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Cosmetic medical tourists' use of online and offline experiential and procedural information resources in decision-making: Implications for digital health literacy and neoliberalism

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ABSTRACT

Background: When deciding to undergo aesthetic health procedures overseas, cosmetic medical tourists access various information resources to make informed decisions about locations, facilities, health providers and procedure(s). **Aim:** Existing research has investigated the different resources cosmetic tourists access in their decision-making process, however, there has yet to be an in-depth analysis of the significance of each information resource in this process. **Methods:** Interviews with Australian cosmetic tourists regarding how and why they decided to use specific information resources. **Results:** We found that cosmetic medical tourists simultaneously and repeatedly used four main information resources in their decision making – websites, existing social networks, online support communities and surgeon consultations. **Discussion:** We characterise these resources as offering both experiential and procedural information, both generalised (non-specific and available to everyone) and personalised (originating in individual experience or tailored to the individual) information and being located both online (internet-based) and offline (in-person). Successful accomplishment of the cosmetic medical tourist journey relies on engagement with most of these resources, highlighting the role of digital health literacy and the complexity of this decision-making process. **Conclusions:** This process has implications for understanding the practice of digital health literacy and identifiably positions cosmetic medical tourists as neoliberal individuals.

KEYWORDS

Cosmetic medical tourism, cosmetic surgery, digital health literacy, medical tourism, neoliberalism, online support communities

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Introduction

Medical tourism describes individuals travelling away from their home to receive a wide array of procedures and treatments such as dental care, stem cell transplantation, fertility treatments, and cancer treatments (Connell, 2006; Ile & Tigu, 2017; Lunt et al., 2015). The medical tourism industry is expanding (Sandberg, 2017) due to procedures having lower costs compared to home countries, reduced waiting times, and unavailability of services in an individual's home country (Connell, 2006; Connell, 2013). Most medical tourists primarily travel from developed countries to developing countries (Horowitz et al., 2007). Patient-flow may occur bilaterally between countries due to a range of factors including historical ties, cultural similarities and colonial connections (Lunt et al., 2014). Some medical tourists utilise 'medical tourism facilitators' (MTFs) to organise packaged trips including flights, accommodation and procedures with specific surgeons and clinics (Cormany & Baloglu, 2011; Lunt et al., 2015; Lunt et al., 2014; Connell, 2013). The rise of medical tourism has also been associated with the popularity of the internet where numbers of websites dedicated to providing information to medical tourists have risen markedly (Connell, 2006; Lunt et al., 2010) such that "it is a truism that without the internet, medical tourism would probably not exist in its current form" (Holliday et al., 2015, p. 301).

Cosmetic medical tourism refers to travel to undertake aesthetic procedures and is among the most popular types of medical tourism (Holliday et al., 2015). Well established motivations for undertaking cosmetic procedures include mitigating a perceived sense of disparity between an individual's current appearance and how they feel they should look, achieving success in social circles, and to meet the prevalent standards of beauty that are pervasive in the media and in broader society (Gimlin, 2000; Markey & Markey, 2009; Nerini et al., 2014; Niya et al., 2019; Thorpe et al., 2004).

In Australia, it is estimated that approximately 20,000 individuals travel internationally to receive cosmetic surgery annually with the assistance of MTFs. This number, however, is not inclusive of individuals who organise their trips independently (Holliday et al., 2019). Likewise, approximately 60,000-80,000 individuals from the United Kingdom travel internationally as medical tourists annually of which, it is estimated, that 60-70 percent are cosmetic tourists (Holliday et al., 2019). The volume of cosmetic tourists has significant implications for their respective local health systems as rectification of complications incurs significant costs (Birch et al., 2007; Livingston et al., 2015; Miyagi et al., 2012).

Common motivations behind individuals becoming cosmetic medical tourists include low cost, unavailability of procedures locally (Henson et al., 2015; Nassab et al., 2010; Robertson et al., 2022) and opportunities to engage in vacation activities (Lovelock & Lovelock 2018; Musa et al., 2012; Nassab et al., 2010). A range of other determinants such as concerns about local professionals and information resources such as websites, patient-testimonials, and experiential information from close social networks have been reported as being pivotal elements in the decision-making process (Henson et al., 2015; Robertson et al., 2022; Lo et al., 2021).

We acknowledge the contention surrounding the use of the term 'medical tourism' in the literature (Smith, 2012). We have retained the use of the term cosmetic medical tourist (CMT)

in our study given that cosmetic procedures are considered as less invasive than other forms of medical travel and the emphasis our participants placed on leisure-based activities as part of their medical travel.

Neoliberalism and cosmetic medical tourists' use of information resources in decision-making

Neoliberalism within healthcare is typified by an individualistic and consumerist approach to healthcare services where increased responsibility is placed on those individuals accessing services (McGregor, 2001). Medical tourists may be considered as neoliberal individuals as they utilise existing information to make decisions around their medical procedure of choice, service providers, travel logistics, and financial logistics (Forsyth, 2023). Indeed, the ability to exercise choice and agency around a given health service is also evidenced in cosmetic surgery where individuals engage in 'doctor shopping,' and where even post-operative results are perceived as a direct responsibility of the consumer and their choices (Leve, 2012).

