Pertanika J. Soc. Sci. & Hum. 29 (S2): 17 - 28 (2021)

PERTANIKA JOURNALS

SOCIAL SCIENCES & HUMANITIES

Journal homepage: http://www.pertanika.upm.edu.my/

Prospect and Legal Challenges of Medical Tourism in Relation to the Advance Medical Directive (AMD) in Malaysia

Mohd Zamre Mohd Zahir[1]*, Tengku Noor Azira Tengku Zainudin[1], Ramalinggam Rajamanickam[1], Ahmad Azam Mohd Shariff[1], Zainunnisaa Abd Rahman[1], Ma Kalthum Ishak[3], Syafiq Sulaiman[2] and Nor Hikma Mohamad Nor[4]

[1]Faculty of Law, Universiti Kebangsaan Malaysia (UKM), 43600 UKM Bangi, Selangor, Malaysia
[2]Department of Law, Faculty of Law & International Relations, Universiti Sultan Zainal Abidin (UniSZA), Kampung Gong Badak, 21300 Kuala Nerus, Terengganu, Malaysia
[3]Sekolah Perniagaan Antarabangsa Azman Hashim Universiti Teknologi Malaysia (UTM), Blok T08 Pusat Pentadbiran Universiti Teknologi Malaysia, Jalan Bertingkat Skudai, 81310 Johor Bahru, Johor, Malaysia
[4]Bank Islam (M) Bhd, Jalan Jeloh 3, 43000 Kajang, Selangor, Malaysia

ABSTRACT

People fly for several reasons. One of the goals is to obtain medical attention. This idea is known as "medical tourism." In defending this concept, the notion of medical tourism is one of the prospects of increasing industries that have rapidly grown in Malaysia and other countries. One of the factors that led to this trend is the propensity to pursue better medical care at a lower cost. Around the same time, certain patients in modern society have begun to provide input on their medical care in cases where they are unable to give consent. Advance Medical Directive (AMD) is a particular directive containing the desires of a knowledgeable patient regarding his or her future medical plans if he or she becomes incompetent or unable to make any decisions regarding his or her body. However, the concern that arises in the sense of medical tourism is whether there are applicable laws in Malaysia that will ensure that the AMD of patients is enforced. The art of AMD is still relatively new in the country and, as a result, the legal status on the AMD is still vague and uncertain. The purpose of this article is, therefore, to define the laws that can be applied in relation to AMD in the context of medical tourism. The approach used in this article is qualitative. It found that Malaysia did not have a clear

ARTICLE INFO

Article history:
Received: 2 May 2020
Accepted: 12 March 2021
Published: 17 May 2021

DOI: https://doi.org/10.47836/pjssh.29.S2.02

E-mail addresses:
zamre@ukm.edu.my (Mohd Zamre Mohd Zahir)
tna@ukm.edu.my (Tengku Noor Azira Tengku Zainudin)
rama@ukm.edu.my (Ramalinggam Rajamanickam)
aazam@ukm.edu.my (Ahmad Azam Mohd Shariff)
znar@ukm.edu.my (Zainunnisaa Abd Rahman)
kalthum@utm.my (Ma Kalthum Ishak)
syafiqsulaiman@unisza.edu.my (SyafiqSulaiman)
nhikma@bankislam.com.my (Nor Hikma Mohamad Nor)
*Corresponding author

ISSN: 0128-7702
e-ISSN: 2231-8534

legal framework for AMD within the scope of medical tourism. This article concludes that this legal challenge can be overcome by means of the special AMD regulations on medical tourism in Malaysia.

