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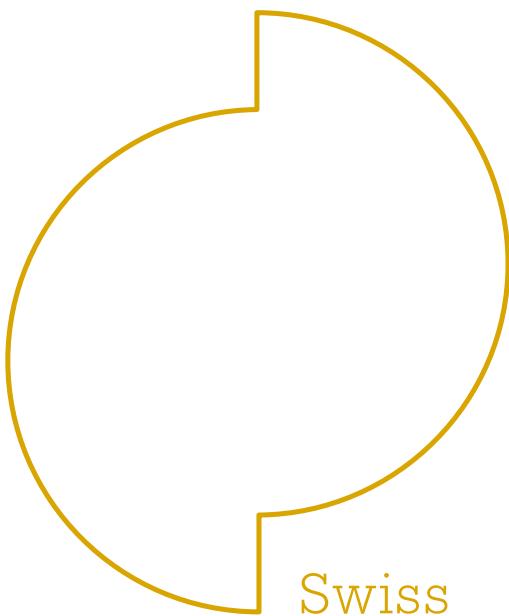
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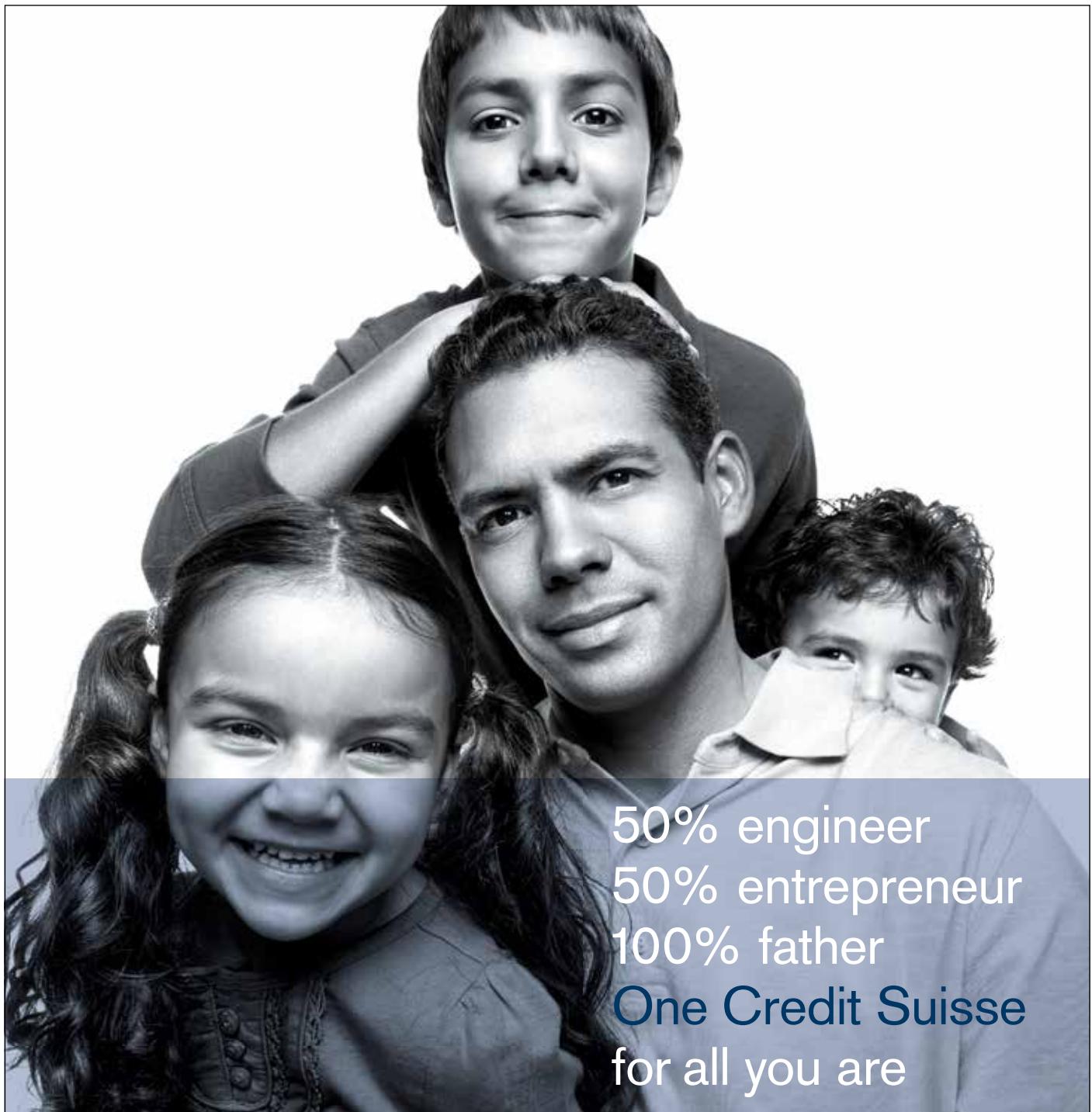
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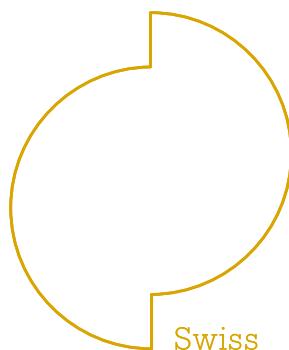
Credibility, individual service, competence and quality: key factors for the optimal positioning of Switzerland in the field of international medicine tourisme.

Double Check – Swiss Academic Center for Check-ups and Second Opinions, works closely with the public and private providers of medical services and helps in the lowering of health-care costs and the development of new sources of income.

– *Discussion with Dr. med. Gieri Cathomas, Business Manager, Double Check AG, Zurich*

COVER

DOUBLE CHECK



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Credibility, individual service, competence and quality: key factors for the optimal positioning of Switzerland in the field of international medicine tourism.

Double Check – Swiss Academic Center for Check-ups and Second Opinions, works closely with the public and private providers of medical services and helps in the lowering of health-care costs and the development of new sources of income.

Discussion with Dr. med. Gieri Cathomas, Business Manager, Double Check AG, Zurich

Famous names such as the Mayo Clinic, the Cleveland Clinic or the Johns Hopkins Hospital in the USA are common terms in medicine as far as world-recognised centres for top-grade medicine are concerned. In England the Imperial College London is such a centre, and in Germany hospitals in Munich, Hamburg and the Cologne-Bonn region. Thailand and Singapore also have centres that can be included in the illustrious group of centres providing global medicine with exclusive, top-grade medical services. In Switzerland, it is mainly hospitals in the French-speaking part of the country, which treat patients from the Middle East. In the German-speaking part of our country the University Hospital of Basel has a very high proportion of foreign patients. Since August

2008, with Double Check AG, the Swiss Academic Center for Check-ups and Second Opinions, is now also a member of the "champions league" of worldwide providers of exclusive medical services. In this clinic, which is situated on the Stadelhoferstrasse in central Zurich, mainly patients from the former Eastern European block and the Middle East are treated. As a rule these are self-paying patients who in our hospitals ideally contribute towards the increased utilisation of existing medical facilities and thus make a very important contribution towards the lowering of health-care costs and the development of new sources of income for many hospitals in the Zurich region. The aim of the discussion published here is to provide detailed information in this respect.

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◆ Interviewer: Dr. Felix Wüst

Many thanks, Dr. Cathomas, for agreeing to take part in this discussion. I had to fight for this appointment with you, but now I am pleased that you are able, through Double Check AG, to give me your valuable time as discussion partner. We are now here on the Stadelhoferstrasse in the penthouse of the office building, Stadelhoferstrasse 22, in Zurich. This is the Head Office of Double Check AG, the Swiss Academic Center for Check-ups and Second Opinions. Here you provide patients with your medical services. You carry out check-ups and obtain second opinions. But not for everyone?

G. CATHOMAS: Greetings, Dr. Wüst, and Welcome! Yes, I know that you had to wait rather a long time for an appointment for this discussion. If I explain to you why, then this will answer your first question. I spend a large part of my working time in the Middle East, in Russia, in Kazakhstan and in the Ukraine, from where most of our patients originate. No, Double Check does not aim to be a clinic for everyone. We do not want to compete with the practising physicians here in the Zurich region. Our patients are almost always self-paying patients from the regions of the world listed above and it is therefore obvious that as CEO I spend most of every month in our markets in those regions.

