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CONCEPTUAL DILEMMA AND AFTERMATHS: A CRITICAL ANALYSIS OF MEDICAL TOURISM

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Abstract
The importance and growth of medical tourism has captured the attention of patients, hospitals, intermediaries and above all, many governmental and non-governmental bodies worldwide. But it is perceived differently by each one of the above stakeholders because of the conceptual flows of the phenomenon. The lack of a universally accepted definition has led to a high degree of chaos and problems to all those who are involved. This article explains the conceptual aspect of medical tourism from both medical and tourism perspective. The geographical boundary stipulated by the current industry is critically examined. The different components which may be included in the purview of medical tourism has been critically evaluated by giving a definition encompassing all the necessary elements of medical and tourism industries to have a proper management system.

Key Words: Medical Tourism, Leisure, Conceptualization.

1. Introduction

Though MT gets popularity worldwide, the definition of the term is superficial and the phenomenon is poorly documented in terms of volume, propensities, motivations, key markets and generating regions (Turner, 2012). According to Whittaker (2008, 272), "MT is a misnomer, as it carries connotations of pleasure not always associated with this travel". MT is conceptually full of nuances, contradictions and contrasts. According to Connell (2013) there is no consensus regarding four areas of MT such as the conceptualization of MT and medical tourists (MTs) and its volume and impact.

There is no global body entrusted for the medical tourism industry and hence it has become an unorganized activity making a lot of chaos and risks. Since it is all about the maintenance of health and life, it is necessary to have an organized system dealing with all aspects of medical tourism from the definitional aspect to the legislative aspects. As it involves a lot of physical, mental and psychological risk to the patients, it is high time to view the activity with due importance. Indeed, all the mechanisms lies primarily on the concept that what medical tourism is.

There are many views and arguments regarding the definition of the phenomenon and hence there is a discretionary conceptualization by the industry. The stakeholders perceive it according to the commercial aspect pertaining to them. For example, to the main service providers like hospitals, it is only a provision of medical care to the foreign patients. But for many of the travel intermediaries, it is providing travel and tour assistance to the inbound tourists. But for few, it is an integrated functioning of hospital and hospitality industry. There are many contradictions which has to be cleared when the medical tourism industry is booming on a greater pace and becoming an important component of trade and commerce of more than fifty countries worldwide of which few countries' economy is purely relying on medical tourism.

2. Diverse Conceptualizations

2.1. The Geographical Displacement Factor

Medical Tourism (MT) is an inherently geographic process because it consists of the movement of patients and their accomplice across borders, people's exposure to different spatial contexts and cultures, the global flow of money across different sectors (Kingsbury et al., 2012). To many authors, MT is comparatively a clear academic expression (Michalko et al., 2012). Sometimes it is even referred as "cross-border purchasing". Most literature on MT emphasizes international travel element for the purpose of obtaining health services (e.g. Laws, 1996; English et al., 2005; Connell, 2006; Bookman & Bookman, 2007;; Jagyasi, 2008; Ehrbeck et al., 2008; Kristen & Smith, 2008; Ben-Natan et al., 2009; Bennett, 2009; ESCAP, 2009; Reddy et al., 2010; Lunt and Carrera, 2010; Johnston et al. (2010), Veerasoontorn & Beise-Zee (2010), Yu &Ko, 2011; Kingsbury et al., 2012; Snyder, 2012). Toyota et al., (2013)demonstrate that MT in Asia is essentially international as domestic journey for treatment is not considered as part of MT the way that domestic tourism is part of tourism, bears a series of 'global' characteristics (e.g. the adoption of international accreditation).Similarly, Jenner(2008, 242) observed that;

> "Medical Tourism, therefore, is symbol of a changeover from what was formerly imagined as an "era of nationally-bound locally-based care" to what is now commonly held as "an era of ever deteriorating national, technological, mental and physical boundaries in the delivery of health-care services".

Obermaier (2009) conducted a case study on Austria and Hungary on cross-border purchase of healthcare, is of the opinion that increasing numbers of patients receive planned or urgent medically necessary health treatment outside their own country. Much medical travel, in Europe, Thailand, India, Singapore and elsewhere, is crossways close by borders, to neighboring countries with similar (or complementary) facilities and cultures, and where travel costs are minimized. International medical travel is thus more regional than global, with the relatively poor likely to travel shorter distances (Connell, 2011).

