Proceedings of the 8th International Conference on Economics and Social Sciences (2025), ISSN 2704-6524, pp. 100-111

The 8th International Conference on Economics and Social Sciences
Exploring Global Perspectives:
The Future of Economics and Social Sciences
June 5-6, 2025
Bucharest University of Economic Studies, Romania

Medical Service Ethics in Relation to Sexually Transmitted Diseases among Patients Affected by Tourism Activities

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DOI: 10.24818/ICESS/2025/009

Abstract

Sexually transmitted infections represent a key problem from global health and ethics perspectives. International tourism enables the spread of STIs because people might feel a sense of adventure away from home, experience a period of solitude, and a desire to explore forbidden fantasies. There are tourism destinations such as the famous Red-Light Districts (Amsterdam, Phuket, Rio de Janeiro, Phnom Penh, Mombasa) where the sex industry is seen as an economic sustenance. Travellers with liberal attitudes towards sexuality are seeking sexual encounters. In clinical practice, dermatologists regularly face ethical dilemmas with patients who do not want to inform their partners about their sexual diseases. First, ethics arise from patient confidentiality, and second, as a result of public health problems caused by transmitting sexual diseases. The pre-travel sexual counselling is a rare thing. Away from home and after returning from incentive vacations, patients affected by tourism activities choose not to treat their disease, because of high costs of medication and investigations, or due to relationship problems that can occur, therefore, by hiding, their partners may not receive early medical diagnostic or treatment. The present article presents real-life case studies with different scenarios regarding the ethical behaviour of dermatologists' doctors faced with patients affected by tourism activities with sexually transmitted infections. The article highlights how important it is for doctors to talk to patients about sexually transmitted diseases, advising them before they start their vacation and after they return from vacation. The results are useful so that their partners do not suffer due to the lack of timely treatment. Moreover, since there are no well-established medical codes on how to deal with problems caused by sexually transmitted diseases, the only way is for doctors to develop their capacity to support patients to make the right decisions for themselves and their sexual partners.

Keywords: ethics, medical services, STIs, tourism.

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1. Introduction

Worldwide tourists enable the spread of infectious diseases, including STIs (Shiferaw et al., 2024). Tactics to avoid STIs (sexually transmitted infections) should be conversed at pretravel consultations, and recommendations should be prioritised to tourists that are traveling alone. Healthcare providers should tailor recommendations for safe sex practices to individual tourists' unique needs.

Around 20-34% of international travellers engage in casual sex (Hillis et al., 2020), yet the number of sex tourists in the world is unknown. The condomless sex with multiple partners or sexualised drug use whilst abroad provoked the spread of blood borne viruses (BBVs) such as viral hepatitis and human immunodeficiency virus (HIV) (Nouchi, et al., 2019).

Tourists are generally reluctant to access sexual health services before, during or after travelling (Brooks et al., 2018). Doctors who treat infected patients have major responsibilities. Firstly, to their patient, secondly to their patient's partner, thirdly to the community as a whole, when the patient has unprotected sex at random and is a carrier of mass-transmitted viruses, among the most serious being HIV. Even though medicine has evolved considerably as a science, even though society has modernised, people still feel bullied and targeted by society when they have sexually transmitted diseases. We do not easily accept people with such conditions around us. Compassion from doctors is essential in such serious cases.

Humane and caring doctors can avoid the serious harm and intense suffering that infected patients can experience. Talking about medical conditions with loved ones is very difficult. You never know what their reaction will be. And, more often than not, feelings of shame, guilt, blame, helplessness are overwhelming.

This paper presents two real-life cases with ethical implications for the relationship between dermatologists and patients infected with sexually transmitted diseases. The paper presents how a professional dermatologist would be correct to approach patients regarding their treatment and counselling. Fairness towards patients' life partners is also analysed, also from an ethical perspective. How the dermatologist ethically approaches the issue of sexually transmitted diseases and how she manages the long-term implications of the cases she comes into contact with. These cases are in fact people with feelings, families, and responsibilities, so they are valuable as life and ethical lessons.

