians and their patients.[2] It has been an unproven truism that increasing wait times for procedures—joint replacement surgery, for example—are a key driver of Canadian involvement in medical tourism. In this issue of the journal, Turner documents that Canada's medical tourism industry, once thought to be burgeoning, is turbulent and complex (**page 371**).[3] Turner argues that if Canadian family physicians and their patients are to be well served, there needs to be better regulation of these companies, with publicly verifiable track records. Furthermore, he argues that in addition to the risk of receiving substandard medical care, the risk of acquiring infectious diseases, and the risk of receiving inadequate postoperative care, patients and their family physicians need to incorporate discussions about the financial risks to patients if, for example, medical tourism companies go out of business.[3]

A growing area of medical tourism is known as *stem cell tourism*—the practice of patients traveling abroad to receive largely unproven stem cell treatments that are not available in their own countries. As is the case with more "conventional" medical tourism, there is little published research about the involvement of Canadians in stem cell tourism. It is not clear how many patients worldwide are receiving largely unproven, and sometimes harmful, stem cell treatments, but one company in China, Beike Biotechnology, for example, claims to have treated more than 5000 patients for a variety of conditions since it was founded in 2005.[4] There are clinics promoting unproven stem cell treatments in other countries, including India, Mexico, Thailand, Israel, Germany, Latin America, and the Dominican Republic. Not surprisingly, there is plenty of money to be made. The Stem Cell Research Forum of India reported, for example, that by 2010 the stem cell sector would have grown to a $540 million industry.[4]

There are many factors driving the growth of this industry. One factor might be what Timothy Caulfield has described as "scienceploitation"—the exploitation of good science and vulnerable patients:

> Just as science fiction bends and stretches truth in the service of entertainment, science marketing does so with the goal of profit. This has been going on for centuries. Scientific breakthroughs stir the public imagination, become part of popular culture, and then get packaged and sold by opportunists. Research on magnetism resulted in the sale of products promising magical restorative properties curing everything from gout to constipation to paralysis.[5]

Another factor could be the media's uncritical portrayal of stem cell treatments and clinics. An analysis of 445 newspaper articles from the United Kingdom (234 articles), United States (99), Australia (74), New Zealand (21), and Canada (17) revealed that very few articles mentioned either the efficacy of treatments (25%) or the risks (13%).[6]

Few family physicians will have knowledge or experience in counseling their patients about the risks of stem cell tourism. In this issue of *CFP*, Caulfield and Zarzeczny (**page 365**) provide helpful advice about the serious pitfalls of stem cell tourism (ranging from the lack of evidence for effectiveness to the fact that the industry is profit driven and lacks regulation and oversight) and they offer useful strategies for helping our patients.[7]

Two recent issues of *CFP* (March and November 2011) focused on the risks of opioid prescribing and presented guidelines[8,9] for the safe and appropriate use of these drugs for chronic noncancer pain. In this issue Kotalik (**page 381**) provides a thought-provoking and useful review of the ethical considerations of controlling pain and reducing misuse of opioids[10]; he outlines a philosophical approach that enhances the more "structural" approach of practice guidelines. We hope that this series of articles will help family physicians provide the safest and most effective care to their patients with chronic noncancer pain.

Cet article se trouve aussi en français à la **page 364.**

Competing interests
None declared

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