Keywords: Advance Medical Directive (AMD) Arahan Perubatan Awal (APA), consent, medical ethics, medical tourism, medical law, Malaysia

INTRODUCTION

Nowadays, medical tourism has become a renowned and exclusive industry in Asian countries. Patients from other countries fly to countries such as Malaysia, Singapore, India and Thailand for medical care(Lunt et al., 2011; Wahed, 2015; Kandasamy & Rassiah, 2010). Medical tourism has fashioned because of lower costs in treatment, for more prominent access to quality and to recognized medical treatment (Horowitz et al., 2007; Gray & Poland, 2008; Ormond, 2011). In Malaysia, medical tourism is being promoted by the government to boost the country's economy. A research conducted in 2010 involving five private hospitals in Malaysia brought into being that the low cost of medical treatment, excellent medical facilities, religious similarity and cultural were the focal motivation that attracts foreign patients (Musa et al., 2012). The study included five private hospitals, KPJ Ampang Puteri Specialist Hospital, Pantai Medical Center (Bangsar), Pantai Hospital Klang, Sime Darby Medical Center Subang Jaya and Sunway Medical Center. These hospitals have been selected as a sample for study (Ministry of Health Malaysia, 2010). During the study period, 138 questionnaires were completed and returned, with a response rate of 34.5%. As a result, the numbers of questionnaires returned were 25 (Pantai Medical Centre) (Bangsar), 22 (Sime Darby Medical Centre Subang Jaya), 27 (KPJ Ampang Puteri Specialist Hospital), 43 (Sunway Medical Centre) and 21 (Pantai Hospital Klang) (Musa et al., 2012).

In Malaysia, medical tourism shows a significant growth in terms of the number of foreign patients who travel to Malaysia to gain medical treatment (Wahed, 2015). Malaysia received 921,000 international patients in the year of 2016, 859,000 foreign patients in the year of 2015, 882,000 foreign patients in the year of 2014, 881,000 foreign patients in the year of 2013, 728,800 international patients in the year of 2012 and 641,000 foreign patients in the year of 2011 as per stated by the Malaysia Healthcare Travel Council (MHTC) (Malaysia Healthcare Travel Council, 2018). The MHTC tasked to raise Malaysia's profile as the world's top-of-mind destination for world-class healthcare services, and in fact, it is an agency under the Ministry of Health Malaysia (MoH). MHTC was founded in 2009 and works to promote the overall growth of the Malaysian healthcare travel industry by coordinating industry alliances and building beneficial public-private partnerships, both domestically and abroad (Malaysia Healthcare Travel Council, 2018). In 2009, Nuwire ranked Medical Tourism in Malaysia as one of the top five destinations for health tourism

in the world (Yanos, 2008). Previously, according to the International Medical Travel Journal (IMTJ), Malaysia was also known as the "Destination of the Year" (International Medical Travel Journal, 2015). The Association of Private Hospitals Malaysia estimated that some USD$59 million in revenue came from medical tourism in 2006 (Yanos, 2008).

In Malaysia, several arrays are provided in terms of medical procedures. For example, in the case of medical procedures such as cosmetics, cardiac surgery and dental surgery, the cost is marginally lower compared to the United States of America (USA) (Luce, 2010). For example, the cost of cardiac bypass surgery in Malaysia is between USD$6,000 and USD$7,000, according to a publication by Tourism Malaysia in November 2007. Cardiac surgery in the USA could cost around USD $30,000. Malaysia draws medical tourists and investors equally for its favorable ex-change pace, political and economic stability, and high literacy rates. According to the statistics cited by Hospitals-Malaysia. org, Malaysia is providing a robust network of hospitals and clinics. The reason Malaysia has given the impression that it has an extensive network of hospitals and clinics is because 88.5% of the population live within three miles of a public health clinic or a private clinic (Yanos, 2008).

However, several legal issues have arisen because of the growth of medical tourism worldwide, including Malaysia. The main purpose of the paper is to discuss the legal issue in the field of medical tourism related to AMD, as this problem can influence patients who decide on their destination of choice for medical tourism. In this article, the topic is divided into several parts, namely the definition of medical tourism, Advance Medical Directive (AMD), result and discussion, COVID-19 pandemic and medical tourism, and the conclusion. The first section summarizes the introductory portion in which the emphasis would be on the concept of medical tourism. Then there is a debate on the legal issues that occur because of the growth of the industry.