2. Literature Review

School ethics education influences the ethical behaviour of doctors (Lee et al., 2024); however, in practical medicine doctors face difficulties in its application (Doukas et al., 2022). How we treat diseases is important. The task of physicians from the point of view of medical ethics is to find the best ways of treating their patients within the boundaries of the law. It is essential to treat patients in the way that is right for them (Hossain et al., 2024).

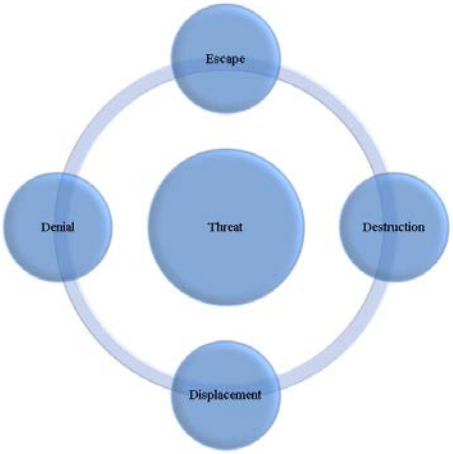
In the Code of Medical Ethics, the American Medical Association (AMA) presents the following recommendations: "to guide physicians in the face of

continuing breakthroughs in science and changing conditions of practice" (AMA, 2024). "A physician shall support access to medical care for all people, and express concern for the well-being of others' patients". When the AIDS epidemic started in the 1980s, doctors had no mandated ethical duty to accept any personal risk. Medical ethics are endogenous to doctor motivations (Andrews, 2024).

Sexually transmitted diseases cause infertility over time (Cox, 2022). It is assessed that 8%–12% of couples in their reproductive years are infertile (Vander Borght & Wyns, 2018), which corresponds to 50 to 80 million people worldwide. Approximately one in six people have experienced infertility at some stage in their lives, globally. Previous to 2010, the World Health Organisation forecast that 48.5 million individuals worldwide experienced infertility, but it is now believed that up to 186 million people worldwide suffer from infertility (WHO, 2023). When STDs are left untreated, infections can develop that cause infertility by moving up the reproductive system and spreading to the woman's uterus, ovaries and fallopian tubes, causing damage, scarring, or inflammation (ASRM, 2024).

Today, one of the most powerful and harmful stigmas is HIV infection and AIDS (Gilmore & Somerville, 1994). When individuals are confronted with sexually transmitted diseases, the first instinct is to deny the sexual interaction, to consider that it did not take place, practically to erase it from memory (denial), the second impulse is to flee, to escape from the place and the person who caused the sexually transmitted disease (escape), the third thing is to disperse the guilt to other partners of life, blaming them (displacement of fear), and the fourth thing is to minimise the effects of the disease (destruction). Unfortunately, diseases do not go away by themselves, treatment is very expensive, sometimes involving years of physical and psychological treatment, and sexually transmitted diseases break up marriages and affect partners who are not to blame for anything (see Figure 1) (Gilmore & Somerville, 1994).

Figure 1. Responses to fear and intolerance of others



Source: adapted after Gilmore and Somerville (1994).

According to Leary (1994) "right to health" syntagma, highlights the relation of health status to issues of self-esteem, non-discrimination, impartiality, fairness, justice and involvement. Hossain et al. (2024) presents the core principles of medical ethics as follows (the six pillars): dignity, respect of autonomy, justice, beneficence, non-maleficence and honesty (see Figure 2).

Figure 2. The core principles of medical ethics

Source: adapted after Hossain et al. (2024).

