Preface

INTRODUCTION

Medical tourism in the 21st Century is most commonly seen as a process in which patients travel to destinations outside their home place for medical or health and wellness treatment in relation to a medical problem that they have (Connell, 2013; Hall, 2013). As an introduction to this book, it is noted that the growth of medical tourism has recently been so rapid that there is only the beginnings of scholarly work on it in published sources (Connell, 2013; Hall, 2013). Nevertheless, the following definition was proposed in 2009 as a starting point for discussion:

Medical tourism (also called medical travel, health tourism or global healthcare) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of travelling across international borders to obtain health care. Such services typically include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgery. Leisure aspects typically associated with travel and tourism may be included on such medical travel trips (Erfurt-Cooper & Cooper, 2009).

As this definition acknowledges, medical tourism is a rapidly growing field of contemporary medicine which makes use of the differences in the cost of treatment in different locations as a primary motivation for travel, but is carried out within the wider context of personal medical problems and health and welfare. The range of services listed is also suggestive of this relationship: first there is treatment for chronic conditions related to joints (especially hips and knees), and dentistry. These may be painful but are unlikely to be life threatening, at least in the short term. Secondly, there are more life-threatening conditions related to vital organs such as the heart, liver or kidneys, which if left untreated can be fatal. Interventions in this area may include complex surgery and/or transplants, which, for one reason or another, may not be available in the patient’s home area, or may not be available at a price the patient can afford. Thirdly, there are interventions such as cosmetic surgery, which from the point of view of life expectancy may not be necessary at all, but which may result in an improvement in the psychological state of the patient. Finally, there are a range of health and wellness interventions involving massage, aroma, diet, and hot or cold water that may have little medical effect, but which undoubtedly make some clients feel good, at least temporarily (Erfurt-Cooper & Cooper, 2009). Thus the services offered cover the full range of medical interventions and health and welfare issues, and are available in many forms and combinations (Connell, 2013; Hall 2013). We pursue this comprehensive line of inquiry in this book.
Preface

Most medical tourists as patients seek to receive care in high-end hospitals or clinics located in major urban centers, as they would at home if they were available, but also plan to extend their trip to allow enough time for a recuperation period before heading home. This last point is what distinguishes the tourism side from the purely medical treatment side. In this respect, medical tourism is not a new phenomenon. In fact, if we include health and wellness and stress relief in the range of reasons for such treatment (Bushell & Sheldon, 2009; Erfurt-Cooper & Cooper, 2009; Smith & Puczko, 2013), the textual and archaeological evidence around the world indicates that people have been travelling for thousands of years in search of such treatments (with of course the modification of modern technical medicine in relation to the medical services offered). More recently, the wealthier citizens of underdeveloped nations have been able to travel to renowned medical institutions in the United States or Europe for many years, usually for those invasive medical procedures such as open heart surgery or cancer treatments that require a degree of specialization and experience not available at home (Connell, 2013; Hall, 2013). Finally, over the past few years this pattern has been supplanted by the increasing numbers of patients that have begun traveling from developed nations to the so-called underdeveloped nations in search of affordable medical care, or treatment options for some reason not available at home (Bookman & Bookman, 2007). There is also an increasing trend towards domestic travel to take advantage of the treatment, cost or quality differentials that exist within a nation (Botterill, Pennings, & Mainil, 2013).

Media attention in relation to the phenomenon of medical tourism has focused – often in a negative way - on patients traveling for what are referred to as “elective” procedures, such as plastic surgery or dental surgery. This has missed the growing number of patients that are now traveling for more acute care procedures such as open heart surgery, liver and kidney transplants, spinal procedures or hip and knee replacements. In 2008, The Deloitte Center for Health Care Solutions, a U.S. based consulting company, predicted a 35 percent increase in medical travel over the next several years, including an expected 1.6 million Americans traveling for medical care in 2012 (Deloitte LLC, 2011). A rapidly aging U.S. population coupled with escalating healthcare costs, rising delays for treatment, and the uncertainty of healthcare reform was expected to increase the appeal of medical tourism even further.