What, then, is so extraordinary about Double Check that leads these people from distant countries to travel to Zurich?

G. CATHOMAS: Although these patients can of course receive medical care in their own countries, they however know about the top-quality health-care system that exists in Switzerland and they ap-

preciate the fact that we are an independent entity from both the medical and specialists points of view. They want to obtain a second opinion on a known medical problem from one of the best specialists in Switzerland.

Does the patient want a second opinion because he is not happy with the first opinion that he gets in his home country?

G. CATHOMAS: Yes, either he is not satisfied with the first opinion he obtains or quite simply he has no confidence in the medical doctors in his own country. He assumes, for example, that it may be that his doctor only makes a diagnosis in order to draw economic benefits from it, or that he does not have the necessary competence. Therefore this patient decides to travel to Switzerland in order to obtain an independent opinion from one of best specialists.

Let us explain to our readers how all this is organised. As you have said, Double Check occupies premises in the Stadelhofen railway station. When the patients come to you, is the situation first explained to them and do you then accompany them to the appropriate clinics for special investigations or even for surgical interventions?

G. CATHOMAS: That's right. In the Zurich region we are the first destination for the patients that I have just described. Here, with us, the patient can be subjected to the first part of the examination. For specialised examinations we refer the patient for example to the appropriate specialists in the clinics of the University Hospital or, if the University Hospital is unable to provide certain services we can also consider other specialists.



26 March 2010, Stadelhoferstrasse 22 in Zurich: Dr. med. Gieri Cathomas, Double Check AG (to the right), in discussion with Dr. Felix Wüst.

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SWISS PHARMA 6/2009

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Guest Editor: Dr. sc. nat. Paul Ruffieux, Vice President, SKAN AG, P.O. Box, CH-4009 Basel

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– Dr. Paul Ruffieux, Vice President, SKAN AG, Allschwil (CH)

CONTRIBUTIONS

Setting the Scene – Thirty Years of Isolator Technology

– Dr. Paul Ruffieux, Vice President, SKAN AG, Allschwil (CH)

Isolator Quest – Perseverance necessary to find the right fit

– Robert F. Guardino, Wilmington, NC (USA)

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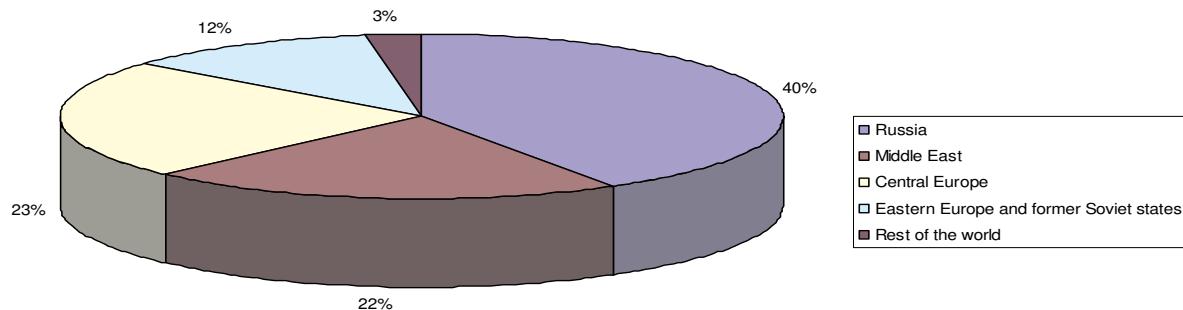
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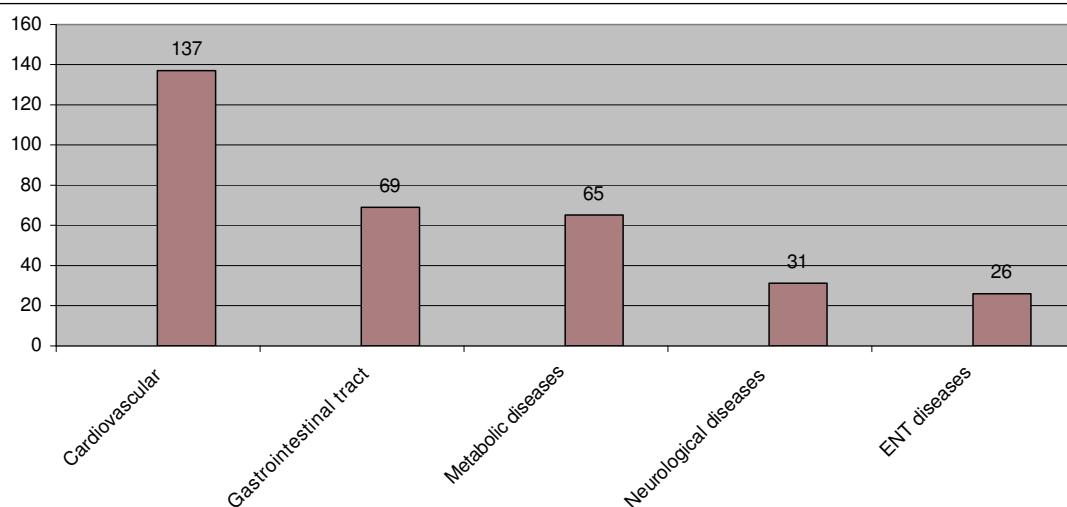
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Patients according to regions

Patients, divided percentage-wise according to their regions of origin: a total of 200 patients from a consecutive cohort were analysed.
(Source: Double Check – Swiss Academic Center for Check-ups and Second Opinions)



Diagnosis according to specialist medical fields

Patients divided according to diagnoses: presented is the distribution, according to special medical fields, of a cohort of 200 patients.
(Source: Double Check – Swiss Academic Center for Check-ups and Second Opinions)

Dr. Cathomas, you are a physician, but here you act as Business Manager, not as a physician. For the first examination, there is another medical doctor available, full time.

G. CATHOMAS: Correct. My task is to run the business in collaboration with our Administrative President, Dr. H. J. Besmer. We are responsible for the acquisition and the positioning of the services that we provide. Here we have a qualified senior consultant, a cardiologist and an internist who can provide the patients with a very broad range of information. For example, we also measure intraocular pressure and auditory function. Only if we feel that something is not in order with the basic examinations do we consider carrying out further examinations. The principal aim of our activities is discussion with the patient, that is, the time that we spend with him or her. Of course, the patient often comes to us with the results of previous examinations.

For the overall medical treatment you are also completely dependent on the professors and other medical specialists in the Greater Zurich area. Who finally sends out the bills for these services?

G. CATHOMAS: The invoice is always submitted to the patient by us. The administrators of the individual clinics or institutes submit to us their invoices for the services that they provide, and in us they thus have a risk-free, reliably paying customer. We then function, so to speak, as a medical "family office" which ultimately submits to

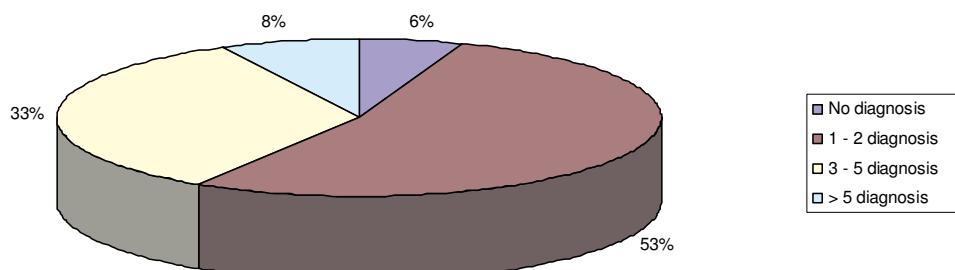
the patient an invoice which covers all the services that have been provided.

Thus no one can in fact claim that you would use the know-how of the public Swiss health sector to your own advantage. On the contrary, both the public hospitals and also other clinics will be happy that you contribute towards the generation of additional income for them. Is this not so?

G. CATHOMAS: I think that we can refer to the public and private providers of medical services patients who will be charged at better rates than regular health-insurance patients. These are of course always patients who, without our explanatory work in Russia and the Middle East, would in fact not come to Switzerland at all.