MATERIALS AND METHODS

This article followed a pure legal research approach using a qualitative study of medical tourism and the Advance Medical Directive (AMD). Content analysis can vary from the simplest method of word counting to thematic analysis or conceptual analysis (Krippendorff, 2004). Using content review, this article analyses the trends of medical tourism, concentrating primarily on the opportunities and legal problems of the Advance Medical Directive (AMD) in Malaysia. Medical tourism is an emerging phenomenon in Asia, especially Malaysia. Without a proper and specific legal framework for the management of medical tourism, in the Advance Medical Directive (AMD), the purpose of which was to address this issue in this area. Data obtained based on primary and secondary sources, focusing on secondary sources.

THE DEFINITION OF MEDICAL TOURISM AND THE DESTINATION OF MEDICAL TOURISM

As indicated by Meštrović medical tourism implies a procedure of going outside the country of residence to receive medical care (Meštrović, 2018). It also integrates the idea of flight, but it does not astound the gravity arising from patient mobility (Glinos et al., 2011). Medical tourism is a concept that proposes relaxation to restore wellbeing, regardless of the misery endured by patients (Kangas, 2010). It also means a patient going overseas to undergo medical attention, to protect his or her health or to carry out routine medical examinations (Yap et al., 2008).To protect health, the right to protect health must be considered because it includes the most basic human rights which are the right to life (Sulaiman et al., 2018). Health tourism refers to patients who travel abroad to protect their health, such as receiving surgical medical care (Connell, 2006). It refers to people who travel to another country for at least 24 hours to cure illness, preserve fitness (such as yoga and massage), beauty (such as plastic surgery) and fertility care (Tourism Research and Marketing (TRAM), 2006).

Medical tourism is becoming a rapidly expanding industry, with countries in Asia/ Middle East, the Americas, Europe, Africa and other countries providing healthcare to people in other countries(Carmen & Iuliana, 2014; Horowitz et al., 2007). According to Patients Outside Borders, many Americans go outside the United States to seek medical attention, and the number has gradually risen over the last decade. Patients beyond Borders details that approximately 8 million patients from all over the world are pursuing out-of-country care that contributes to a global industry estimated at approximately $20 billion to $40 billion (Clements Worldwide, 2018).

Table 1 indicates that medical tourism can be divided into five major categories of destination that people travel to obtain medical care. Asia/Middle East, the Americas, Europe, Africa and other countries are the major categories of medical tourism destinations. Malaysia, which is part of the Asian nations, is affected as a medical destination for visitors. The division of categories shall be as shown in the Table 1.

In the sense of Malaysia, more than half a million medical tourists are coming to Malaysia every year, looking at the prospects of the medical tourism industry. For people looking to find help and assistance outside their home country, Malaysia is ranked as one of the most health-friendly countries. The Medical Travel Efficiency Alliance has called the Prince Court Medical Center in Kuala Lumpur the first in the hospital ranking for "Patients without Borders" (Clements Worldwide, 2018). According to Clements Worldwide, two requirements have attracted Americans, i.e., most of the population of that country is English-speaking and the country has a strong infrastructure (Clements Worldwide, 2018).

In addition, the most common procedures that people undergo on medical tourism trips include cardiac surgery, cosmetic surgery, and dentistry (such as for

Table 1

Medical tourism destinations

Asia/Middle East	The Americas	Europe	Africa	Other
China	Argentina	Belgium	South Africa	Australia
India	Brazil	Czech Republic	Tunisia	Barbados
Jordan	Canada	Germany		Cuba
"Malaysia"	Colombia	Hungary		Jamaica
Singapore	Costa Rica	Italy		
South Korea	Ecuador	Latvia		
Philippines	Mexico	Lithuania		
Taiwan	United States	Poland		
Turkey		Portugal		
United Arab Emirates		Romania		
		Russia		
		Spain		

*Source: Carmen and Iuliana (2014); Horowitz et al. (2007)

general, restorative and cosmetic). Other health and care programs that are often registered include cancer (often high acuity or last resort); reproductive (fertility, IVF, women's health); orthopedics (such as joint and spine; sports medicine); weight loss (LAP-BAND, gastric bypass); tests, scans, second opinions and health screenings (Clements Worldwide, 2018). In Vitro Fertilization (IVF) context, Malaysian hospitals are a big player, and the cost of IVF is 20% lower than many other western hospitals. Physical and blood work that can be considered as costly in the USA is also significantly low-priced in Malaysia.