Given that many cosmetic tourists travel for elective rather than life-saving interventions, they may be considered as exercising a higher level of agency than other types of medical tourists consistent with 'neoliberalism' and its application in health care. Connell (2013, p. 7) asserts that, "no health care sector is as competitive and consumer-oriented as MT [medical tourism]" and Smith (2012) describes medical tourism as an industry that is market-driven. Indeed, medical tourists are sometimes referred to as 'patient-consumers' (Connell, 2013; Holliday et al., 2019).

As established, cosmetic tourists are intricately involved in compiling, assessing and reconciling information from various resources as part of their decision-making process highlighting the importance of education for this population. A consumer's ability to make an informed decision is considered compromised without a holistic pre-travel evaluation of available information resources (Pereira et al., 2018). Lazar & Deneuve (2013) found that French cosmetic surgery recipients placed a high level of importance on the quality of information available, the relationship between the physician and patient, and evidence of the procedure by judging surgical results from peers.

Individuals' proficiency at seeking, finding, understanding and appraising health information from electronic sources or digital contexts and applying the knowledge gained to addressing or solving a health problem is known as 'digital health literacy' (European Commission Directorate-General for the Information Society and Media, 2014; Yang et al., 2022). Digital health literacy is situated within a multitude of other social and cultural determinants of health (van Kessel et al., 2022). Digital health literacy has been studied in the context of various health-related fields including physical activity (Moric et al., 2020), misinformation around the COVID-19 pandemic (Bin Naeem & Boulos, 2021), and in plastic surgery (Tiourin et al., 2022). Based on existing research, the varied use of online resources in the decision-making process demonstrates that digital health literacy is crucial for medical tourists.

To date, research literature has documented the general trends, characteristics and features of medical and cosmetic tourism. Elsewhere (Forsyth & Prasad, 2024), we have published findings from our current study ascertaining the use of online support communities showing that online resources are not solely used to collate information, but to also create online

communities, social networks and support networks with other cosmetic tourists. Additionally, the advent of Australian-based travel companies which serve to promote cosmetic procedures abroad indicates that cosmetic tourism has its own niche within the Australian market. However, there remains a paucity of information about cosmetic tourism within an Australian context. There is recent research endorsing the provision of information about risk by relevant bodies and stakeholders for cosmetic tourists to consider in their decision-making to manage health and legal risks (Jobson & Freckelton, 2022). Whilst research literature has proposed a sequential process of decision making for medical tourists (Runnels & Carrera, 2012), there is currently a lack of understanding around the complex interplay that exists between the decision-making factors and the information resources that individuals seek when making an 'informed' decision. As such, this study sought to explore how Australian cosmetic tourists utilize various information resources to make decisions prior to undergoing cosmetic surgery overseas.

Methods

Our study sought to answer the question: how do Australian cosmetic tourists decide on, experience and reflect on their cosmetic surgery journeys? Our project was framed within a social constructivist paradigm given its focus on the historically, geographically and socially located meaning making undertaken by participants during their journeys (Creswell & Poth, 2016). We conducted in-depth semi-structured interviews with Australian cosmetic tourists aged 18 years and over who had either received or were considering receiving cosmetic surgery overseas. Interview topics included the specific procedure(s) a participant had received or were intending to receive, how they chose specific geographic destinations, healthcare facilities and health professionals, what information they accessed prior to travelling, their experience of undergoing procedures in a foreign country, and their experience of recovery and perception of outcomes upon returning to Australia. Please see Appendix A for the semi-structured interview guide used in this study.

Recruitment commenced once approval was obtained from The University of Sydney Human Research Ethics Committee (HREC) (2017/1010). This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The call for participants was advertised through the University's webpage and posters at University campuses. Messages were posted on online Facebook overseas cosmetic surgery support groups, University student Facebook groups, and in two local newspapers. A QR code was provided which led potential participants to an online REDCap form where they accessed the participant information sheet, confirmed their eligibility for the study (aged over 18 years, Australian resident, had received or were considering receiving cosmetic procedures overseas) and provided their contact details if they were interested in participating in the study. A total of eight participants were included in the study ranging in age from 21-59 years from three states of Australia (New South Wales, Victoria and Queensland). Two participants identified as male and six as female. Five interviews were conducted via phone and three were conducted in person between January and August 2019. Each participant was interviewed one-on-one with a single interviewer. The average length of each interview was 62 minutes (range from 29 to 77 minutes). Out of our eight participants, three were prospective cosmetic medical tourists and eight were both prospective and retrospective. No participants were

retrospective only (Table 1). In-person interviews occurred in a private office at the university campus with only the researcher and the participant present. We chose to use a broad definition of cosmetic procedures and as a result, our participants included people with traditional cosmetic procedures such as tummy tuck and breast augmentation as well as those seeking removal of trichilemmal cysts and body modification (ear-pointing) procedures.