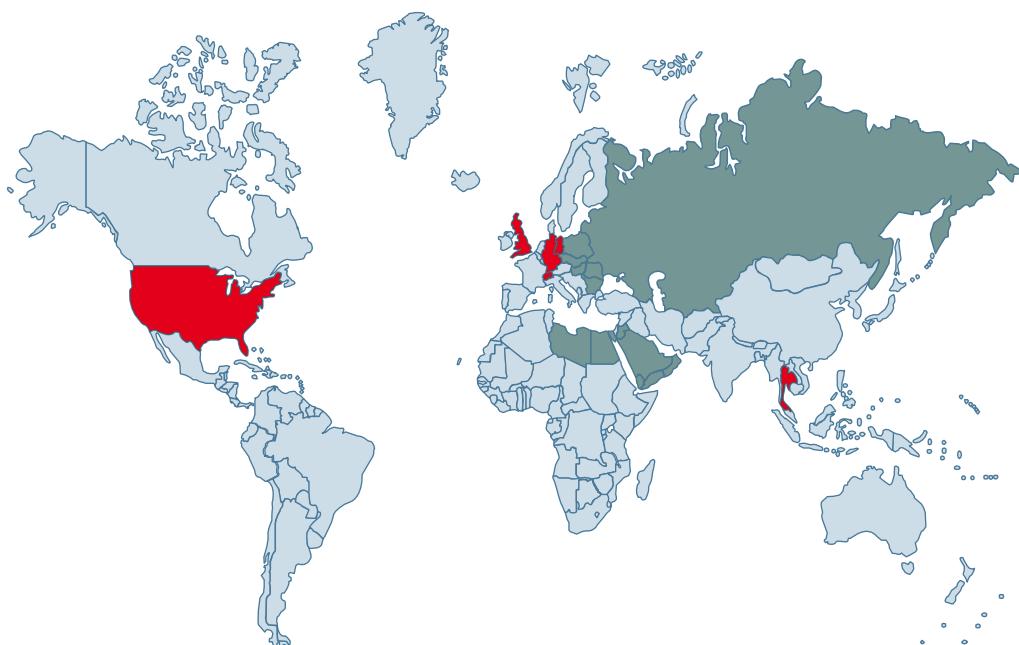
Also, your patients are of course mainly self-payers. The patient comes, receives the required medical treatment, and then also pays out a lot of money in the hotels where he and his entourage are staying and in many cases also goes shopping in the region, and then returns to his home country.

G. CATHOMAS: That is correct. Already at the start of the treatment the patient is clearly informed that this is a service that is provided only for self-payers. He is of course free to charge the costs for the services provided by us to his health insurance. Naturally, we are



Distribution of patients according to the number of diagnoses: the figures given represent the percentage distribution of 200 patients from a consecutive cohort.

(Source: Double Check – Swiss Academic Center for Check-ups and Second Opinions)



Geographical distribution of the most common countries of origin of the patients (green) and a selection of important providers of medical services worldwide (red)

(Source: Double Check – Swiss Academic Center for Check-ups and Second Opinions)

unable to assure the patient that this will in fact be possible. He must himself clarify this point with his health insurance.

Is there not a risk that difficulties may arise with regard to the payment?

G. CATHOMAS: No. Our contact is always direct contact with the patient himself or with his private banker. In most cases we send the invoice to the patient's bank, which charges this to the patient's account and pays the relevant amount to us.

Private banker – that is an interesting term. Are the private bankers also involved in this business?

G. CATHOMAS: The private bankers are very important to us, especially those who have looked after their customers well over a long period of time. Often such a customer relationship has existed for many years. The private banker is then almost a part of the family, so to speak. Precisely in those countries where the medical know-how is not so highly developed or where there is a lack of confi-

dence in medicine – for example in Russia, which is our largest market – it is important that we maintain good contact with the private banker. Our service then represents a further option for him, with which he for his part can in turn provide his customers with optimal financial care.

Now, the private banker looks after a customer from the financial point of view. If this customer then complains a little about heart problems, is contact with him through the private banker no longer very easy?

G. CATHOMAS: Yes, you are quite correct in this. It is naturally something which the private banker should not sell proactively, if he is a sympathetic and good private banker. He of course cannot tell his customer that he looks unwell and that he should go to the Double Check clinic as a precaution. If he is a good private banker he is in fact a kind of concierge. He can recommend a good lawyer for his customer. Also in the medical field he can recommend someone and finally he is able to recommend the best hotel for his customer. This is only the case with outstanding private bankers who have maintained personal contact with their customers over a period of many years.

Does the service that you provide cover all medical indications or have you defined particular specialist fields?

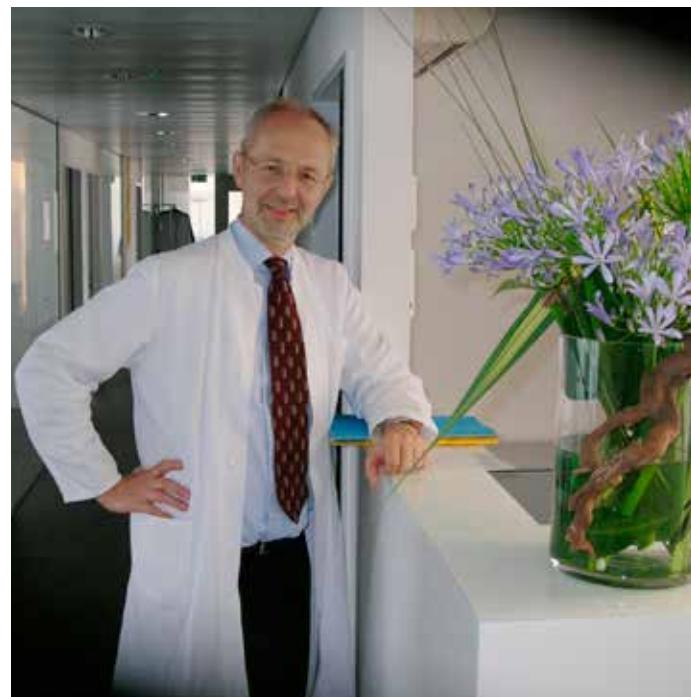
G. CATHOMAS: Yes, we do concentrate our efforts on certain specialist fields. We have also provided information in this respect on our website and in our brochures etc. The field of cardiovascular diseases is one of our main areas of activity. This is mainly the case because in the countries from which most of our patients come cardiovascular diseases are very much on the increase. We are also strong in the field of diabetes, that is, in endocrinology – which of course also has something to do with obesity. The third pillar of our activities concerns gastrointestinal diseases.

Of course in your business you are no longer alone in Switzerland. There are similar clinics in French-speaking Switzerland, as well as also in the German-speaking part of the country. Is there welcome and fruitful competition in this area?

G. CATHOMAS: I don't believe that there is real competition in the usual sense of the word. Generally, the market is simply still not sufficiently well known. There are good initiatives, but at the present time the market volume in Switzerland is still just too small. As far as our competitors are concerned I think mainly of the Clinique de Genolier SA in Genolier, Canton of Vaud, in French-speaking Switzerland. This clinic also cares for very many self-paying patients from abroad. The Clinique de Genolier is, however, positioned somewhat differently from ourselves. It is rather more a hotel of the top-luxury class with an integrated hospital. In our case things are completely different. The patients who come to us are looking for top medicine, the absolute "high end" of academic medicine, where research is also integrated and carried out. Just consider the fact that regarding research Zurich enjoys a world reputation precisely in the field of cardiovascular disease. The balloon catheter was invented here in Zurich in 1977. Professor Senning was world-famous and Professor Yasargil was even named as neurosurgeon of the century. The fact that we are also able, "en passant", to recommend top-class hotels is only one part of our overall health-care package.

Now everything that you undertake can clearly also be described as medicine tourism. Undoubtedly this form of tourism is eminently interested in the fact that you bring into this country relatively wealthy people who stay in the best hotels and whose entourage visit the businesses of the city, where they buy jewellery, watches, elegant clothes etc.

G. CATHOMAS: If we are to speak of medicine tourism, one should make two things quite clear: there are two types of medicine tourism. On the one hand there is the medicine tourism of people who are unable or unwilling to pay for the services that they are looking for in their own country. These patients then go to a country where everything is offered to them at lower prices. This includes, for example, the advertising for dental treatment in Hungary, for eye operations in Germany etc. These people travel from Switzerland, from England and from the USA, and they also go to Turkey or to Thailand. This is one type of medicine tourism. However, Switzerland cannot be part of it because in this country the prices are simply far too high. No German would travel to Switzerland to have his hips operated, because here this would be much more expensive than for him at home in Germany. One can well assume that in Switzerland most medical services and surgical operations are 30 to 50 percent more expensive than in the neighbouring countries. The other type of medicine tourism is when people come from a country where there is too little trust in medicine and where Switzerland, with its "Swissness values", seems to be a more attractive option. These people come to us



Dr. Rainer Arendt is a lecturer in internal medicine and cardiology. He is involved in patient care at the Double Check Center.