Regarding to *dignity*, the medical ethics specifies the respect of patients' rights and endorses that the patient should be an integral part of the decision making for the full management of the disease that they are suffering from. According to *respect of autonomy*, the medical ethics implies to deliver the information and chance for patients to make their own decisions concerning the treatment. In relation to *justice*, the medical ethics argues that throughout offering the treatments and distributing scarce medical resources, a doctor should attempt to be as fair as possible and should be able to justify the actions in each solitary circumstance. When it comes to *beneficence* in medical ethics, we needed to think in the best interest of the patient. The *non-maleficence* (*do no harm*) principle involves the fact that a doctor can advise only the interventions which are not deadly for the patients. Unfortunately, in real life, the vital treatments need to be provided without being sure of final outcome. In this case, the doctor needs to explain to the patient all the risks and the benefices. Last but not least, *honesty* is all about trust, confidence, and truthfulness of the doctors towards their patients. The doctors should provide transparency regarding the treatments, openness concerning the secondary effects and the truth about the gravity of the disease.

Tourism ethics regarding the travellers' behaviour recommend the respect of the local community, and also an honest behaviour returning home after the voyage, not

endangering the lives of close relatives and family (Sinigaglia, 2024). In travel and tourism, an inappropriate tourism behaviour happens when tourists are looking for sexual adventures.

The patient confidentiality and the physicians embody in real life important ethical problems due to the fact that the non-maleficence principle (in relation to the sexual partner) it is violated (Dunphy, 2011). More than that, moral norms are not respected (not harm or cause suffering to others, to be truthful) (Varkey, 2020).

There are a number of conceptual frameworks in the field of tourism. Some researchers identify therapeutic landscapes and postcolonial theory. Therapeutic landscapes mean spaces which combine contemporary and alternative approaches of medicine with travel and leisure. Postcolonial theory critiques the moral, economic and cultural aspects emerging from the intersection between organisations that provide more attractive and cheaper medical services, and for citizens in the periphery, it is difficult to offer high quality medical standards (Buzinde & Yarnal, 2012). Another conceptual framework is based on social exchange theory with spillover theory intended to examine factors influencing the economic performance of medical tourism, health care satisfaction, community satisfaction, and attitudes toward medical tourism; these factors influence citizens perceptions of community wellbeing reflecting on collected higher taxes contributing to medical tourism development (Suess et al., 2018). Other authors identified that strategy and policy development for medical tourism strongly depends on understanding of patients' behavioural intentions for travel abroad to seek healthcare services. Safety expectancy and waiting time researchers found as the most influential features for the prediction of adoption behaviour and behavioural intention. Social influence and price-value become redundant in predicting medical tourism behaviour. Research results showed that medical tourists rarely consider recreational additional values as a supplementary service without health services. Medical tourists decide to pursue medical services based on the primary service of healthcare. This information is valuable for developing policies and strategies for medical tourism (Du et al., 2024).

In summary, the scientific paper explores the ethical dilemmas and health risks related to sexual tourism and the role of healthcare providers, especially doctors, in managing STIs. It emphasises the importance of pre-travel consultations, especially for individual travellers, where safe sex practices should be discussed and tailored individually. Despite the risks, many tourists avoid sexual health services, partly due to social stigma and fear of judgment. Discussing STIs with partners or family members remains emotionally difficult, and doctors must navigate complex relationships, especially between infected patients and their partners. The AIDS epidemic is mentioned to highlight the evolution of medical ethics, which now prioritise main values: patient autonomy, justice, beneficence, non-maleficence, and honesty. Doctors must inform patients transparently about treatments and risks. In tourism, ethical behaviour extends to respecting local communities and ensuring travellers do not endanger their partners at home. When tourists seek sexual adventures abroad, this can violate ethical norms, especially if they conceal health risks, thus compromising patient confidentiality and potentially harming others.