Table 1: Procedures undertaken by study participants

Participant	Age	Prospective or Retrospective	Procedures
Anna	36	Prospective	Abdominoplasty Breast augmentation Brachioplasty
Barbara	57	Prospective & retrospective	Abdominoplasty Breast augmentation Brachioplasty Thighplasty
Caleb	27	Prospective & retrospective	Buttock lift Orthognathic surgery (Jaw Lift)
Dalia	21	Prospective	Trichilemmal cyst removal
Eliza	41	Prospective & retrospective	Meloplasty (face lift) Breast augmentation
Fiona	58	Prospective & retrospective	Meloplasty (face lift) Breast reduction Abdominoplasty
Gloria	52	Prospective & retrospective	Abdominoplasty Gastric sleeve surgery
Hamish	24	Prospective	Body modification surgery (ear pointing) Gender reassignment surgery

The broad focus of our study and inductive approach lent itself to a reflexive thematic analysis (Braun & Clarke, 2006; 2019; 2022). Interview audio recordings were transcribed by one of the authors (TP) for both in-person and phone interviews. Reflective field notes for each interview were incorporated into transcripts.

All interviews were recorded using a handheld audio recording device (recorded in MP3/WAV format) and transcribed in Microsoft Word. The reflexive thematic analysis process unfolded through collaborative research discussions between the authors following data familiarisation through transcribing and rereading transcripts. Collaborative research discussions focused on inductively developing and refining codes and themes. This process was also informed by our reading of literature on the topic. The theme of 'communication and information' included subthemes for specific information sources which were further coded by the role and meaning of each source. Semantic coding (Braun & Clarke, 2022) was predominantly used according to participants' stated meaning (e.g. 'information gathering', 'decision-making') with some latent coding also included (e.g. 'support', 'planning'). The codes and themes were digitised into NVIVO which was used to electronically code all transcripts. All participant names used in this publication are pseudonyms and are consistent with the participant's identified gender.

Results

Reasons for undertaking cosmetic tourism

As detailed above, cosmetic medical tourists have been found to travel for a range of common reasons including cost savings, reduced waiting times, and the unavailability of specific procedures in their home location. Our participants expressed views consistent with the established literature, however, additional aspects were also discerned as they discussed their decision to travel outside of Australia for their procedures. We detail how our findings extend the previous work on why individuals become cosmetic tourists before detailing how various information resources took on different relative significance for our CMTs in their decision-making process.

Long term decision to undergo cosmetic procedures

All participants in our study asserted that they had considered receiving cosmetic surgery for a prolonged period of time prior to investigating logistical aspects of their travel. Caleb, who was 27 at the time of the interview stated: "I've been thinking about getting my butt done since I was, I believe 19, 20."

Similarly, Hamish, who at the time of the study was transitioning from female to male, also explicitly reported that his desire to receive a cosmetic ear pointing procedure has, "kind of always been a thing I wanted to do since I was a kid." This was corroborated by Fiona who reported that she had considered undergoing gastric sleeve surgery for a long time.

The underlying reasons behind the initial decision to receive surgery varied between participants, however, they all referred to common ideas around sense-of-self and identity. Eliza's decision to receive a breast augmentation procedure was spurred by her desire to, "fit into clothing and just feel a bit more feminine again." Similarly, Caleb's reasoning behind his desire to receive a buttock lift was strongly associated with his sexual orientation and how he identified as a homosexual male.

Whether you're straight, gay, or lesbian, trans whatever, I feel like, you know, there's a look that every person has? Uh for me, you know, being and – being gay, I'm just being very open to you about it. Being a bottom, having a good butt is very [...] important.

By referring to the, "look that every person has," Caleb's decision to undergo cosmetic surgery seems to be directly related to the perception that his body does not align with others who share a similar orientation to him. The decision to undergo surgery, therefore, is not singularly predicated on modifying his body for personal satisfaction, but to also legitimise his membership of his social community.

A similar idea was also present in Hamish's account, who at the time of the study, was also considering breast reduction surgery. The decision to receive the procedure arose from the discomfort experienced when wearing breast binders to alter his physical appearance asserting that, "these are quite thick and uncomfortable." Moreover, the danger of wearing binders for an extensive period of time was evidenced in his statement that, "it causes pain," and that, "I'm 90 percent sure that my ribcage is disfigured because of it." Aside from altering Hamish's physical form, the surgery would also likely alleviate his current discomfort.

Participants also reported that enhancing their sense of self was an additional reason for undergoing surgery. Gloria specifically referred to this idea in relation to the gastric sleeve surgery she had undergone previously and the tummy tuck procedure she was considering receiving: “it’s not that I’m not happy within myself, I was happy within myself, I just wasn’t happy with the way my body was.”