Advance Medical Directive (AMD)

AMD can be used as a document describing the types of care that the patient will be allowed to receive and those that are not allowed when the patient has been impaired (Zainudin et al., 2015). AMD (also known as "Arahan Perubatan Awal" (APA) in the Malay language) makes a patient have a voice in circumstances when they no longer have control over what is being done to them (Zahir et al., 2017a; Zahir et al., 2017b; Zahir, 2017c; Zahir et al., 2019a). As a result, AMD is a directive that empowers a patient to exercise his right to decide as to what he wishes to do to treat him wisely before he loses his mental capacity to do so (Sommerville, 1996). In short, he exercises his free right as a person until he ultimately becomes disabled (Zahir et al., 2019a. Based on the concept

of autonomy, every individual has a right to health. Autonomy has an intrinsic value and applies to communities that can manipulate their attitudes in such a way that, contrary to what is the situation, people can choose the kind of life they want to live (Glover, 1977). Beauchamp and Childress (2009) have found that respect for autonomy is related to confidentiality, privacy, fidelity and truth-telling concerns, but was most strongly linked to the impression that patients should be allowed or allowed to make independent decisions regarding their health care. In this context, he or she can also make an AMD stipulating that his/her does not want to continue treatment or to undergo any medical intervention for him/herself. The AMD was built based on the concept of autonomy.

The criteria of legally competent must be fulfilled by a patient who plans to make his AMD (Zahir et al., 2019b). An adult patient, for instance, has an absolute right as to whether to choose to allow or refuse treatment nevertheless the choice is rational or not *(Re T (Adult) [1992] 4 All ER 649).* While in the Supreme Court of Canada's seminal decision in Cuthbertson v Rasouli, 2013 SCC 53 has been made clear that physicians must seek permission to withhold life-sustaining care, except when physicians feel that the treatment is ineffective or detrimental to the patient. The New Jersey Supreme Court decision in Re Quinlan, 70 N.J. 10, 355 A.2d 647 (NJ 1976) held that if the Ethics Committee concluded that Karen Ann Quinlan would not recover consciousness despite continuing medical treatment, the health care providers involved in the care of her would not be held accountable. Consequently, any order, such as AMD, defined by a patient, which may refuse to grant authorization and which may do so, is legally binding and, in the event of a loss of that power, its decision remains effective (Kennedy & Grubb, 1998).

However, the growth of AMD legislation in Malaysia is still slow-moving (Zainudin et al., 2016). No local case relating to AMD has yet been identified. Although the registered medical practitioners of the Malaysian Medical Council (MMC) by means of Articles 17 and 18 of the Consent for Treatment of Patients have a general guideline that mentions AMD, this is still unclear and is just a soft regulation. In general, any person can decide to refuse medical treatment pursuant to Article 17 (Malaysian Medical Council (MMC), 2016). A legally qualified person has the right to make a choice in respect of his own body. For such a person, the right to refuse care always remains, irrespective of his or her reason for making such a decision, either his or her choice appears rational, uncertain, unreasonable or even non-existent. If coercion is extended to a qualified patient who has validly declined to continue care, it could lead to a battery or an attack. A medical practitioner should refrain from providing any care or treatment if there is a written order that is unequivocal to the patient specifying that such treatment or treatment should not be given under the circumstances currently applicable to the patient (Malaysian Medical Council

(MMC), 2016). This prohibition is explicitly stated in Article 18 (Malaysian Medical Council, 2016).