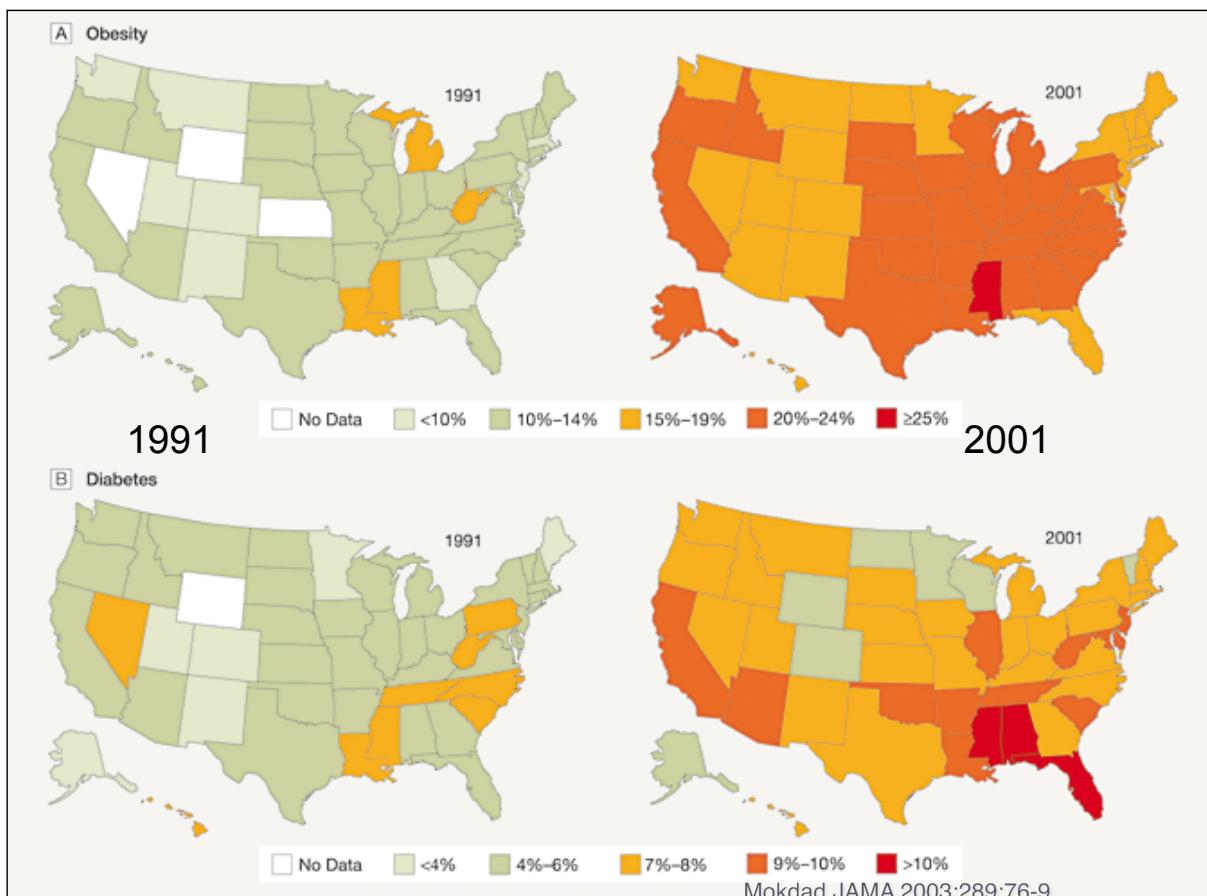
and, as you have mentioned, they stay in the best hotels. They contribute to the increased sales in the shops and stores not only on the Zurich Bahnhofstrasse but throughout the whole city. In October 2008 an association was therefore created by the Osec and Schweiz Tourismus, whose aim is to promote Switzerland abroad, as a health-care destination.

The idea for the founding of Double Check was of course not new. There are clinics of this type in America, in England and in Asia. In this respect, are we falling behind other pioneers in this field?

G. CATHOMAS: Yes, I do think that we have to start again, from where we left off. There are certainly many individual initiatives. There are also doctors and entrepreneurs in hospitals in Berne who are active in other countries, in the Emirates for example. To my knowledge, the "Pyramide am See" clinic in Zurich is working in collaboration with a partner clinic in Moscow. The hospitals in French-speaking Switzerland are very strong in the Middle East. Unfortunately, however, up till now too little has been done on the part of politics and in the promotion of economic development – especially in comparison with Germany and England. Our Health Ministers could become much more closely involved in these areas.

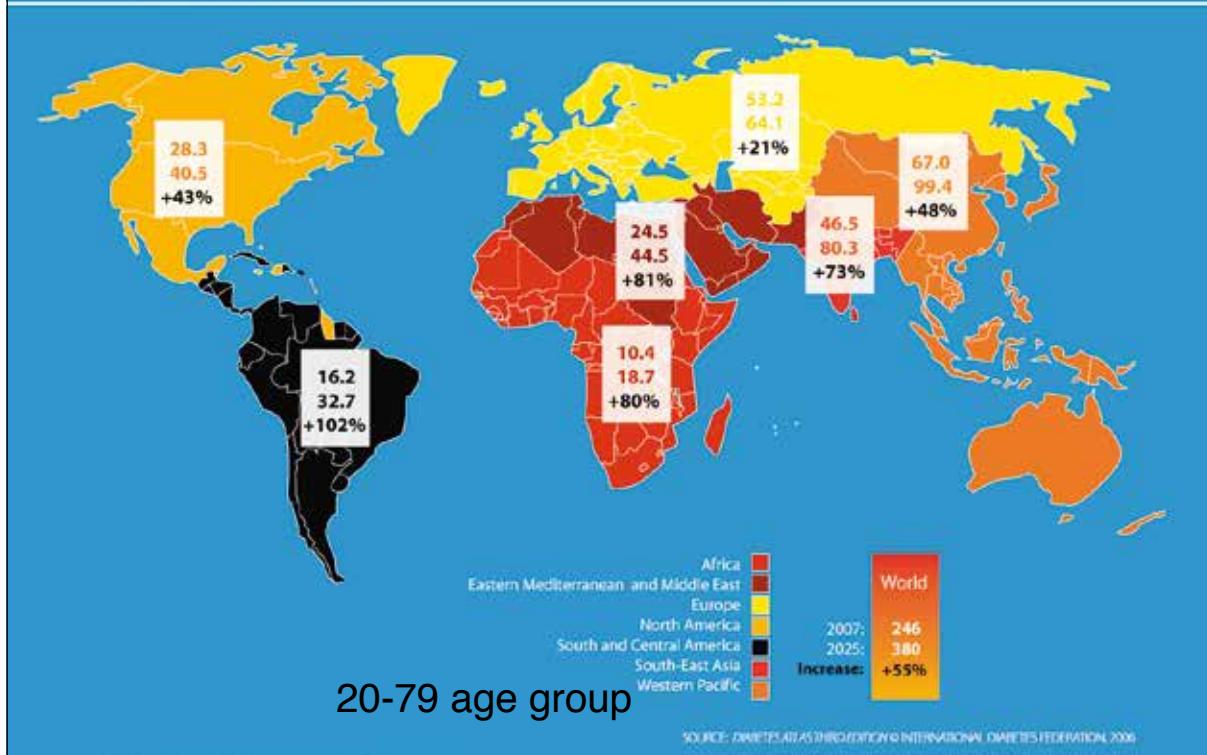
I could imagine that there are some people who are envious of you, or that you even have enemies. Is this a problem for you?