Importance of different information resources

In the previous section, we described the reasons why our cosmetic medical tourists chose to pursue overseas-based procedures. They did so for reasons that are consistent with the literature, and we have added some additional analytical insights from our data to this body of knowledge.

What is less well understood is the collection of resources that comprise the complexity of information gathering and processing that happens for cosmetic medical tourists as they decide on the numerous medical, financial and logistical details of their travel. We therefore now turn our attention to how our cosmetic medical tourists used different information resources in their decision-making. All participants used a wide array of resources to obtain information on specific countries, facilities or surgeons. These sources included Websites, Existing Social Network, Online Support Communities and Surgeon Consultations. Each information resource had its own individual significance and purpose in the overall decision-making process.

Websites

Our participants reported that accessing websites belonging to specific facilities, review pages and websites belonging to MTFs was an integral part of the research process. Websites were typically used to obtain information about specific facilities and the types of procedures they offered.

Anna stated that using websites was a key part of her decision-making process which included visiting websites belonging to different health facilities: “the Phuket website, hospital website, Bangkok, yeah all their hospitals.” Additionally, Anna sought information on the qualifications and training locations of surgeons, allowing her to conclude that the foreign surgeons she had researched were better qualified than Australian-based surgeons. Aside from evaluating the level of surgeons’ qualifications, websites enabled her to make preliminary decisions concerning her clinic of choice. For example, after visiting various hospital websites, Anna expressed that she had a negative reaction towards a facility which offered cosmetic surgery procedures in a medical centre as opposed to a hospital:

You stay there for one night and then you’re sort of sent off to a hotel. A nurse comes to see you every day, but I just would like to stay in a hospital setting for my recovery rather than just a hotel.

Similarly, Caleb also reported that prior to his buttock lift procedure, much of his research involved the use of websites. He “googled every review page you can,” and looked at, “what their reviews are like” alongside researching doctors’ qualifications. Despite conducting online web searches and ascertaining the attitudes of different facilities towards prospective clients, Caleb ultimately chose a clinic where his friends and contacts had already undergone

procedures, citing that, "I don't want to choose a clinic that none of my friends have been to" because "I rather go somewhere [where] I have seen physical results."

Being able to see physical results was also a key feature in Fiona's decision-making process. In fact, Fiona stated that she initially decided on her surgeon, "based on his photos, his website." Fiona's use of websites draws parallels with Anna's as she was also able to narrow her choices by accessing some preliminary information in the form of photographs. Whilst Caleb was able to access close friends and some extended contacts to obtain first-hand information about their own experiences with different surgeons and procedures, Fiona used websites which enabled her to seek information about her prospective surgical endeavours.

Interestingly, all our participants indicated that they did not refer to the Australian Government travel advice website prior to travel. Dalia and Anna indicated that they could investigate this information prior to receiving surgery, conceding that this was not an option they had initially considered. However, all remaining participants indicated a lack of interest in accessing government travel advice. Fiona, for example, mentioned that she had not consulted Government websites for travel advice, "but I travel a lot so that didn't worry me." She also added "I don't worry about stuff like that. I mean I've been to a lot of funny places, and I don't look at that sort of stuff".

The use of websites, therefore, was specific to each individual's needs and used to narrow their choices of cosmetic procedures. As such, these websites actualised their premade decision to become cosmetic tourists.

Existing social network

All participants reported seeking opinions and support from friends, family and local health professionals (such as their General Practitioner) in their decision-making. However, the extent to which each participant shared their intended procedures or travel varied. A major commonality described by all participants was the diverse response they faced upon disclosing their intentions to travel overseas for surgical procedures to these local contacts. Anna, for example, reported that one local surgeon, "looked at me a bit strange [when she said she was considering going overseas], a bit 'oh just be careful' but that's all I really got into her about [it]." She further reported that she did not extensively discuss her decision with a local surgeon as she expected a negative response, stating "I knew they'd have their opinions and I just [thought], nah, I'll make my own decisions."

The idea around 'making decisions independently' was consistent across our participants. In fact, limiting disclosure of procedures was a common feature across our participants' accounts due to their expectations of a negative response. Whilst some such as Barbara, disclosed her surgical experiences with her friend and sister post recovery, others did not plan to explicitly inform their broader networks of the surgery or travel. The people they did choose to tell included those in their close social circle including their partner, children and siblings. Distant contacts such as colleagues were not informed. Disclosure was carefully managed by participants, as reported by Gloria who experienced validation and support from her family and friends: "The people that I told, I knew were going to be supportive 'cause they know how I've struggled with my weight".

Online support communities

Our participants used a diverse range of online groups and communities to obtain, assess and review information pertaining to the logistics of surgical procedures. Experiential information pertaining to surgical outcomes of specific clinics and facilities was also sought from previous cosmetic tourists. Our participants reported interacting with individuals who had previously received cosmetic surgery overseas, with the primary purpose of these interactions aimed at obtaining opinions on clinics, physicians and experiential advice on the overall surgical journey. Social media enabled these interactions as these platforms were perceived to be easily accessible, and participants felt comfortable asking for information in these informal settings.