However, there are different perspectives regarding the geographical boundary of displacement. The phenomenon of clients travelling beyond service area to purchase goods or services is known as 'out shopping' (Jarratt, 2000). Veerasoontorn & Beise-Zee, (2010) classified foreign patients of a hospital into two separate groups, in-shoppers and out-shoppers and their research at the biggest private hospital in Thailand confirms that patients traveling from their home countries for the single motive of getting medical treatment are only 10 % of the 430,000 foreign patients the hospital served per annum at the time of study with another 30 % traveling from third countries. Nonetheless, there are many researchers who are not particular on the cross border aspect. Laws (1996) has defined MT as a travel from home to other destination to improve one's health condition as one type of leisure" without emphasizing the transnational travel. This includes getting indigenous and alternative medical services, and any other form of tourism undertaken with the purpose of addressing a health needs. Further, Voigt et al., (2010, 36) argued that the domestic MTs must also be put under the purview of MT definition by saying that;

> "MT is defined as the sum of all the relationships and phenomena resulting from a journey by people whose primary motive is to treat or cure a medical condition by taking advantage of medical intervention services away from their usual place of residence while typically combining this journey with a vacation or tourism elements in the conventional sense".

Domestic MT is an ignored aspect of MT research. In 'MT Facilitator's Handbook, Todd (2011) gives a clarification on the issue by giving a division of domestic and international MT venues. According to Todd (2011), domestic MT refers to medical treatment where travel for care occurs within the boundaries of a state or region. While international MT refers to movement beyond the national border for healthcare. Todd argues that domestic and international MT are similar and involve travel to another locale for medical treatment. In numerous nations, more MTs travel across their country for better treatment options in tertiary care hospitals. For e.g., Apollo hospital network located in main cities of India like Chennai, Bengaluru and Delhi, treat thousands of Indians from places which are out of its usual environment. In Australia, the National Visitor Survey (NVS) 94 recognized that the figure of domestic travelers travelling for medical purposes is in fact fairly high with 1.3 million medical purpose trips on average per year. It is understood that the rural Australians travel or stay for specialists treatment (Voigt, 2010).If this has to be considered, then the volume of MTs will be manifold higher than the present number.

A thorough investigation of the previous literature indicates that the travel happens to be cross-border one due to certain pull or push factors that does not mean that the MT to be essentially a cross-border one. It is the socio-economic drivers or encouraging features of both the end area and the generating regions determine the locale of treatment. In many nations (perhaps with the exception of Cuba), MT is facilitated by the corporate sector (Voigt, 2010). In all MT destinations across the world, the tertiary care and specialist care hospitals are corporate hospitals with millions of investment and are marketed as 'medicities' and 'healthcare cities'. Hence, it is perhaps the business motive that makes MT a cross-border one as it gives an opportunity to charge more from the MTs than the residents of that country. The conceptualization seems to be more of a patient/profit oriented segmentation and strategy, not the treatment/ service orientation. Contemplating with the definitional aspect of tourism concept, MT need not be a transnational phenomenon. If it qualifies all the three basic requirements of type of purpose, the period and displacement outside the usual environment, then why can't we call domestic travel for medical purpose as MT?

2.2 Medical Tourism or Medical Travel?

Different researchers consider different criteria to describe medical tourist and hence it makes inclusion criteria of being a medical tourist a discretionary one in practical research and thus the same research with similar objectives will have different methodologies and varied results. Helble (2011) favored the "medical traveler", aspect even if the entire programme comprises medical and leisure components. On the contrary, Cohen argues that most of the literature covers 'vacationing patients' and 'mere patients', where the medical component dominates, and hence favorable to the term 'medical travel' by pointing out the minimal involvement of leisure in both aspects.

MT is further complicated by the variable significance of motivation, procedures and tourism. Some researchers state that MT includes only medical services, rather than tourism services (e.g. Reed, 2008; Lunt & Carrera, 2010; Ehrbeck et al.,

2008). In an anthropological study of medical travel, Kangas (2002) identifies the travel by Yemeni patients to Jordon and India for medical diagnosis and treatment as MT. Further, Ye et al., (2008) examined Hong Kong MTs and revealed that those tourists were mainly concerned with medical matters, rather than destination attributes. According to Bennet (2009), MT is the access of "First World Medical Services at Third World Prices" and thus "offer an alternative to medical risk, prolonged suffering, and severe debt burden or possible bankruptcy". According to Cseriova & Konieczna (2012), MT is a practice of patients intentionally traveling to a non-residential foreign country for more than a day-trip to participate in elective medical interventions, such as dental, cosmetic, or surgical treatments in order to gain beneficial outcomes in the nature of either economic, personal, or health advantages. Johnston et al. (2010, 1) refer MTs as the 'patients leaving their country of residence outside of established cross-border care arrangements made with the intent of accessing medical care, often surgery, abroad'.