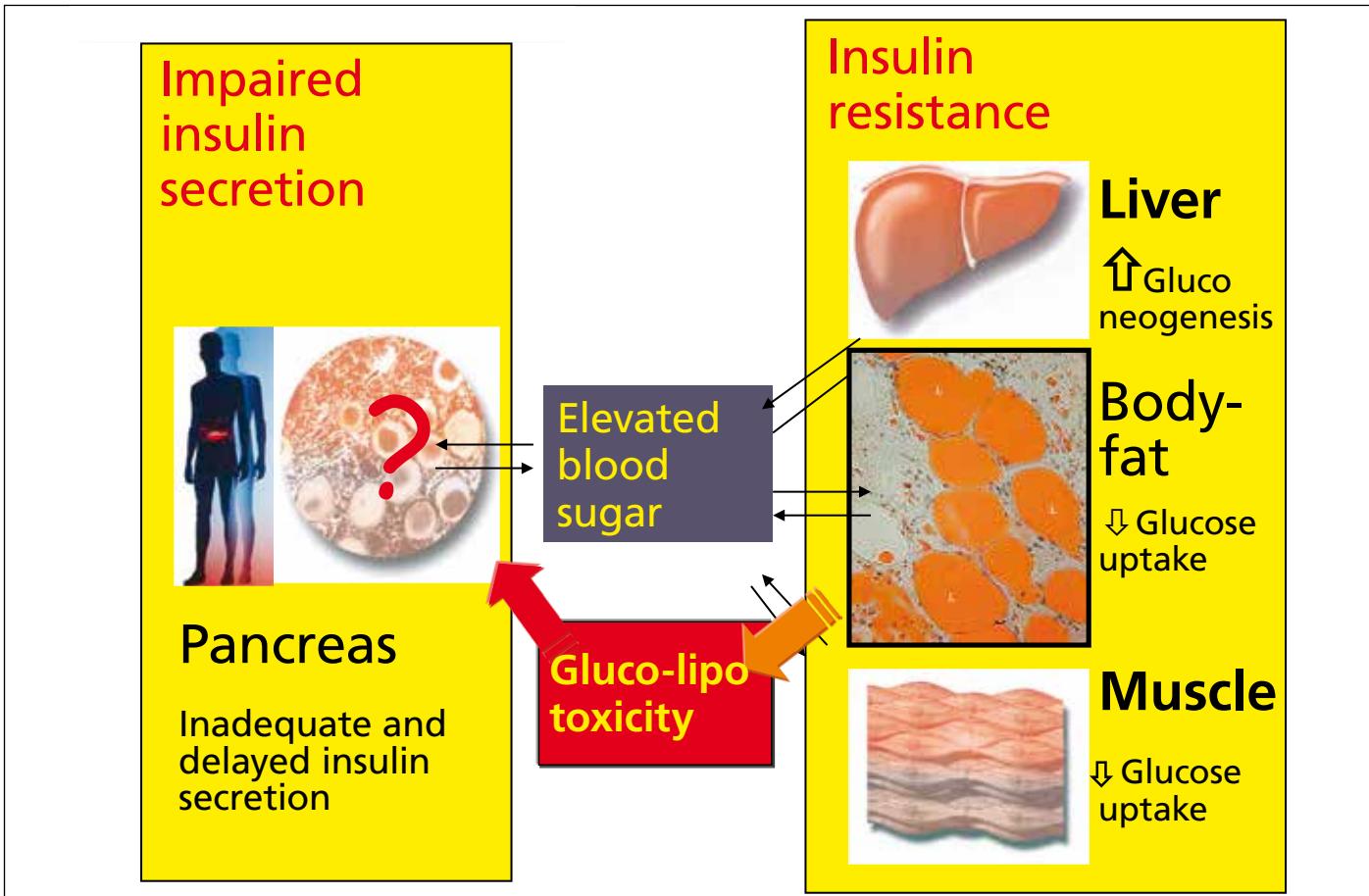
G. CATHOMAS: The problem is that in politics medicine is often the subject of very emotional discussion. It is always a question of saving. Up till now, the political tail wind for medicine tourism has been minimal. I think that the most important thing is that here the situation should be clarified. In fact, the hotels, the stores and shops on the Bahnhofstrasse and the banking world, but also the hospitals, should show much more interest in the fact that we bring them relatively wealthy people from Russia and the Middle East or that we give their customers another reason to come to Switzerland again. But it would also be possible to organise



The maps display the dramatic increase in obesity (A, upper two maps), and in consequence the increase in diabetes, type 2 (B, lower two maps) in the U.S. between 1991 and 2001; with upward tendency.

Global projections for the number of people with diabetes, 2007–2025





Type 2 diabetes mellitus is caused by a combination of varying degrees of insulin resistance and relative insulin deficiency. Its occurrence represents a complex interaction among many genes and environmental factors.

the whole thing in such a way that while these relatively well-off people travel to Switzerland primarily for medical reasons, they should be made more aware of the many other possibilities that our beautiful country has to offer.

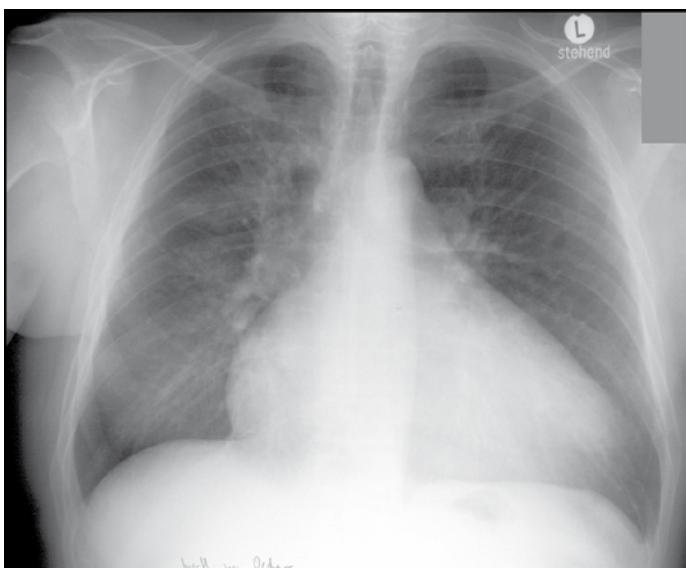
Another catchword is presumably put to you: the catchword "two-class medicine". You deal with people who come from the Middle East and rich people from Russia. Is this catchword, two-class medicine, a valid reproach in your case?

The politicians are always only interested in reducing costs in the health-care sector. But do they also see that with your activities you are creating new jobs and that you are also helping to make more effective use of the expensive equipment and facilities that are available in the hospitals?

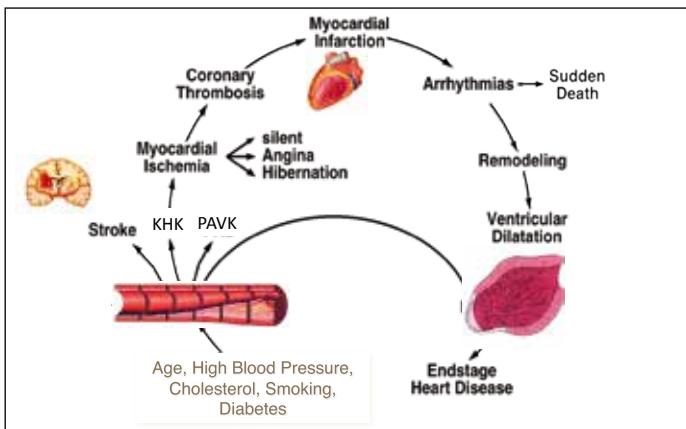
G. CATHOMAS: Yes, that is certainly true, but it is always a double-edged sword. Some politicians say it is great that we generate income and make more use of the available equipment and facilities, while others are afraid that Swiss patients are being deprived of places in the hospitals. I must however clearly repudiate this. Precisely in the Canton of Zurich, where there are too many health-care centres and very many well-equipped practising physicians, we are clearly over-provided as far as health care is concerned.

Professor Thomas F. Lüscher, Head of the Cardiovascular Centre in Zurich, made a comparison with regard to this question. He compared our figures in Switzerland with those in equally prosperous countries – Denmark and the Netherlands. As a result it was shown that in Switzerland there are four to five times more cardiology centres per head of the population than in those two countries. I don't think we are depriving Swiss patients of places in the public hospitals in the Canton of Zurich, but I believe that we are in fact improving both the utilisation of the facilities and the income of our centres.