3. Methodology

The research is qualitative in nature and based on real-life case studies. Thus, two medical ethical situations are presented. Confidentiality is a vital subject of medical science. Patients' names are confidential. The dermatologic currant physician keeps confidential information about patients' names. The qualitative research was conducted from November 2024 to March 2025 based on the interaction between the dermatologist and the patient. We selected 2 cases, patients of the same physician in a private practice clinic, in Bucharest, Romania. Methodology of patients' selection: the number of patients for this research was 2 patients in the period of November 2024 - March 2025; patients were a 34 year old man and 23 year old woman; both patients have a life partner in the same clinic. Limitations of this research: two patients selected of one doctor – dermatologist in one private clinic, in Bucharest (Romania). The cases are relevant from a medical point of view as well as from an ethical and moral perspective, both in medical practice, the doctor-patient relationship and in terms of the couple relationship.

4. Analysis and Results Interpretation

4.1 First Case Study – Real Life Scenario

Patient 1. Patient male, aged 34, married, without children. Manager of an IT company, travels frequently to Europe and Turkey for work or short vacations with colleagues. He frequently has unprotected sex during these trips.

Table 1. Cost of medical tests for patient 1

Medical tests	Price (euro)
HPV genotyping	95
Syphilis, HIV, hepatitis serology	60
Molecular diagnosis bts (Mycoplasma, ureaplasma, chlamydia trachomatis, neisseria gonorrhoae, herpes virus, candida)	105
Usual tests	90
Total	350

Source: authors' own calculations.

A week after the last trip (where he had unprotected sex), he notices small genital lesions that he does not give importance to, and they pass spontaneously. 2 months later, he notices several formations in the groin and genital area. He tried different creams from the pharmacy, with no result. He presents it to the dermatologist. Based on the clinical appearance, he is diagnosed with genital warts (infection caused by HPV). In this context, STD screening tests, HPV genotyping and the usual blood tests required before starting treatment are recommended. The patient wants to do the tests as soon as possible, for a fee (see Table 1) (even the usual ones covered by medical insurance, because he does not want the family doctor to know about his delicate problem). He is advised to notify his wife, so that she can also do the

necessary tests to detect an early infection. He does not want to inform her for the moment. He believes that it is better for him to do first all the STD tests, the treatment and after a while he will inform her. Antibiotic treatment is recommended for ureaplasma infection, with a repeat analysis after treatment.

For HPV infection, Gardasil 9 vaccine is recommended (cost 120 euro) and treatment to stimulate immunity (cost between 60-120 euro monthly for a period of 6-12 months, with repeated genotyping later). Removal of genital condylomas by CO2 laser intervention is recommended (the patient wants quick and effective treatment, although he is informed that the removal of the present formations does not exclude the recurrence of others as long as the viral infection is active). He explained that HPV infection, even under immune support treatment, can remain persistent in the body. HPV treatment is not covered by medical insurance. The patient wants to repeat all the analyses in a few months, regardless of the cost, and during this period he does not anticipate informing his wife. The wife is also a patient of the clinic, under the care of an endocrinologist (she suffers from autoimmune thyroiditis) and a gynaecologist because she wants to get pregnant.

Hiding the infections will produce certain consequences:

- *risk of wife's infection with HPV* – risk of pre-malignant or malignant cervical lesions – costs of investigations, treatment, vaccine plus delay in achieving pregnancy;
- *risk of infection with ureaplasma* – infection frequently resistant to treatment, with risk of infertility, especially in the context of an already present autoimmune disease.

4.2 Second Case Study – Real Life Scenario

Patient 2. Patient female, aged 23, student. She frequently goes on mini-vacations with a group of friends, where she has contacts with new partners. In the last 4 years, apart from spontaneous adventures, she had an average of 2 partners per year. With her current partner she has been in a relationship for 4 months. Both are patients of the same physician.