This has in fact happened. The Centre for Science, Technology and Economic Development (Yeung & Johnson, 2014) has come up with the following set of numbers for the global medical tourism industry: a total value of some 50-60 billion USD, within a wellness industry worth 440 billion USD, and a global tourism industry worth 3.2 trillion USD. The wellness/medical tourist contributes 6% or all global trips and 14% of all expenditures, and supports 12 million jobs in direct employment in the tourist industry of the early 21st Century. This growth has fuelled the desire of many governments and private investors to participate. Governments are interested to ensure economic growth, but also to engage in health care reform, globalization of health care, and to deal with questions of education, ethics, insurance, and disease reduction. The private sector wishes to make profits, but also to invest in up-to-date technologies and in qualified personnel, in an emerging industry.

A Model of Medical Tourism

While we should perhaps accept that medical tourism may have little to do with general tourism (Glinos, Baeten, Helble, & Maarse, 2010), the term emphasizes the current commodification and commercialization of health travel in the same way as business travel is now characterized as tourism. The key features of the new 21st Century style of medical tourism can be summarized as:
There are large numbers of people traveling or proposing to travel for treatment outside of the jurisdiction of their home healthcare systems;

A shift towards patients from richer, more developed nations travelling to less developed countries in order to access health services, characterizes this travel;

This is largely driven by the availability of lower-cost but still quality treatments in the chosen destinations, helped by cheap flights and more comprehensive internet-based sources of information;

New enabling infrastructures crossing formerly restrictive jurisdictional lines, including acceptance of treatments sourced from outside, global insurance agreements, medical tourist visas, and again, information on these being readily available over the internet;

Healthcare Industry developments in both the private sector and by national governments in both developed and developing nations promoting medical tourism as a potentially lucrative source of foreign revenue; and

Health and wellness treatments being made available as a critical part of medical treatment, to aid in recuperation.

Medical Tourists are therefore characterized for the purposes of this book as:

- People who are suffering from treatable illnesses (or who are seeking diagnoses to confirm such illness), and who can/want to make decisions about where they wish to receive that treatment;
- People who wish to receive cosmetic treatment;
- People who are willing to travel from home base to receive treatment;
- People who are motivated to travel by lower costs of care, higher quality of care, better access to care, less waiting times, and/or care not being available at home; and
- People who are increasingly adding to the medical procedures they are seeking the opportunity for a component of health and wellness, either as rehabilitation after treatment, or as an addition to treatment.

The Appeal and Impact of This Book

The target audience for this book is educators, students and researchers working in the medical tourism subfield of the health and wellness industry. It will have wide appeal to these groups, but will also be of interest to professionals seeking to understand the medical tourism phenomenon. By highlighting the most important and debated current and emerging issues in this field, we hope to advance understanding of medical tourism as both an industry, and an important element in an individual’s choice of medical treatments.

This book is a compilation of 25 chapters in 4 sections: Background to the Concept; Issues in Medical Tourism in the 21st Century; Country Case Studies; and Retrospect. In Chapter 1 we provide a background to the subject through an examination of the relationship between medical tourism and the wider concept of health and wellness. The health and wellness concept is discussed both as a framework for living in the present, and as a determinant of the extent to which concepts of health and wellness act as an underpinning for medical tourism. This approach shows that health and wellness tourism is a fundamental part of the wider range of treatments now afforded a patient in addition to the medical
Preface

procedures themselves, and health is of course the condition that all tourists and the other members of a host community aspire to. It examines health and wellness tourism as a necessary part of medical treatment for many patients, and one of the reasons why medical tourism has become popular, and its importance as a background to medical tourism.

In Chapter 2 we note that medical care has traditionally been supported within a framework of state welfare, and within national borders. However, it has recently expanded beyond these borders under the influence of globalization, paralleled by the international expansion of private health insurance businesses. The term ‘health tourism’ does not sound appropriate however, because those who travel internationally are mostly medical patients, not tourists looking for shopping and/or a pleasurable holiday. Thus, the process might be better termed ‘medical examination and treatment abroad’, or the ‘international patient business’, from a supply-side point of view. Chapter 3 describes the resulting medical tourism supply chain. The increasing importance of the contribution of medical tourism to business entities in the healthcare industry, and the economics of healthcare is often noted. Yet, what factors constitute the medical tourism supply chain itself as a winning business strategy are just as often ignored. In this chapter an analysis of the medical tourism supply chain is undertaken, based on a specific pattern of analytical categories derived from the literature. The chapter suggests that issues in the medical tourism supply chain require further investigation.