Kangas (2010, 350) criticized any label of tourism for impoverished Yemeni travelers similarly desperately seeking care, as Yemenis themselves do, since the 'term suggests leisure and frivolity [and] promotes a marketplace model that disregards the suffering that patients experience', so trivializing the experience. Recent years, a growing number of gravely sick patients track medical care abroad exclusively for the benefit of accessing cheap and quick medical care with no touristic aspirations (Yu, & Ko, 2011). Very few planned on vacationing after treatment (Solomon, 2011). As the severity and complexity of treatment process overseas intensifies, the recreational aspect of travel diminishes. So the emergency cases, therefore, must be exempted from the MT purview as they are in seek of the curative care only Connell (2006).Whittaker (2008) found that there is a significant difference between badly diseased who are travelling for kidney treatment or cancer therapy and those going for cosmetic procedures together with leisurely resort stays. It is clear that MT is suitable for elective procedures rather than emergency situations. Common treatments for which patients travel abroad include cosmetic surgery, dentistry, cardiology and cardiac surgery, orthopedic surgery, bariatric surgery, and reproductive system treatments (Horowitz, et al., 2007). Tourism seems to be absent or inappropriate in the case of patients travel for serious interventions as transplants and stem cell treatments (Connell, 2013). On the above contention, Connell (2006) rejects the slogans like, 'It's a fine line between pleasure and pain' and of the opinion that tourist experience might seem to be in itself merely cosmetic advertising. Connell (2006) again criticizes the marketing slogans of ayurvedic resorts as MT ventures and argues that it is primarily health rather than MT, involving no more than massage. The partner of an American who travelled to India for heart surgery due to a lack of health insurance coverage at home commented in a hearing before the US Congress, 'we were not tourists seeking an inexpensive, exotic vacation while having medical treatment. We were fighting for Howard's life' (United States Senate Special Committee on Aging, 2006). Crooks et al., (2011) defined MT as the activities and experiences that comprise travelling internationally with the intention of privately attaining non-emergency medical services. Horowitz and Rosensweig (2007) argue that the term MTs should be used only when a leisure value of journey is to be emphasized.

2.3 Diasporic and Other Cases

Another notion is that as MT is understood as travel with the intention of receiving medical care, it is also separable from cases where travelers become sick while abroad and are forced to access medical care (Snyder et al., 2012). Patients return 'home' pushed by the familiarity with the language and culture and healthcare options and of course costs as in the case of India and Kerala. The largest flow of cross-border travelers are Diasporic to 'backyard' rather than 'tourist' destinations (Ormond, 2012). In India, about 22% of MTs are NRIs and second generation Indians abroad who are not referred as NRIs. Another 19% come to India are from the close by nations such as Bangladesh, Nepal and Sri Lanka due to the similarities in culture.

2.3 Leisure Aspects of MT

Many authors argue favorably for the dovetailing nature of medicine and tourism (e.g., English et al., 2005; Bookman & Bookman, 2007; Jenner, 2008; Cohen, 2012). The degree of synthesis between medical services and tourism has to be considered when defining MT (Yu & Ko, 2011). Thus according to Helmy (2011), Medical and healthcare services + Tourism and travel services + Support services = MT.

Both are service industries that face a high- income elasticity of demand, labor intensive and rely heavily on IT especially internet to spread information. Some researchers opine that the rise of Asian, European and Latin American destinations, as their economies have diversified and built on existing tourism industries and health care systems (Bookman & Bookman, 2007).

Connell (2006, 1094) viewed the nature of MT as a popular mass culture "where people travel to far away often-long distances to overseas destinations (India, Thailand, Malaysia) to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense". In a research article, 'MT: Sea, sun, sand and…

Surgery', Connell (2006) made an attempt to have a contemporary elaboration of MT, and keeps a space for leisure along with treatment by adding "surgery' to existing six 'Ss' of tourism; sun, sand, sea, sex, safari and spirituality.