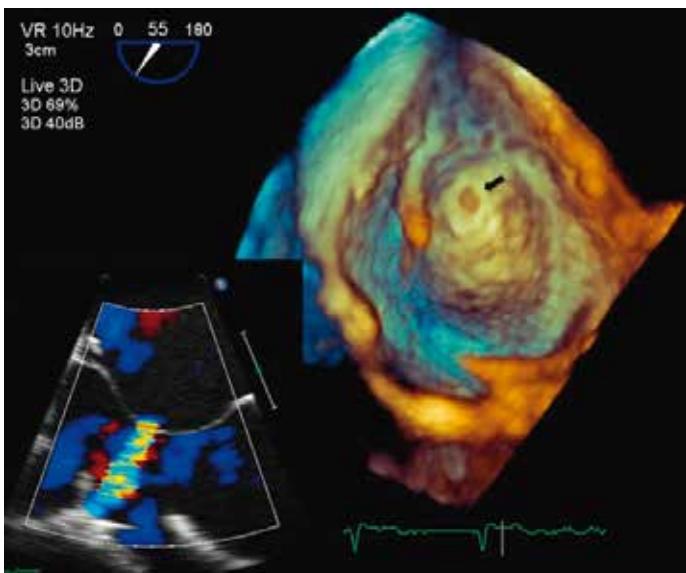
G. CATHOMAS: In my opinion, two-class medicine is today already a reality and it is in fact part of the Swiss Law on Health Insurance. But many people don't want to admit this. In medicine every patient, whether poor or rich, must receive medical care of exactly the same quality. Up till now this has been so. A heart operation cannot be performed "by a simple procedure" or in a "de-luxe variant". Whether the patients are covered by supplementary insurance, are insured normally according to the Law on Health Insurance or are wealthy self-paying patients, the quality of the medical care they receive must always be the same, although the type of medical service involved may be completely different. Two-class medicine is determined by totally different circumstances. Let me give you a few examples: before or after an operation patients may ask for additional services. The one may prefer normal hospital food of best quality, while the other may prefer a top-level menu such as may be offered by a five-star hotel. Certain patients are satisfied with the usual hospital food, while there are others who want a luxurious single room with a larger television set than is provided in regular hospital wards. These various services are part of two-class medicine. But all this is nothing new. It also happens in everyday life: people who always demand special services of course have to pay more. In St. Moritz I can stay in an ordinary hotel or on the sunny Suvretta slope in the five-star Suvretta House. Naturally there is then also a difference in price. But I repeat: the medical quality of the premedication, the treatment itself and the follow-up therapy must be the same for all categories of patients.



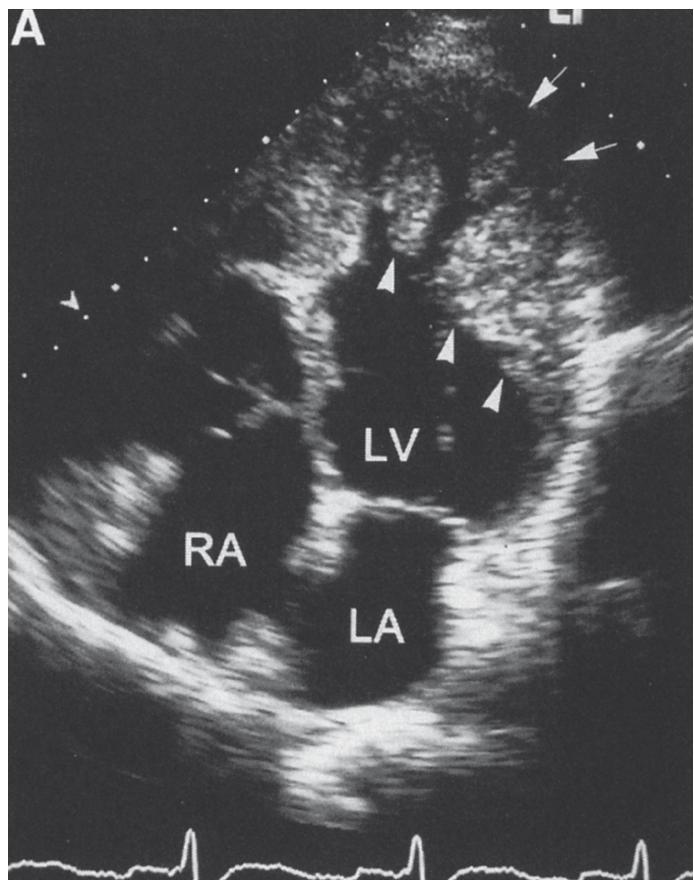
The chest x-ray, is a projection radiograph of the chest used to diagnose conditions affecting the chest, its contents, and nearby structures. Chest radiographs are among the most common films taken, being diagnostic of many conditions.



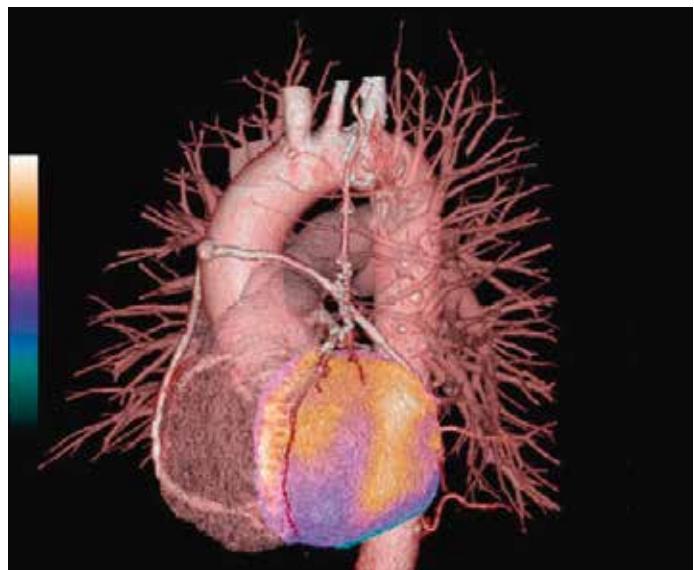
Cardiovascular risk factors contribute to the development of coronary heart disease (CHD) and to the way it evolves, progresses to heart attack, and terminates in heart failure or death.



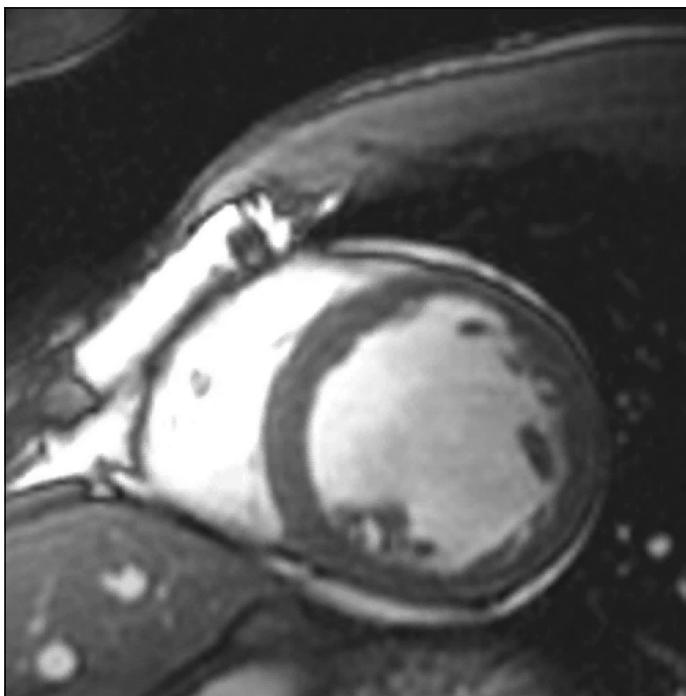
Color flow echocardiography is typically used in the screening and assessment of regurgitant flows (at the left, a mitral regurgitant jet in mitral valve incompetence). At the right, three-dimensional rendering of the mitral valve.