Chapter 4 examines the role of clinical psychologists in medical tourism. Clinicians are a central part of any form of medical treatment, but psychologists are also important because of their training where there is a need to sustain the mental condition of the patient; an aspect of medicine that is not perhaps as valued as that of physical intervention in disease control or accident recovery. And yet, the whole concept of health and wellness relies heavily on the addition of psychological support in the healing and rehabilitation process. This chapter seeks to extend understanding of the value of such intervention for medical tourists. Chapter 5 continues the discussion on the attitudes, motivations and experiences of the tourists themselves through an examination of the customer-perceived value of medical tourism, and investigates the explicit factors that influence choice in relation to this form of tourism. The combination of medical treatment and tourism is seen to be a promising and relatively new type of niche tourism that enables patients to quickly and conveniently travel to receive medical services at lower prices, and of better quality than they could in their home environment.

Chapter 6 looks at the often strong ethical issues attached to medical tourism, such as organ transplants from living donors, fertility services through purchasing eggs or renting a uterus, and assisted suicide, but there are also issues that may apply to almost all cases, and these can be discussed in a general way. This chapter provides a summary of these issues, including fundamental definitions of the concepts and general ethical issues in medical tourism, and then explains in more detail some of the more peculiar issues in medical tourism that need to be examined from an ethical standpoint. We then discuss the role of medical tourism in emerging markets (Chapter 7). In many of these, the development of medical tourism is essential to the creation of modern organizations that seek to serve suppliers and customers, enhance business performance, reinforce competitiveness, and gain ordinary success in emerging markets. Thus, it is essential for modern organizations to consider their medical tourism applications, create a strategic plan to consistently investigate their dynamic promotion, and instantly respond to the needs of medical tourists in emerging markets.

Chapter 8 notes that medical tourism is currently a catch-all phrase to describe any form of travel across borders for the purpose of receiving medical treatment. Up to this point in time, there have basically been only two kinds; patients from developing countries seeking advanced medical care unavail-
able in their homeland and patients from developed countries seeking lower prices or faster attention for their medical care. Although these two groups have been growing exponentially in recent years and pose substantial challenges on their own, little attention has been paid to a third arm of the medical tourism industry which potentially may have greater ramifications for the future. And that is the emerging class of on-line entrepreneurs (medical nomads) who may take advantage of their choice of lifestyle to enhance the range of choices in their medical treatment, and this group should be recognized.

In Section 2 we detail some of the major types of medical tourism, and the issues they raise in the 21st century. These are issues related to reproductive medicine, cosmetic surgery, organ transplants, end of life choice, and human body part trafficking on the one hand, and those relating to caregiving, information flows, knowledge base development, and stress relief on the other. Chapter 9 tackles the fact that reproductive medicine tends to differ from other forms of medical tourism due to the distinctive environment in which it is practiced. Practice in this field has forged ahead, leaving behind many unresolved problems and a need for administrative guidelines and legislation to advance proper medical practice. There are also manifest differences in historical, political, religious, and social environments across the different countries involved in reproductive medical tourism. Most significantly, these problems tend to be accompanied by a failure to acknowledge the paramount importance of the welfare and rights not only of patients, but also of the children who are yet to be born. To discuss and implement reproductive medical tourism without regard for these rights is impermissible.