Facebook groups were a resource employed by six out of our eight participants. These group pages were moderated by previous cosmetic surgery tourists, and some were administered by MTFs. Most participants joined cosmetic surgery travel-specific Facebook groups. Anna stated she joined Facebook groups to “hear other stories” and to “come to some sort of decision on what surgery to go for.” Notably, Anna’s account demonstrates the use of Facebook groups as a means of gathering information to realise the logistics of her surgical endeavour as opposed to using the groups to decide whether or not to undergo the procedure(s) in the first place.

Similarly, Fiona’s use of Facebook support groups was a key contributor in her eventual decision to receive surgery in Manilla with a specific surgeon. She contacted previous patients who had received similar procedures with her surgeon after being dissatisfied when investigating Thailand and Korea as being potential destinations. Her decision-making combined information from the surgeon’s website with the previous patients’ testimonials that were universally positive: “I contacted 16, 17 girls that have had an operation with him and not one person said they weren’t happy. His work was outstanding.”

However, online support groups were not unanimously perceived as having a positive impact for all our participants. Barbara expressed discomfort with the “commercial type feeling” that was characteristic of her particular group whilst also expressing dissatisfaction at not being able to “get a straight answer of somebody.”

Most of our participants indicated that being able to connect with other cosmetic tourists was a fundamental reason for their participation in online communities. Interestingly, Caleb reported that he did not use social media extensively as part of his research:

Some of my friends have had people who have done surgeries...they kind of introduced me to other people who’ve had work done [...] going through people who knew people as opposed to going online.

Caleb’s account suggests that his ability to access support, opinions and information from his personal relationships and extended contacts minimised the need to seek significant external support on online platforms. In fact, Caleb remarked that he decided upon a clinic in Thailand, “purely for the fact that some of my friends had gone to Thailand.” Caleb’s experience differs from that of Barbara, Fiona and Anna who used online groups to access and interact with other cosmetic tourists who they did not have access to in their local social networks.

Surgeon consultations

Our participants reported that the first consultation with their chosen overseas surgeon occurred after their initial research which included interacting with other cosmetic tourists. Whilst information gathered from other resources was beneficial in collating information about different facilities and others' experiences, the consultation process enabled our participants to tailor their preferred procedures to their individual preferences. Initial consultations were typically held via video conferencing with participants providing relevant medical history information such as blood test results, x-rays and allergies to the surgeon to review in advance of the consultation.

Subsequent appointments typically occurred in-person following the individual's arrival at their destination facility with conversations revolving around the participant's specific procedures. Barbara, for instance, reported that despite the language barrier with her surgeon, "everything was explained – how they were going to do it, why they were going to do it the way they did do it." Likewise, Caleb also reported that he could, "touch and feel and then kind of like try on" models of the implants the clinic had in choosing the specific size he potentially wanted for his buttock procedure. For most participants, understanding the specific details of the procedure instilled confidence. Caleb reported that the information from the Thai clinic was more concise and clearer compared to the information he received from local surgeons in Australia. Likewise, Eliza reported that her surgeon provided information about possible side effects and the specific type of implants that would be used for her procedure. Whilst Fiona's surgeon also provided a clear explanation and encouraged her to ask further questions during the consultation, her increased blood pressure on the scheduled day of the surgery resulted in delaying her surgery to the next day. Fiona reported the following:

I was driving through the streets of Manila and it's like a third world country, and I am going 'oh my God, what am I doing?' I'm now like in a third world country, my blood pressure's through the roof, and I'm having surgery with somebody that I didn't know, and I lost it. My blood pressure was out of control, and I completely lost it all.

Interestingly, however, Fiona's diminished confidence was not completely improved by the measures taken by her surgeon during her pre-travel video consultation to ensure a safe operation. Rather, her confidence increased upon reaching the hospital:

I couldn't believe it. I've driven up and it's just a third world country and smack in the middle was this beautiful big glass building and it was the hospital. I'd say the hospital was better than any hospital I'd seen in Australia.

From Fiona's perspective, her consultation with the surgeon alone did not assure her of a safe procedure. Rather, it was the physical characteristics of the facility that ensured she continued with the procedure and had a positive experience overall.

Consulting surgeons, therefore, held a largely different purpose to interacting with other cosmetic tourists or visiting websites for CMTs' decision-making. Consultations were vital to acquire specific information about the procedure, the surgical process and post-operative care for each individual participant's body and circumstances. The consultation also provided cosmetic tourists with ample opportunity to communicate their own thoughts, feelings and preferences around their desired procedure(s).

