**附件二 亞洲各國推動國際觀光醫療的副作用與政策惡果**



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| **泰國**推動觀光醫療後，導致公立醫院或提供基本醫療照護的醫師嚴重掏空流失 (indoor brain drain) ，爭相投入招攬國際病患的私人醫院，或醫美整形等賺錢的服務科別，迫使本國人得花更長時間排隊等候看病。此外，國際醫療醫院之間的軍備競賽，讓先進醫療設備集中大城市，加深城/鄉之間、外國/本地病人之間醫療資源的差距。 |
| **印度**推動觀光醫療時，國家提供土地、稅賦減免等補助，國家教育資源培育出的醫師卻去服務外國人，不僅偏鄉民眾用不到國際醫療的高科技儀器設備，還可能面臨基本醫療衛生設施、專業團隊人力不足的窘境，帶動整體醫療系統往醫療營利化方向傾斜。 |
| **新加坡**推行國際醫療的近五年間，經濟收益並沒有回饋到星國病人身上。但該國民眾就醫的醫療價格卻被拉抬墊高，且民眾自費醫療占總醫療支出比例攀升達70%，遠高過日本(20%)、韓國(40%)、台灣(35%)，就醫負擔日益沉重。 |
| **總結**各國文獻研究，推動國際醫療的國家所遭遇之問題與惡果如下：  (1)基層醫療人力流失至營利性醫院 (2)高科技設備、技術集中特定醫院或專區 (3)帶動國內醫療費用高漲 (4)排擠國人應享有的醫療資源  (5)政府花錢補助，在地民眾卻難從中受益。 |

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