RESULT AND DISCUSSION

Based on literature, the phrase "tourism" and "medical" are two separate phrases but have attracted a great deal of attraction in the modern form of the tourism segment (Sarwar, 2013). Malaysia, geographically situated at the crossroads of Asia, has become a strategically lucrative market leader and a fast-growing health service provider in the Asian region (Kassim, 2009). Medical tourism across international borders has been made possible through two factors such as the affordability of air fares and the Malaysian ringgit (MYR) aspect, which is a favourable exchange rate for tourists. This has led to a good effect on the phenomenon of medical tourism combined with medical travel by visiting famous tourist attractions in Malaysia (Kassim, 2009). Despite this, two things make Malaysia a popular destination for medical tourists, i.e., modern medical facilities and affordable medical fees (Sarwar, 2013). On the other hand, the impact of medical tourism may increase the number of foreign patients who could open threats of malpractice lawsuits to Malaysian health care providers and cause a wide range of legal challenges from different countries (Kassim, 2009). Now, to a limited degree, about the regulation of medical tourism and challenges, there is no agreed legal mechanism at international level for legal remedies relating to insufficient care across international borders (Kassim, 2009).

As far as the status is concerned, a range of legal issues emerge about the growth of the sense of medical tourism. First, a patient travelling abroad to obtain medical attention may find it difficult to seek justice for AMD in the destination countries in cases involving medical malpractice due to the inadequacy of the law. For example, if the doctor does not obey the patient's instructions as set out in his AMD, it is not sufficient if the doctor must follow the patient's instructions, if the patient is legally ordered, and if the doctor may be penalised if the patient fails to follow the patient's instructions.

As regards the rights of patients to obtain legal advice and guidance on medical care abroad, there is no uniform legislation regulating them (Lunt et al., 2011). In the sense of AMD, for example, the patient may be unaware of his rights and ability to take civil action and seek damages in cases of medical negligence or medical accident if the doctor follows or refuses to obey the orders of the patient as stipulated in his AMD in Malaysia. This issue demonstrates that there is a problem with the lack of certainty and clarification of security of patients' rights in this country.

In addition, medical tourism is also faced with a problem as it has been blamed for developing a two-tier healthcare system in the countries of destination. The industry has also widened the divide between the distinctive groups that are caught between international patients versus local patients and the poor versus the wealthy (Smith et al., 2011). For example, by upgrading medical

technologies for private hospitals that offer healthcare to international and affluent local patients, as this compares with old buildings and obsolete hospital facilities for local and lower-income patients, leaving them without primary care (Kanchanachitra et al., 2011; Leonard, 2013).

COVID-19 Pandemic and Medical Tourism

There were 114,000 confirmed cases in mid-March 2020 and 4,000 deaths in COVID-19, with China, Italy, Iran and South Korea among the four main countries affected by the virus. The World Health Organization (WHO) announced that the outbreak of COVID-19 in Wuhan at the end of 2019 had reached the threshold of a global pandemic on 11 March 2020. It is an infectious disease and can spread from one person to another (Human Rights Watch, 2020). By early 2021, there are 219 countries and territories across the world affected by COVID-19. The list of countries and their regional classification is based on the United Nations Geoscheme. There are 109,140,311 coronavirus cases, 2,406,371 deaths and 81,182,759 recovered global cases have actually been registered (Worldometers, 2021). Debatably, the US is also a wild card, as the actual number of cases is elusive. The MoH has increased bed capacity in preparation for an international projection of 5,000 new COVID-19 cases daily from end February 2021 (Code Blue, 2020). Malaysia has a total of 25,456 beds for COVID-19 patients across hospitals and low-risk quarantine and treatment centres nationwide, with a 43% occupancy rate as of 23 December 2020 according to Health Minister Dr. Adham Baba (Code Blue, 2020). The fact is many primary sources of medical tourism and destination countries are affected by COVID-19 (Youngman, 2020). Youngman is looking at what this means for medical travel, and he is uncertain about the future. Over 99 countries have confirmed cases, while 70 governments have restricted travelers from impacted areas, prohibited flights to some counties, and modified visa requirements. Restrictions and virus concerns have especially badly crushed tourism in the sector (Youngman, 2020). According to Youngman, medical tourism needs to work together to respond to the recovery of this outbreak of COVID-19 (Youngman, 2020).As regards the situation of COVID-19, by providing standardized laws on AMD, it is advantageous to protect medical tourists who have legitimate and enforceable AMD who have already travelled to Malaysia.