Discussion

Our CMTs' decision-making process employed four main information resources. Whilst the types of the resources cited are consistent with those reported in medical tourism literature, this publication adds novel insights about the different ways in which these resources were used by each individual as part of their cosmetic tourism journey. All our participants' accounts also reflect a neoliberal ethos extensively reported in the medical tourism literature and, to a broader extent, healthcare in general.

Decision making process

All participants reported that the decision to undergo surgery was taken after considerable deliberation over a prolonged period of time using multiple information resources, demonstrating the well-considered and thoughtful nature of the decision-making process. Whilst the cosmetic procedures undertaken by our participants were of lower risk and invasiveness than the procedures other medical tourists travel for, the decision-making process to receive them was neither trivial, nor impulsive nor hurried but instead was serious and thorough.

Most of our participants, including both prospective and retrospective CMTs, indicated surgery as a form of bettering their physical self. All our retrospective participants stated that their experiences of their bodies since undergoing their elective procedures had been largely positive. These accounts draw similarities with a previous study which found that eliminating perceived blemishes by undergoing cosmetic surgery improved an individual's poor mood typically present prior to receiving surgery (Thorpe et al., 2004). When seen through the lens of previous research exploring how cosmetic tourism is promoted as a spiritual and mental journey (Holliday et al., 2013), a possible area of future research could be investigating the interplay between motivating factors for cosmetic tourism and the way in which these procedures are advertised as an avenue for improving both physical and mental health.

For all our participants, factors such as cost, health professionals' qualifications, and waiting times were factors that guided individual decision-making. However, the way in which each participant prioritised these components varied noticeably, thus reaffirming the underlying complexity of the decision-making process. Consistent with previous studies (Holliday et al., 2019; Holliday et al., 2015) some participants placed greater emphasis on medical qualifications whilst others focused on the lower cost of their desired procedures compared to the cost in Australia.

Information resources

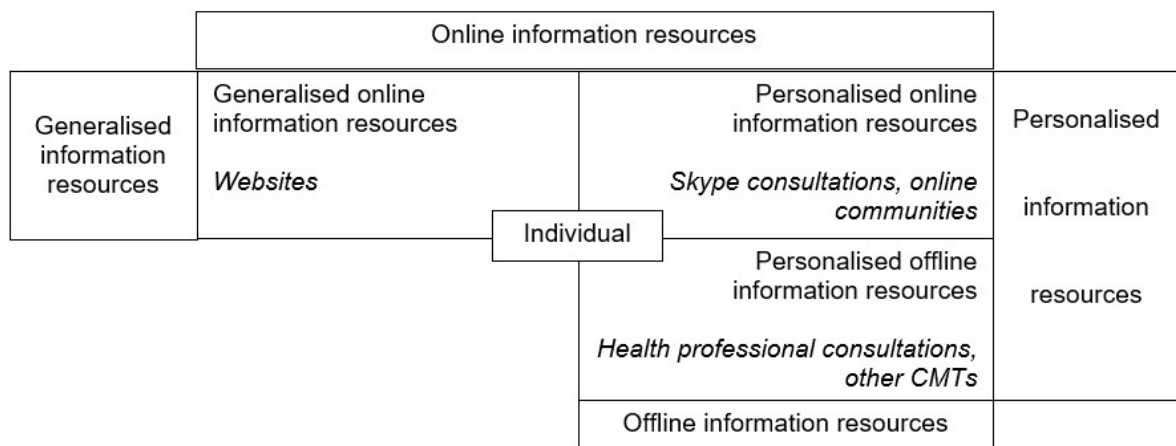
Our participants accessed information resources consistent with those that have been reported in the broader medical tourism literature (including other medical tourists, health professionals, patient support groups, friends and family) to source information on procedures, facilities and practitioners. These resources were crucial for them in deciding whether to obtain treatment locally or internationally (Runnells & Carrera, 2012). Whilst previous studies have identified the various resources used by cosmetic tourists, our study

analysed how each information resource was distinctly used by each participant and what their individual functions were in the decision-making process.

Our participants' accounts revealed that different resources were used to acquire information on two interwoven characteristics of cosmetic tourism: procedural information and experiential information. Procedural information refers to logistical factors such as financial implications, practitioners, facilities and travel. Experiential information includes others' experiences of the geographic or health facility location, the surgeon, the surgery itself, any pre-operative or post-operative complications and recovery, and experience of surgical outcomes. We argue that the centrality of individuals' bodies to medical tourism means that both types of information are equally important to decision making compared to decision making for non-medical travel.

Our analysis identifies that an individual's decision to become a CMT occurs through engaging with three distinct types of information resources that intersect online and offline locations with generalised and personalised information provision (see Figure 1). Online locations are internet-based including websites, social media and video consultations. Offline locations are in-person interactions. Generalised information is predominantly procedural information that is not specific to an individual and widely available. Personalised information includes information tailored to the individual (e.g., a surgeon describing how a procedure will be applied to an individual's body during a consultation based on their physical composition) and information drawn from an individual's (in this case previous CMT's) experience.