The patient in question first presented herself to a gynaecologist, accusing the symptoms of a vaginal infection. She was diagnosed with chlamydia trachomatis infection and treatment was recommended. Referred by the gynaecologist, she presented herself to a dermatological consultation, to also discuss about the screening for STD. Based on the history of multiple relationships in a short period of time, and the risk of being a carrier of other STD, some of which may be clinically asymptomatic for a period of time, the dermatologist required a complete STD screening. The patient reported that she will only undergo the treatment recommended by the gynaecologist and that she does not intend to do more tests due to the costs. She does not want to inform her former partner about the current infection nor her current partner because she believes that the relationship will not last more than a few months.

Table 2. Cost of medical tests for patient 2

Medical tests	Price (euro)
Molecular sexually transmitted disease test (including Chlamydia trachomatis Serovar L (Lymphogranuloma venereum), Neisseria gonorrhoeae, Mycoplasma genitalium, Mycoplasma hominis, Ureaplasma Urealyticum, Ureaplasma parvum, Trichomonas vaginalis, Herpes simplex virus tip 1(HSV-1), Herpes simplex virus tip 2 (HSV), Haemophilus ducreyi, Cytomegalovirus, Treponema pallidum, Virusul varicelo-zosterian (VZV) Candida species	105
Cervical cancer Screening (PAP Test + HPV high risk strain detection)	80
Uterine culture swab	15
Hysterosalpingography (due to uterine adhesions)	70
Control transvaginal ultrasound	55
Total	**325**

Source: authors' owns calculations.

Unfortunately, during Ob-Gyn visit, Transvaginal ultrasound detected uterine adhesions. Chlamydia chronical infection can cause uterine or tubal adhesions (see Table 2). An untreated infection can cause female infertility and extra-uterine pregnancy. For a student who does not currently have a source of income and who leads a disorganised lifestyle, the estimated financial obligations are considerable. Among the potential future expenses are those associated with future pregnancies, such as in vitro fertilisation treatments, which can cost between 3,000 and 4,000 euro.

The current partner went to the dermatologist 2 months before for modified urethral discharge and dysuria. He was diagnosed with urethritis caused by chlamydia trachomatis. He is undergoing repeated antibiotic treatments, according to the antibiogram, because the control test showed that the infection was persistent. He states that his girlfriend accuses him of contracting the infection from somewhere else. In addition, his partner reassured him that she does not have any STDs and that she frequently goes to the gynaecologist for routine checkups. Prior to this relationship, the partner states that he had no STDs.

Hiding the infections will produce the following implications:

For the patient in the long term, due *to the risk of persistent infection* or reinfection, chlamydia can lead to infertility, risk of ectopic pregnancy, pelvic inflammatory disease. All of this will be reflected in high costs related to treating an old infection and its long-term consequences;

For the partner - the *risk of having a resistant strains infection*, difficult to treat, with costs for repeating tests and expensive antibiotic treatment, but also with the risk of postponing a new relationship or infecting a subsequent new partner.

In summary, the relation between ethics in tourism and the responsibility of service providers is explained as follows. The two cases with infected patients

present how a professional dermatologist correctly communicates with patients regarding their treatment and counselling in a short- and long-term period. Fairness for patients' life partners is important as well as ethical aspects. On the one hand, medical doctors need to keep medical ethics and find the best way of treating patients in the way that is right for them. And on the other hand, medical doctors should rely on the main core principles of medical ethics: dignity, justice, respect of autonomy, beneficence, honesty and non-maleficence.

After analysis of the first patient relating to medical ethics, we see next.

Dignity – medical doctor suggested to make various tests for treatment, asked patient and he agreed. So, the patient was a part of decision-making.

Justice – medical doctor informed the patient that he needs to notify his wife and ask to make tests to detect the possible disease an early stage, although the patient does not want to do this because he wants to hide the incident that happened during tourism and his illness. The doctor's medical ethics argues that throughout offering the treatments, a doctor should attempt to be as fair as possible, also justify the actions in each solitary circumstance.

Respect of autonomy – as the medical ethics requires, doctor delivers the information and allows patient to decide by their own about suggested treatment. So, the patient agreed and wanted to conduct tests as soon as possible.