Chapter 10 outlines the issues and emerging trends in the field of surrogacy. There are two main types of surrogacy; gestational surrogacy and traditional surrogacy. In gestational surrogacy, pregnancy results from the transfer of an embryo created by in-vitro fertilization, where the resulting child is genetically unrelated to the surrogate carrier. In traditional surrogacy, the surrogate is impregnated naturally or artificially, but the resulting child is genetically related to the surrogate. The legal ramifications and costs of surrogacy vary widely between jurisdictions, resulting in international arrangements, but also in legal and ethical problems, as recent cases show. Changing tack slightly, Chapter 11 shows how Brazil, along with a handful of other nations in the developing world, has emerged as a top destination for medical tourism. Drawing on the author’s ethnographic fieldwork, this chapter examines the diverse factors contributing to Brazil’s international reputation for excellence in cosmetic plastic surgery. The high demand for plastic surgery also reflects an expansive notion of female health that includes sexual realization, mental health, and cosmetic techniques which manage reproduction. Medical tourism is sometimes represented as being market-driven: patients in wealthier nations travel to obtain quality services at lower prices. The chapter ends by reflecting on how more complex local and transnational dynamics also contribute to the demand for elective medical procedures such as cosmetic surgery.

Chapter 12 again changes the direction of the narrative, to document the impact of the early use of the Internet on medicine. For most medical physicians the potential of this innovation was quite unexpected and at first difficult to accept. Some however embraced it… this is the story of one doctor practicing in Belgium who saw the potential of the web as it was beginning, and instead of bowing to the perceived threat, embraced its full potential from day one. By looking at the effects of the internet on Medical Tourism using a SWOT analysis, and following this pioneer from the mid 1990’s (remember that 1993 marks the first real use of websites), this chapter tries to map the earliest evolution of the use of the world wide web for the delivery of medicine and medical advice. Following on, Chapter 13 reinforces the idea that informed use of medical tourism services depends on up-to-date knowledge of the available services, and their costs/risks, at various potential destinations. Such information is now heavily Internet-based, and can also assist in the competitive development of healthcare services, innovation, product develop-
Preface

ment, and health user relationship management by medical service providers. This chapter also shows that new forms of social media provide valuable and previously difficult to obtain real-time knowledge on medical tourists’ perceptions, concerns, and sentiment towards medical tourism destinations.

Chapter 14 notes that people suffer from many different stresses, and are often tired both mentally and physically. People from foreign countries as well as domestic travelers may need examination and treatment for the relief of stress in a particular location away from their normal support services. Thus, stress relief across borders is necessary. In this chapter stress relief program choices are described, and stress management is proposed as part of or support for other treatments. It is suggested that this form of medical tourism should be marketed actively to both foreign and domestic travelers; treatment for stress will have a positive impact on some and may support many others. Chapter 15 further discusses the importance of stress relief and the health and wellness connection with medical tourism. Awareness practices like yoga-spirituality-meditation-wellness and alternative lifestyles have the power to change the course of tourism in today’s world. The Global Vipassana Pagoda (GVP) in Mumbai attracts health and wellness tourists. It is worthy of study on account of its non-commercial spiritual orientation, and the fact that it could be the first consciousness based approach of tourism management in practice.

Moving from relief for patients to that for caregivers, is the focus of Chapter 16. One of the most misunderstood and unappreciated segments of society in relation to health care, and to the new forms of medical tourism, is the family caregiver; those caring for a loved one who sacrifice their own employment schedule, their personal time for relaxing and recreation, and often and importantly their own health. The purpose of this chapter is to raise awareness of the plight of family caregivers, the effects of stress and burnout, and the essential need for respite of body, mind, and spirit for these central assistants in the matter of healthcare for patients. The final chapter in this section is Chapter 17, which examines three of the major issues on the ‘dark side’ of medical tourism that are being discussed at the time of writing: end of life choice, trafficking in human bodies and body parts, and organ transplants. Because of the way in which the healthcare systems of many countries respond, these issues can also involve criminal activities.

We chose a set of country space studies to round off this volume in Section 3. These range from major developed and underdeveloped markets for medical tourism, to the very small players that nevertheless see benefits for themselves and their populations in this form of tourism. Other destination countries have been referred to when particular procedures or situations have arisen in the material covered in previous sections. Chapter 18 notes that medical tourism has emerged as a billion dollar industry. The concept of medical tourism in India refers to visits by overseas patients for medical treatment and relaxation. The health insurance market and national medical systems there are well developed, which is convenient for visitors from the West and the Middle East. They also find the hospital expenses very affordable.

