Chapter 12
An Early Pioneer of Medical Tourism’s Use of the Internet and Social Media

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ABSTRACT
Medical tourism, as has been mentioned numerous times in other chapters in this book, is not a new concept, but what happened in the early 1990’s with the advent of the Internet was truly novel. 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 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 web for the delivery of medicine and medical advice.

INTRODUCTION
Medical tourism, as has been mentioned numerous times throughout this book, is not a new concept, but what happened in the early 1990’s with the advent of the Internet was truly novel. 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 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 web for the delivery of medicine and medical advice and shed light on the opportunities available to medical and practitioners today.

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WHEN WORD OF MOUTH LITERALLY MEANT WOW

The year is 1998 and an Expatriate working in an International Auditing Company in Central Asia is in pain. He knows the problem is his legs and a local specialist has diagnosed “advanced degeneration of the bones in both hips”. The solution is to replace both hips but the problem is both professional – time away from work, and availability of treatment – for a large scale surgical intervention in a country whose medical sophistication for this procedure was at best ‘unknown’.

His personal doctor in Canada is optimistic about the results, if he comes back home for the operation: “no big problem, our surgeons do this procedure on a routine basis”, but the waiting time is 12-18 months (of additional pain), and he will have to go back to Canada earlier to reestablish residence rights in order for the operation to be covered under the country’s National Medical Insurance system. The news from a USA contact is slightly better, only 3-6 months wait in that country, but the costs are very high and the standard recovery period means no travel for at least 6 weeks (away from his job in Central Asia). What other options are available - Moscow, London, or Paris? But medical expenses in all alternative locations would be only partially covered because his medical insurance company’s International Insurance representative argues for a return to his Canadian base where they will not have to pay the full amount (a story which has become almost an urban legend by now to prospective medical tourists). However, a by chance drink at a local Expat bar near work brings a possible solution: “my cousin went to this doctor in Belgium for the same thing and he was fabulous, I can get you his name next week if you want”. Oh yes, thanks, that could be very helpful…..?

Back in the office the next day, and thinking about trying to search on the Internet (even at that early juncture the Big Audit and Consulting firms almost everywhere in the world had become addicted to this new tool of trade). With a few clicks on ‘Belgium’, ‘hip replacement’, and ‘good reputation’, out came one name – the cousin’s physician. The web page is clear, quite good by the standards of the day; all the information needed is there, costs are discussed, and pertinent reasons for choosing this provider are advanced, as well as the email connections of a dozen satisfied patients willing to discuss their experience. Moreover the doctor’s CV and statistics are open for all to peruse: the number of operations performed (impressive), the number of complications having to be dealt with (low), average age of patients, average days spent in hospital (very low), average days in recovery (also very low), problems encountered other than surgical (very few), and so on. Also included were pictures of the clinic, the staff, and detailed drawings of the surgical procedure (no blood…!).

All of this was seen in a very well put together pitch for this Doctor’s offerings, on the Internet, in English and in a relatively nearby European Country the potential patient had not even thought of for a hip replacement, but one with an excellent reputation for high standards and within easy reach of Amsterdam, one of the largest airports in the world.

Being an Auditor has its benefits and one of them is “professional skepticism”. He reread, and reread again… was this really to be the start of a new world of medicine? And he wondered about the future (this after all is what consultants get paid for) of such easy access to information and tailor made solutions to what a few days ago had seemed a daunting problem. And so began a three year journey that would involve several trips to the pretty little town of Genff in Belgium to successfully replace both hips, in what can only be called the most efficient and professional manner that could ever be imagined. This at a cost that would make a North American doctor blush, and with results of such high quality that they would be called by other surgeons in five countries ‘outstanding’. All this combined with pleasant holidays thrown in, it was almost too much to ask for.

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