CONCLUSION

The growth of medical tourism brings multiple benefits to people, including patients around the world. It leads to the possibility that people will have a "way in" to quality care that is unapproachable in their home countries at a lower cost, in addition to allowing immediate access to medical treatment. However, there are also legal obstacles and barriers to the growth of medical tourism, which could shake the further growth of the industry. Therefore, the article argued that some of these legal viewpoints and problems occur.

The biggest legal obstacle is the lack of a legal framework to regulate medical tourism in relation to AMD. As mentioned, the solution to this problem is to create a sound and uniform law regulating foreign patients coming to Malaysia in cases involving the compliance of their AMD. A standardized legislation is required to assist patients and to make them aware of their rights and ability to sue in cases of medical accidents resulting from medical tourism related to AMD.

Although the efforts of the Malaysian government to promote its destination appearance are very useful, there is always a "way in" for development if it wants to succeed in this field of medical tourism concerning AMD. The resolution aims to provide equal and uniform laws on AMD in the legal system to ensure quality and care for all patients, not just locals but also visitors who have come here for medical treatment purposes. By having uniform legislation on this subject, it is beneficial to attract more medical tourists to travel to Malaysia, to protect medical tourists who have legitimate and enforceable AMD to travel to Malaysia and to boost the economy of Malaysia as well.

ACKNOWLEDGEMENTS

Researchers would like to thank and appreciate Ministry of Higher Education (Malaysia) for providing the research funding under FRGS/1/2014/SSI10/UKM/02/7, FRGS/1/2014/SSI10/UKM/02/6, GGP-2020-005 and special appreciation to the research group member on your expertise, Faculty of Law of UKM, UiTM and UNISZA, and also Inovasi@UKM.

REFERENCES

Beauchamp, T. L., & Childress J. F. (2009). *Principles of biomedical ethics* (6th Ed.).Oxford, UK: Oxford University Press.

Carmen, I., & Iuliana, C. (2014). Medical tourism industry challenges in the context of globalization. *Management Strategies Journal*, *24*(2), 62-70.

Clements Worldwide. (2018). *International Guides Top 5 Countries for Medical Tourism*. Retrieved March 6, 2018, from https://www.clements.com/resources/articles/Top-5-Countries-for-Medical-Tourism

Code Blue. (2020). *Health Ministry Prepares For 5,000 Daily Covid-19 Cases*. Retrieved January 16, 2021, from https://codeblue.galencentre.org/2020/12/25/health-ministry-prepares-for-5000-daily-covid-19-cases/#:~:text=According%20to%20Health%20Minister%20Dr,rate%20as%20of%20December%2023.&text=%E2%80%9CCurrently%2C%20the%20situation%20in%20Malaysia%20is%20still%20under%20control

Connell, J. (2006). Medical tourism: Sea, sun, sand and …surgery. *Tourism Management, 27*(6), 1093-1100. https://doi.org/10.1016/j.tourman.2005.11.005

Cuthbertson v Rasouli. (2013). The Supreme Court of Canada (SCC) 53.

Glinos, I. A., Baeten, R., Helble, M.,& Maarse, H. (2011). A typology of cross-border patient mobility. *Health & Place*, *16*, 1145-1155. https://doi.org/10.1016/j.healthplace.2010.08.001

Glover, J. (1977). *Causing death and saving lives*. Landon, UK: Penguin Books.

Gray, H. H., & Poland, S. C. (2008). Medical tourism: Crossing borders to access health care. *Kennedy Institute of Ethics Journal, 18*(2), 193-201. https://doi.org/10.1353/ken.0.0006

Horowitz, M. D., Rosensweig J. A., & Jones C. A. (2007). Medical tourism: Globalization of the healthcare marketplace. *Journal of Medscape General Medicine,9*(4), 33.