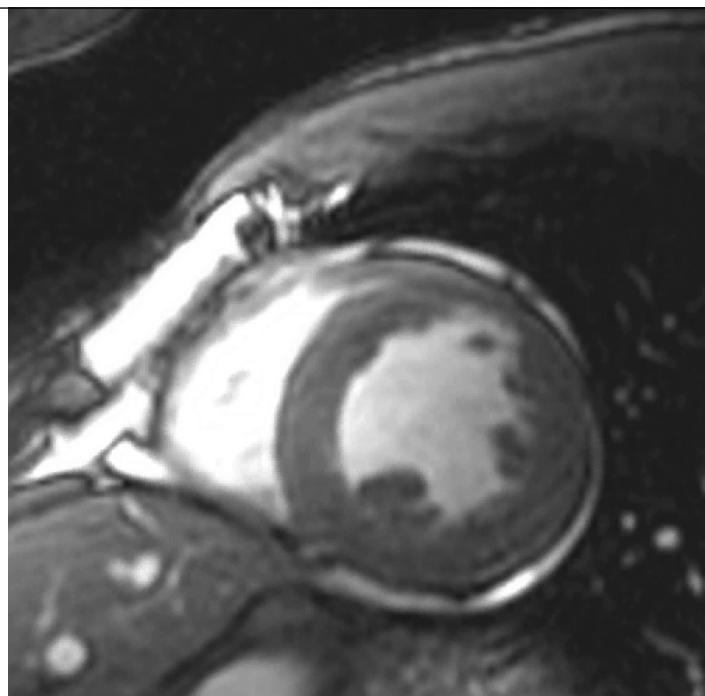
An echocardiogram or cardiac ultrasound, often referred to as an ECHO, is a sonogram of the heart that allows assessment of cardiac valve function, any abnormal communications between the left and right side of the heart, and calculation of the cardiac output as well as the ejection fraction. Other parameters measured include luminal diameters and septal thicknesses. Here, arrows indicate diseased portions of the heart muscle in a special form of heart failure.



Computed tomography (CT) is a medical imaging method generating a three-dimensional image from a large series of two-dimensional X-ray images taken around an axis of rotation. With the advent of subsecond rotation combined with multi-slice CT (up to 64-slice), high resolution and high speed can be obtained at the same time, allowing excellent imaging of the coronary arteries (cardiac CT angiography), of the heart chambers and great vessels. Here, coronary artery bypass grafts are shown to be open supplying blood to the peripheral portions of the coronary arteries in a patient with multivessel atherosclerotic coronary heart disease. Hybrid PET/CT fusion imaging provides additional information about the perfusion and function of the heart muscle (red = satisfactory, blue = deficient).



End-Diastole



End-Systole

Magnetic resonance imaging (MRI) has become available as a most accurate diagnostic technique for cardiovascular imaging. At the left, the diastole when the heart fills with blood before systole (at the right) when the heart muscle is contracting.

I am not prepared to accept this, but could it be that you are tempted to overtreat well-off patients who want to know really everything about their illness in the framework of a second opinion?

G. CATHOMAS: In our centre we follow the guidelines of the international medical associations. Certain professors of the University of Zurich, with whom we work very closely at the personal level, are in fact also involved in the writing of these guidelines. We follow the strict rule that only evidence-based medicine is practised. This excludes any overtreatment, because evidence-based medicine requires that only treatment that is actually indicated for a particular case is administered.

Now another question, concerning the collaboration between Double Check AG, a private company that is run according to commercial rules, and a public institution such as the University Hospital of Zurich, for example. Is this something new?

G. CATHOMAS: The business press describes this collaboration as a private-public partnership – PPP for short. This is in fact not completely correct, because although the University Hospital is one of our most important partners it is, however, not part of our firm. Yes, this working together of a private company with a public hospital is in fact rather unusual for Switzerland. In the beginning, as we started our activities in this field, we noted a certain amount of discord, mainly on the part of the medical profession. But you see, we are certainly aware of this. The cautious Swiss citizen is always sceptical about everything that is new, and initially he sometimes even contests any new ideas – but in most cases it is fear that is responsible for this activism.

For example, if a well-off Swiss patient knocks on your door and asks for a second opinion, do you take him in and treat him?

G. CATHOMAS: We have already had such Swiss patients who have come to us, but these cases are the absolute exception. 98 percent of our business is abroad. This has to be so, because we do not wish to compete, in any way, with our practising physicians in Switzerland. The concept of Double Check is completely different. Our concept is to give people from other countries access to the Swiss health-care system.

With this you mean patients who in their home countries do not have sufficient confidence in the local health-care system and the medical services that are provided.

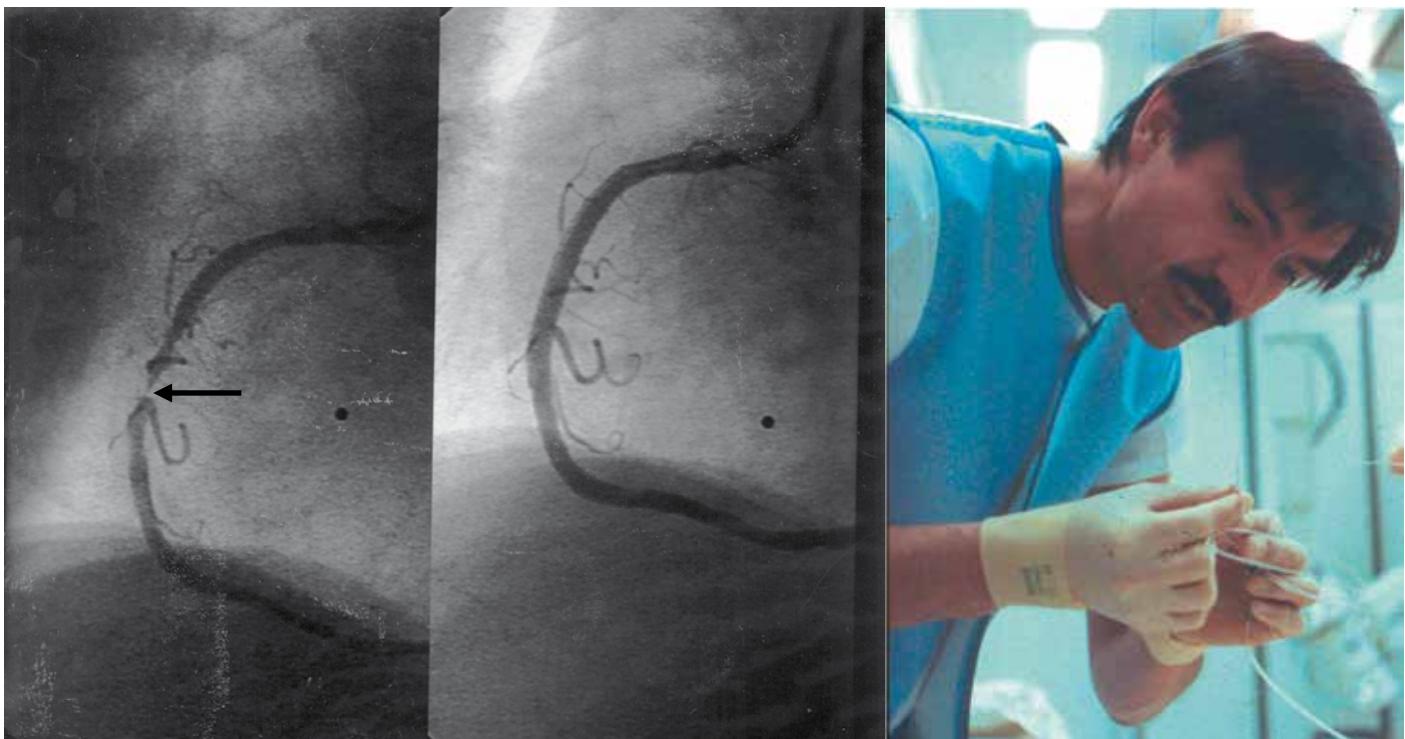
G. CATHOMAS: Exactly. Either the patient has little confidence or the quality of the health-care system in his country is in fact simply inadequate.

At the beginning you mentioned that you spend most of your time in your markets – in Russia and the Middle East. What, concretely, is in fact going on there?

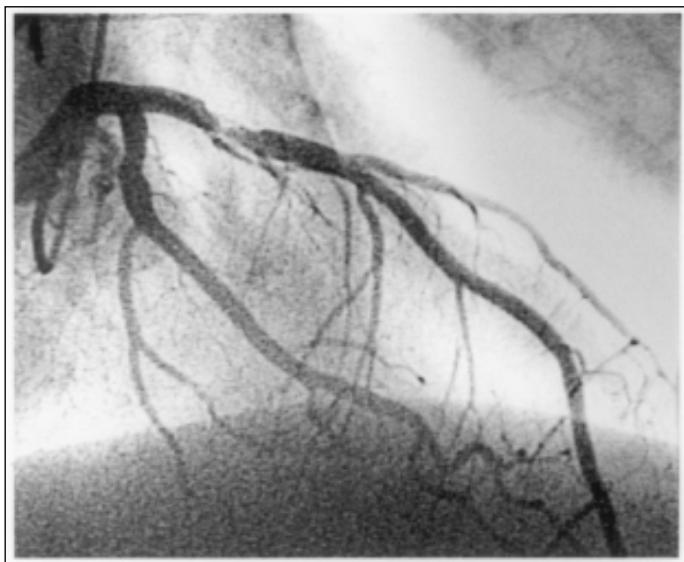
G. CATHOMAS: We regularly travel to our markets, where we speak to those people who send patients to us in Switzerland. For us this is vital, because we are only able to sell our product – our services – indirectly. We never approach the customers, i.e. the patients, directly. It is therefore important that we visit our target markets and have discussions there with possible communicators and those persons who refer patients to us.