Figure 1: Cosmetic medical tourist information resources



Each type of resource plays a different role and is valued by CMTs differently. Planning and executing cosmetic medical travel is only made possible through engaging with a combination of (at least most of) these resources. Broader social and cultural influences, such as generalised mass media also likely impact CMTs decision making but were not referenced explicitly in our study so are not included in our analysis.

The information resources our CMTs used provided both experiential and procedural information. Websites were a commonly used resource by our participants and included MTF sites and those of surgeons or facilities. For some participants, websites enabled them to refine their options to a more specific range of choices of facilities and practitioners. For some,

the use of websites was crucial in realising that they would prefer to receive cosmetic surgery in a hospital setting as opposed to medical centres. For others, accessing websites enabled them to acquire information pertaining to a health provider's expertise around a specific procedure(s). Experiential information, in the form of previous patient testimonials, was also accessed via websites and incorporated into our CMTs' decision making. With recent studies advocating for risk education by relevant organisations for CMTs (Jobson & Freckelton, 2022), it is noteworthy that our participants did not access any government travel websites with reasons varying from being unaware of its existence to intentional avoidance. Further research examining how CMTs identify, assess and mitigate various risks using their existing suite of resources is warranted. This may have broader implications for relevant organisations to better engage with CMTs to convey information around typically overlooked risks and issues.

Engaging with individuals with previous experience travelling overseas for cosmetic procedures was also a resource that offered both procedural and experiential information for our CMTs. Our participants emphasised the importance of accessing support groups as a means of understanding and collecting information on the experiences of those who had previously received similar procedures overseas. The influence of close social networks and support groups in information gathering for medical tourists has been identified in previous studies (Hanefeld et al., 2015). However, it is interesting to note the discrepancy between how participants sought support from their existing social networks and online support communities. The prevailing theme amongst all participants was that seeking support online or via existing social groups was a form of validation. Support systems were not used as a means of evaluating whether or not a procedure should be undertaken, rather they were used to reinforce individuals' already-made decisions and to source procedural information to ascertain the specific destination, facility and provider who would perform their procedures. The personalised information offered by previous CMTs was used by our participants to personalise their own CMT journeys.

For most participants, social circles that were reassuring of their cosmetic tourism pursuits were found online. Most participants cited Facebook groups as a key forum where they were able to share experiences. Most of our participants sought support that was not accessible in their local social networks. However, for one participant, the need to seek support via online forums was of minimal significance as they were able to access experiential information through their offline network. In this publication we have focused on the information-seeking aspects of online community use. We detail the support and relationship aspects of these online community interactions in a separate publication (Forsyth & Prasad, 2024).

MTFs' websites often present a glamourised version of cosmetic surgery travel where the holiday experience is emphasised more than the surgical experience and the 'beauty' of the surgical outcomes are linked to the 'beauty' of the destination (Holliday et al., 2015). CMTs contrast the more commercially motivated information found on practitioners' or clinics' websites with that of the authentic experiential information found in online communities (Holliday et al., 2019; Jones et al., 2016). However, in our study, we found that this was not always a clear distinction as clinics may administer online groups and recruit previous patients to respond to prospective patients' queries (Forsyth & Prasad, 2024).

Our CMTs also gathered vital experiential and procedural information from their consultations with surgeons. Whilst websites were a sound form of collecting generalised information,

consultations with health professional(s) enabled our participants to understand the nuances and complexity of their chosen procedure(s) and personalise their proposed procedures in relation to their specific bodies. Our participants sought information pertaining to what their surgical procedure entailed, the surgical process and post-operative care. Since each participant's medical requirements differed from one another, the information collected from surgeons were distinct and individualised and not necessarily consistent with others who were considering or had previously undergone similar surgeries. Our CMTs positive experience of the aesthetics of their chosen health facilities also contributed to their decision to continue with their procedures, consistent with the concept of the 'hospital' (Lovelock & Lovelock, 2018) and its significance in contributing to an overall positive experience in the touristic aspects of an individual's travel. Indeed, our findings appear to correspond with recent studies that emphasise the importance of 'perceived medical service quality' for service providers, and its contribution to a broader concept of 'value co-creation' between CMTs and service providers (Majeed et al., 2020).

Cosmetic medical tourists' choices, neoliberalism and digital health literacy

Our analysis above demonstrates that the success of cosmetic medical tourists' therapeutic journey relies on the individual being a digitally literate, neoliberal actor. Our participants were required to navigate a plethora of options and choices throughout the decision-making process, a finding which reflects the neoliberal underpinnings that characterises cosmetic tourism (McGregor, 2001; Holliday et al., 2019). The thorough planning conducted by our participants is indicative of the sense of ownership, and indeed 'responsibilisation' that they internalised whilst reconciling different types of information from various kinds of resources, a finding that is consistent with existing research on women receiving cosmetic surgery (Leve et al., 2012).