Human Rights Watch. (2020). *Human Rights Dimensions of COVID-19 Response.* Retrieved March 22, 2020, from https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response

International Medical Travel Journal. (2015). The IMTJ Medical Travel Award Winners. *International Medical Travel Journal.* Retrieved March 6,2018, from https://awards.imtj.com/results/

Kanchanachitra, C., Lindelow, M., Johnston, T., Hanvoravongchai, P., Lorenzo, F. M., Huong, N. L., ... & Dela Rosa, J. F. (2011). Human resources for health in Southeast Asia: Shortages, distributional challenges, and international trade in health services. *The Lancet, 377*(9767), 769-781. https://doi.org/10.1016/s0140-6736(10)62035-1

Kandasamy, S., & Rassiah, P. (2010). Medical tourism: Investigating the contributing factors to medical tourism in Malaysia and its impact on profitability. In *International Conference on Business and Economic Research (ICBER).* Kuching, Malaysia.

Kangas, B. (2010). Traveling for medical care in a global world. *Medical Anthropology: Cross-cultural Studies in Health and Illness. 29*(4), 344-362. https://doi.org/10.1080/01459740.2010.501315

Kassim, P. N. J. (2009). Cross-border issues in the development of medical tourism in Malaysia: Legal challenges and opportunities. *Journal of Law and Medicine, 17*(1), 59-73.

Kennedy, I.,& Grubb, A. (1998). *Principles of medical law.* Oxford, UK: Oxford University Press.

Krippendorff, K. (2004). *Content analysis: An introduction to its methodology* (2nd Ed.). California and London: SAGE.

Leonard, P. (2013). Will expansion of the NHS abroad benefit U.K. patients? Yes. *British Medical Journal,* 346. https://doi.org/10.1136/bmj.e8493

Luce, J. M. (2010). A history of resolving conflicts over end-of-life care in intensive care units in the United States. *Critical Care Medicine, 38*(8), 1623-1629. https://doi.org/10.1097/ccm.0b013e3181e71530

Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., & Mannion, R. (2011). *Medical tourism: Treatments, markets and health system implications: A scoping review.* Paris, France: OECD: Directorate for Employment, Labour and Social Affairs.

Malaysia Healthcare Travel Council (MHTC). (2018). (An Initiative by Ministry of Health Malaysia) Retrieved March 6, 2018, from https://www.mhtc.org.my/

Malaysian Medical Council (MMC). (2016). *Malaysian Medical Council Guideline: Consent for Treatment of Patients by Registered Medical Practitioners*. Retrieved January 7, 2018, from http://www.mmc.gov.my/images/contents/ethical/Consent%20Guideline_21062016.pdf

Meštrović, T. (2018). *What is Medical Tourism?* Retrieved January 7, 2018 from https://www.news-medical.net/health/What-is-Medical-Tourism.aspx; wwwnc.cdc.gov/.../medical-tourism

Ministry of Health Malaysia. (2010).*Malaysia Healthcare*. Retrieved January 7, 2018, from http://www.myhealthcare.gov.my/en/index.asp

Musa, G., Thirumoorthi, T., & Doshi, D. (2012). Travel behaviour among inbound medical tourists in Kuala Lumpur. *Current Issues in*

Tourism, 15(6), 525-543. https://doi.org/10.1080/13683500.2011.626847

Ormond, M. (2011). Medical tourism, medical exile: Responding to the cross-border pursuit of healthcare in Malaysia. In C. Minca & T. Oakes (Eds.), *Real Tourism: Representation, Practice, Care and Politics in Contemporary Travel* (pp. 143-161). London, UK: Routledge.

Re Quinlan, 70 N.J 10, 355 A. 2d 647, (NJ 1976) (New Jersey Supreme Court March 31, 1976).

Re T (Adult) (1992) 4 All ER 649.

Sarwar, A. (2013). Medical tourism in Malaysia: Prospect and challenges. *Iranian Journal of Public Health42*(8), 795-805.

Smith, R., Álvarez, M. M., & Chanda, R. (2011). Medical tourism: A review of the literature and analysis of a role for bi-lateral trade. *Health policy*, *103*(2-3), 276-282. https://doi.org/10.1016/j.healthpol.2011.06.009

Sommerville, A. (1996). Are advance directives really the answer? And what was the question? In S. Mclean, (Ed.), *Death, Dying and the Law*(pp. 29-47). Aldershot, England: Ashgate Dartmouth.