Who are these people?

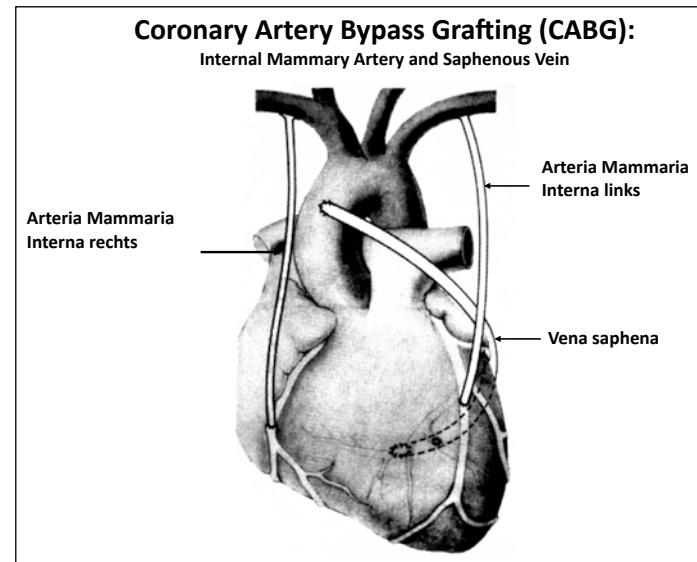
G. CATHOMAS: They are for example travel agencies, and they also include firms that have specialised in sending patients either to Switzerland or to other foreign countries. It may also be a firm in Switzerland which collaborates with us, or it may be a Russian firm that sends patients from Moscow to the hospitals of Europe.



The cardiologist Andreas Roland Grüntzig (1939–1985) first developed successful balloon angioplasty for expanding lumens of narrowed arteries. Grüntzig's first successful coronary angioplasty treatment on a human was performed in 1977, in Zurich, Switzerland. Today, in addition to angioplasty, a coronary stent, a tube placed in the coronary arteries, is frequently implanted to keep the arteries open (center).



The coronary angiography is a visually interpreted diagnostic test with x-ray contrast performed since 1960 to recognize occlusion, stenosis, restenosis, thrombosis of the coronary artery lumens. Coronary artery luminal narrowing reduces the flow of oxygenated blood to the heart, typically producing angina. Very advanced luminal occlusion, as here seen in the left anterior descending branch of the left coronary artery, usually produces a heart attack. Since the late 1970s, building on the pioneering work of Andreas Grüntzig, coronary catheterization has been extended to therapeutic uses: coronary angioplasty or stenting for treatment of angina and heart attacks before complete damage has occurred.



Coronary artery bypass graft (CABG) is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. Arteries or veins from elsewhere in the patient's body are grafted to the coronary arteries to bypass atherosclerotic narrowings and improve the blood supply to the coronary circulation supplying the myocardium (heart muscle). This surgery is usually performed with the heart stopped, necessitating the usage of cardiopulmonary bypass; techniques are available to perform CABG on a beating heart, so-called "off-pump" surgery.

You have mentioned Swiss Health, an association founded by the Osec and Schweiz Tourismus with the aim of promoting medicine tourism. Are you involved in this?

G. CATHOMAS: We very much support the initiative. It is however important that the association is coordinated by an independent entity.

Do you visit trade fairs specialising in the health-care sector?

G. CATHOMAS: Yes. We have visited several such trade fairs. But they are not of first choice for us. Our patients very often travel individually and the individual traveller does not necessarily go to a trade fair. We get to know our patients mainly through personal contacts with individuals.

And these individuals – are they trustees, private bankers etc.?

G. CATHOMAS: Exactly. We work very closely with a trustee in Zurich who looks after very many Russian customers and provides the so-called "high net worth" individuals with many different services. In this case, with Double Check we are just one more small stone in the mosaic of the range of services that this trustee provides. If besides all his other problems one of his customers also has a medical problem, this is where we come in.

Good, Dr. Cathomas. The time that was agreed for this discussion is now coming to an end. So can you please tell me what plans you have with Double Check over the next two to three years?

G. CATHOMAS: Our aim is to become established in Zurich and in the rest of German-speaking Switzerland. We want to be considered as an independent platform for foreign patients which operates in a highly specialised medical field and which can benefit from the reputation, the know-how and the high standards of the University of Zurich, but also of providers of medical services in Greater Zurich.

Would you want to have more partners? Are there other areas in which you would like to become involved?

G. CATHOMAS: I think it would be important for us to have unlimited support in our own country and it would be extremely important for us to become established within the country. The politicians should understand that we do not divert funds from health-care pot, but that we in fact contribute towards the financing of the whole health-care system. We hope that the initiative of Osec and Schweiz Tourismus will bear fruit in the long term. Unfortunately, since the founding of the Swiss Health Association one and a half years ago, to my knowledge very little has happened up till now or what has happened has at least not been adequately communicated.

But one must not overlook the fact that these two organisations have to fulfil a large number of other tasks and that there are good reasons why medicine tourism cannot figure at the top of their lists of priorities.

G. CATHOMAS: It is of course clear to me that Osec and Schweiz Tourism also have other, completely different tasks. But the funds are certainly available. The most important thing seems to me to be that a competent person should be found who can devote himself to the aim of positioning Switzerland as a health-care destination, worldwide. In defined target countries such as Russia and other former Soviet states and certain countries in the Middle East, Swit-



Our discussion partner

Gieri Cathomas, born on 9 October 1976 in Sumvitg, Canton of Grisons, obtained the Swiss School-Leaving Certificate Type C (Natural Sciences) after attending the Church School in Disentis and the Cantonal High School in Beromünster. From 1997 to 2003 he completed his medical studies at the Medical Faculties of the University of Zurich and the Humboldt University, Berlin. From 2002 to 2006 he was co-author of the Survival Handbook for Clinical Studies published by the Faculty of Medicine of the University of Zurich. He was Assistant Physician under Dr. Med. Reto Agosti at the Hirslanden Headache Center in Zurich, and later Deputy Head of the Medical Department and Coordinator of Quality Management of the Hirslanden Private Clinic Group. From 2007 to 2008 he was Managing Director of the Diagnostic and Prevention Center Schweiz AG in St. Moritz. Since April 2008 Gieri Cathomas has been Managing Director of Double Check AG, the Swiss Center for Check-ups and Second Opinions, Zurich. Also, since the Spring Semester of 2007 he has been Associate Lecturer of the Faculty of Medicine of the University of Zurich where he was made jointly responsible for the module "Management in the Health-Care Sector" of the basic studies.

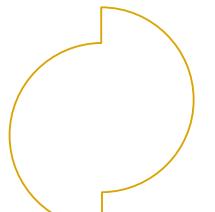
erland should be recognised as a health-care destination in the high-end segment of this important sector.

So are you completely happy? No other wishes? For example on the medical side? Is the collaboration with the public hospitals in Zurich optimal?

G. CATHOMAS: With a partnership the question always arises, whether or not it is a real living partnership. The relationship must be developed with close ties. Whether it is a partnership between two firms or a partnership in the private sector, it always takes time for the two parties to get used to one another. In our case Double Check is perhaps the younger partner, which possibly is or may be a little more dynamic than a large public hospital. Although the hospital is today no longer a state-run entity, the decision-making procedures there are still not as speedy as they are with us. It is important that both parties should learn from experience and should try to get on with each other as well as possible.

Dr. Cathomas, with these extremely optimistic thoughts this discussion must now come to an end. You have answered all the questions very candidly and I thank you most sincerely for this. We wish Double Check AG continued successful mutual collaboration for the good of our country and in the service of your patients. ◆

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