Despite clear similarities between our participants' accounts, the decision-making process was ultimately not identical between them. Factors such as personal circumstances, familiarity with countries or overseas travel, perceived quality of different clinics, and social interactions with other cosmetic tourists varied considerably between participants. Cosmetic tourists have immediate access to a repository of information resources, and with the proliferation of MTFs acting as 'negotiators' between patients and hospitals (Mohamad et al., 2012), further research into how individuals evaluate the quality of different information resources is warranted.

Finally, our study highlights the importance of digital health literacy (European Commission Directorate-General for the Information Society and Media, 2014; Yang et al., 2022) in the context of cosmetic tourism. In taking ownership of their cosmetic tourism journeys, our participants exercised their digital health literacy as they routinely assessed, critiqued, evaluated, and made decisions based on information from online and offline resources. Whilst our study revealed experiential information on how our participants utilised different resources, since the entire cosmetic tourism journey ultimately rests on the participating individual, future studies investigating participants' abilities to critique information resources is warranted.

The primary limitation of this study is the sample size of eight participants. However, given the consistency of our findings with that of previous research, our findings are likely to be

applicable to other individuals of differing contexts. Moreover, our participants, consisting of both males and females, presented with experiences relating to different cosmetic surgical procedures. They ranged in age from 21 to 58 years and were from three different states in Australia. The diversity of our sample and the inclusion of male participants, which is a rarity in research on cosmetic tourism, is a further strength of our study.

Conclusions

This study identifies the complexities surrounding cosmetic medical tourists' use of numerous information resources in their decision-making process. This process is not necessarily sequential and the various information resources utilised by our participants held different importance. These different information resources offered procedural and experiential information that intersected with generalised and personalised information that was located both online and in in-person interactions. Our findings indicate that successful accomplishment of the CMT journey relies on individuals' digital health literacy skills to locate, understand, evaluate and reconcile these different information resources in planning and pursuing overseas procedures. This calls into question how those who undertake less research on their own or who have limited digital and health literacy skills experience cosmetic tourism, an issue worthy of further investigation.

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Appendix A - Interview guide

Following completion of an online questionnaire the researchers were able to determine whether participants were retrospective, prospective or both retrospective and prospective. Whilst there were commonalities across the groups, questions tailored to individual participants' experiences as appropriate. Participants who were both retrospective and prospective were asked both sets of questions.

[These interview questions were for retrospective only participants]

Today we'll talk through your experiences with travelling overseas for medical treatment.

- Can you tell me what procedures you've received overseas in the last 12 months? (procedure, location, date)

Before the procedure

- Tell me about how you came to consider having cosmetic surgery
- Which procedures did you think about having?
- Did you consult clinics or doctors locally about these procedures?
- Did you speak to family or friends about having cosmetic surgery?
- What made you think about travelling overseas for it as compared to staying at home?
- When did you start to become interested in travelling overseas for this procedure(s)?
- How did you find out information about the destination(s) and facilities (e.g. internet)?
- Did you access online support groups (e.g., Facebook) to gain further information?
- What were the most important factors that you considered regarding travelling abroad for your procedure(s)?
- Did you look at the government's travel advice for the country you were traveling to before you left?
- How did you arrange your travel, accommodation and procedure(s)?

During procedures

- What did you already know about the country beforehand?
- What were your first impressions on arriving?
- What supports did you have at this time (family, friends, and online support groups).
- What were your first impressions in interacting with the doctor and other health professionals involved in the procedure?
- How did you feel immediately before the procedure?
- How did you feel on the day of the procedure?

After the procedure

- What were your initial feelings after the procedure completed/once you were in recovery?

- Can you tell me about the post-operative care that you received?
- Were there any complications that you observed/felt after the surgery?
- What sort of information were you given straight after the procedure and at discharge?
- What sorts of activities did you engage in after the procedure?
- Did you revisit the hospital/physician before leaving the country?

Return to Australia

- How was your recovery upon returning to Australia?
- Did you experience any complications/side effects after arriving back to Australia?
- What support did you have on returning to Australia (friends, family, online)?

Future

- Would you consider travelling overseas for future procedures?
- Would you recommend to a friend or family member to travel overseas for the procedure(s) you had?

[These interview questions were for prospective only participants]

- Today we'll talk through your experiences with considering travelling overseas for medical treatment.
- Can you tell me what procedures you're considering receiving overseas?
- Tell me about how you came to consider having cosmetic surgery
- Which procedures are you considering having overseas?
- Did you consult clinics or doctors locally about these procedures?
- Did you speak to family or friends about having cosmetic surgery?
- What has made you think about travelling overseas for it as compared to staying at home?
- When did you start to become interested in travelling overseas for this procedure(s)?
- How did you find out information about the destination(s) and facilities (e.g. internet)?
- Did you access online support groups (e.g., Facebook) to gain further information?
- Did you look at the government's travel advice for the country you were considering traveling to?
- Is there more information you need to find out before deciding whether you'll travel overseas for this procedure(s)?
- What will be your next steps from here?