Chapter 19 moves the focus of attention to Central Asia. Iran, in considering its potential advantages in health tourism, including low costs, the high quality of health services, competent doctors, and its abundant natural and cultural attractions, has decided to contribute to the global growth of medical tourism. The Iran Health and Medical Ministry has developed 6 mandatory guidelines for medical centers receiving health tourists, and is in turn obliged to offer the necessary facilities to hospitals and organizations applying to join this program. At the other end of the development spectrum, Chapter 20 turns our attention to the status of medical tourism in two of the most developed countries in Asia and the world: Singapore and Malaysia. Singapore was an early participant in this form of tourism in 1986, but at this time, however, the linkage with tourism had not been made, so this service was not called
‘medical tourism’. Later, following the identification of medical tourism as a growth sector by the Malaysian government in 1998, significant public and private sector investment has been channeled into the development of the industry in that country. Malaysia now compares favorably to India, Thailand, and Singapore in terms of its medical facilities, skills and costs.

Chapter 21 focuses on the emerging role of Bangladesh in terms of both inbound and outbound medical tourism. The country is believed to have the capacity to turn into a major destination of medical tourism interests if its development is properly orchestrated. This chapter is an analytical study that aims to explore the existing patterns of medical tourism in Bangladesh, identifying some basic issues while offering suggestions that would allow the country to gain a competitive edge. Chapter 22 assesses the status of medical tourism in the Americas. A selection of countries as case studies is all that is possible in relation to this huge origin and destination market, but we believe that this chapter has covered the major issues and trends. The chapter notes that the best place to begin is with the USA, characterized as the country that, through its selective and highly expensive approach to medicine, and its relatively unhealthy though comparatively rich population, has probably contributed most in recent years to the rise of international travel for medical reasons. In addition, general observations and statistics relating to the region as a whole are discussed, along with the issues and trends in medical tourism in a range of regional countries.

Chapter 23 notes that medical tourism has also become a catchphrase in the early years of the 21st Century for even the most unlikely of destinations. This chapter outlines the issues and practices involved in an assessment of the status of medical tourism in the emerging economies and destinations of the Asian Region. A selection of countries as case studies covers the region from the Central Asian Republics of Kazakhstan and Uzbekistan, South Asia (Sri Lanka), through to Cambodia, Taiwan, Myanmar, and Japan.

Chapter 24 then looks at the situation in regard to China. Although China is now being promoted as a medical tourism destination, visa difficulties and the lack of facilities mean that inbound numbers have so far been small. The real interest is in the growth that has recently made China one of the main suppliers of outbound medical tourists. Chinese health consumers appear not to be motivated by price as much as US or UK citizens are for example, but more by their ability to substitute overseas destinations for the poor medical services available at home. Nevertheless, while Chinese consumers are willing to pay high prices for quality services and privacy overseas, they will only do so if all facets of the service meet their needs.

Retrospect and Prospect

The appeal and impact of this book thus lies in its discussion of the current issues and emerging trends in medical tourism from a wide-ranging and professional point-of-view. The final chapter is a reflection of this approach in its discussion of the exponential growth of medical tourism in the early 21st Century. This chapter provides a fitting end to our exploration of the current issues and emerging trends in medical tourism. In summary, the medical tourism industry has a long history, but its massive growth in the early 21st century is a new phenomenon. This growth is due to various factors: the changing distribution of medical services and technologies; the growth of interest among both local medical practitioners in different parts of the world and travel agents; the packaging of tourism and medical services as a single product; and, most significantly, the availability of the Internet to assemble and to disseminate information.
on these new products, creating a global market. Our book, and this chapter, considers the burgeoning literature on medical tourism, and the emerging practical issues identified within it. Second, it looks at the processes of development in the countries which are becoming the main players in the international provision of medical services. Finally, it looks at the debate surrounding the rise of medical tourism in the developing countries, and its wider political and social ramifications.

REFERENCES