Beneficence - based medical ethics doctor need to think about the best interest of the patient. Although the doctor recommended informing his wife, the patient did not want to do so until he will get STD tests' results, and only after inform the wife. So, the doctor respected the patient's decision.

Honesty – it is about trust. The doctor provides transparent information regarding the treatments, expenses, insurance possibilities, and demonstrates openness relating to the secondary effects and the truth about severity of the disease.

Non-maleficence – based on this value doctor advises only the treatment which is not deadly for the patient. Sometimes it happens that the treatment needs to be provided without being sure of final outcome. In that case, the medical doctor needs to explain all the risks for the patient.

The analysis of the second patient showed these results related to medical ethics.

Dignity – dermatologist required a complete STD screening, but the patient choose the treatment recommended only by the gynaecologist (due to the costs). Due to medical ethics, the patient was a part of decision-making.

Justice – medical doctor informed the patient that she needs to inform her former partner about the current infection as well as her current partner to detect the possible disease an early stage, although the patient does not want to do this is because he is afraid to lose the current relationship. The doctor's medical ethics show the fair in the front of the patient.

Respect of autonomy – as the medical ethics requires, doctor delivers the information and allows patient to decide by their own about suggested treatment. And, the patient agreed only on one part of treatment.

Beneficence – based medical ethics doctor need to think about the best interest of the patient. Although the doctor recommended informing her ex and current

life partner, the patient did not want to do so. So, the doctor respected the patient's decision.

Honesty – it is about trust. The doctor provides transparent information regarding the treatments needed, expenses, and demonstrates openness relating to the secondary effects and the truth about severity of the disease.

Non-maleficence – based on this value doctor advises only the treatment which is not deadly for the patient.

These research results are especially valuable because the idea of preventive or informational consultation for patients does not really exist. Patients usually come to the doctor when they are in an unpleasant situation that can affect their relationship and when there are symptoms for which they want to receive treatment.

Patients expect to be treated quickly and at low cost, thus believing they can hide the infection from their partner. The short and also long-term possible consequences of STDs frame this problem as a public health issue. The sexual risky behaviour of people is a cause for concern for society, protected by doctor – patient confidentiality. STD cannot be cured without treating the partner.

Besides treatment, support and counselling may be needed for patient and partner, if financial resources are available (psychologist related costs).

5. Conclusions

The public-level education represents a key issue when STIs are involved. Empowering patients' knowledge through health education, such as audiovisual materials, helps demystify medical interventions and helps patients participate in their care. Educating patients about their rights and the basic principles of medical ethics, particularly the concept of autonomy, ensures they are up-to-date and more involved in the medical decision-making procedures.

For physicians, there is an ethical dilemma regarding patient confidentiality, non-maleficence principle (in relation to the sexual partner) and achieving a good medical outcome. In most cases human rights, respect the dignity of the individual are violated. Also, moral norms are not respected (not harm or cause suffering to others, to be truthful). The patient having an STD and hiding it violates the partner's autonomy, to make rational decisions related to a disease that he may have contracted.

The doctor must succeed in making the patient understand that it is his responsibility to notify his partner. Partner notification should always be voluntary.

The practical applicability of this research is intended for public sector organisations (ex. Ministry of Health), to shape the policy taking into account the increasingly acute problem of sexually transmitted diseases (STD). It is important to prepare relevant recommendations for both doctors (for consultation before and after tourist trips), and residents of the country (for singles and those in relationships). In addition, it is recommended to initiate project initiatives on STD topic and inform society how to deal with that issue. Public events, training and seminars, integration podcasts and social networks for dissemination of results – also would help to highlight STD problems and find solutions for improving this

situation. In addition, the research results are also useful for managers of healthcare organisations. It is recommended to pay attention to the growing trends of STDs, share with medical personnel, and provide recommendations to patients based on the results of this study.

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