Sulaiman, S., Basir, S. M., & Zahir, M. Z. M. (2018). Rescuing asylum-seeker stranded at sea: Malaysia's duty under International Law. *International Journal of Engineering & Technology*, *7*(3.30), 182-187. https://doi.org/10.14419/ijet.v7i3.30.18224

Tourism Research and Marketing (TRAM). (2006). *Medical Tourism: A Global Analysis*. Arnhem, The Netherlands:ATLAS.

Wahed, H. (2015). Ethical and legal issues in medical tourism. *IIUM Law Journal,23*(2), 227-245.

Worldometers. (2021). *COVID19 Coronavirus Pandemic*. Retrieved February 14, 2021, from https://www.worldometers.info/coronavirus/

Yanos, M. (2008). Top 5 medical tourism destinations. *Nuwire Investor*. Retrieved March 6, 2018 from http://www.nuwireinvestor.com/top-5-medical-tourism-destinations/

Yap, J., Chen, S. S., & Nones, N. (2008). *Medical tourism: The Asian chapter*. Singapore: Deloitte.

Youngman, I. (2020). COVID-19: Medical tourism could be affected until 2021. *International Medical Travel Journal*. Retrieved April 5, 2020, from https://www.imtj.com/articles/covid-19-medical-tourism-could-be-affected-until-2021/

Zahir, M. Z. M., Zainudin, T. N. A. T., Yaakob, H., Rajamanickam, R., Shariff, A. A. M., Rahman, Z. A., Harunarashid, H. & Hatta, M. (2017a). Perspektif syariah tentang hak pesakit berhubung arahan awal perubatan: Suatu tinjauan umum. [Shariah perspective on patients' rights with regard to advance medical directive: An overview]. *Legal Network Series, 1*(lvii), 1-33.

Zahir, M. Z. M., Zainudin, T. N. A. T., Rajamanickam, R., Harunarashid, H., &Hatta, M. (2017b). Patients' consent to medical treatment: An overview of the rights of patients with regard to Advance Medical Directive (AMD) in Malaysia. *The Social Sciences12*(11), 1956-1962.

Zahir, M. Z. M. (2017c). Dilema eutanasia: Hak menamatkan tempoh hayat seseorang pesakit. [Euthanasia dilemma: The right to end life of a patient]. *Asklegal online.* Retrieved November 18, 2017, from https://asklegal.my/p/eutanasia-pesakit-larangan-resusitasi-hak-mati

Zahir, M. Z. M., Zainudin, T. N. A. T., Yaakob, H., Rajamanickam, R., Harunarashid, H., Shariff, A. A. M., Rahman, Z. A. & Hatta, M. (2019a). Hak pesakit bagi melaksanakan arahan awal perubatan: Suatu gambaran umum. [The patient's right to implement advance medical directive: An overview]. *Sains Malaysiana, 48*(2), 353-359. https://doi.org/10.17576/jsm-2019-4802-12

Zahir, M. Z. M., Zainudin, T. N. A. T., Rajamanickam, R. & Rahman, Z. A. (2019b). Arahan *Do Not Resuscitate* (DNR) dalam sektor kesihatan dari perspektif undang-undang. [Do Not Resuscitate

Instructions (DNR) order in the health sector from a legal perspective].*Journal of Southeast Asia Social Sciences and Humanities (Akademika), Malaysia,89*(2), 143-154.

Zainudin, T. N. A. T., Rahim, A. A.,& Rajamanickam, R. (2015).Consent to medical treatment and the autonomous power of adult patients: The Malaysian legal position. *Mediterranean Journal of Social Sciences,6*(4), 418-423. https://doi.org/10.5901/mjss.2015.v6n4s3p418

Zainudin, T. N. A. T., Yaakob, H., Zahir, M. Z. M., Rajamanickam, R., Rahim, A. A., & Harunarashid, H. (2016). The rights of patients in Malaysia with regard to Advance Medical Directive (AMD): An overview. *Proceedings of the Universal Academic Cluster International Spring Conferences* (pp. 98-109, 98-100). Osaka, Japan.