ESCAP (2009, 1) defines medical travel as:
"An international phenomenon of individuals travelling, often great distances, to access health-care services that are otherwise not available due to high costs, long waiting lists or limited health-care capacity in the country of origin, and MT referring:[. . .] specifically to the increasing tendency among people from developed countries to undertake medical travel in combination with visiting tourist attractions".

Hopkins et al. (2010, 185) have an open outlook on unification of medicine and tourism as "….such care is increasingly linked with tourist activities to ease foreign patients into a new cultural environment and to occupy them during the pre- and post- operative periods". MT is currently generating prospects for destinations, hotels, hospitals, travel/tour operators, insurance companies etc. In-flight magazines and standard government tourist publications, advertise many opportunities in MT on the notion that tourists might benefit themselves of small-scale treatments such as dentistry during tourist visits (Connell, 2006). In several nations, new companies have jumped up, to connect patients, hospitals, potential MTs and destinations, many with names that either confirm to these relationships, like "Surgeon and Safari '(South Africa), and 'Antigua Smiles', that indicates the pleasures related with both cosmetic dentistry and visiting the Caribbean (Connell, 2006). New ventures are evolving in generating nations as well, such as Gorgeous Getaways in Australia that specializes in cosmetic surgery in Thailand and Malaysia (Connell, 2006).

Several MT companies' organize the whole trip for their patrons; they reserve the airline ticket, pick them up from the airport, and arrange for accommodations based on the level of surgery and anything else the patient may require(Reddy et al., 2010). Now big change happening in the case of hospitals by having relaxed, resort-type accommodations, conducive to convalescence and rehabilitation, with amenities such as golf and beauty spas (Whittaker, 2008). Similarly, the company 'All about Beauty' in Australia act as mediators, organizing cosmetic packages including recuperation at a resort precisely catering to post-surgical recuperation, such as 'Bodyline Retreat' in Phuket, Thailand (Whittaker, 2008). People of developed countries realize that they can avail medical services and vacation together (Reddy et al., 2010).

The improved technology and medical practice standards made it is possible to merge the glamor of exotic tourist destinations with the guarantee of affordable and high-quality health care and alternatives to the allopathic treatment methods (e.g, yoga, homeopathy, Chinese medicine etc. (Castillo & Conchada, 2010). For example, Kerala in India which is acclaimed for Ayurveda, receive more of this kind of tourists with the primary concern is treatment, but a good fraction of their length of stay is devoted for sightseeing itself. Many patients who are getting better from severe operations, although not looking for a 'holiday', may prefer more tranquil environs, as at resorts catering to medical patients' necessities (Whittaker, 2008). MT gives an opportunity to quickly and conveniently get medical services through travel, at reduced rates and better quality while patients' demands will be different as per level and degree of treatment and tourism combination and integration (Yu, &Ko, 2011). Similar perspective is given by Weisz (2011, 138) as;

> "MT involves the close relationship between medical care and what is conventionally understood as 'tourism', which is closely tied to specific locations. That is to say, the therapy and the pleasures of tourism are inextricably linked and are intimately associated with specific places considered especially 'healthy' and not inconsequentially, pleasant and attractive: the hilltop stations of colonial India; mountain tuberculosis sanatoria; and among the earliest examples, mineral waters spas".

While analyzing the perceptual differences of Chinese, Japanese and Korean tourists in Korea by Yu &Ko (2011) found that Japanese tourists display a tourism-focused preference, and a two-way demand for both aesthetic treatment and significant treatment, placing importance on medical and care services, and on information and insurance elements. Chinese tourists were found to display a treatment-focused medical-tourism experience with a high demand for light treatments, and aesthetic and healthcare services, placing emphasis on medical and care services, and information and insurance elements. Finally, Korean tourists expressed a first choice for tourism with a high demand for important treatment and aesthetic and healthcare services, and paying attention on elements related to information and insurance, and to medical and care services. They observed that MT is promoted by Korean government, which is confronting the slow decline in tourism industry and attempting to find a new niche tourism product in the island.

Whether the 'tourism' term is appropriate has been debated by many researchers. Some authors like Heung et al., (2010) and Turner (2007) raised objections when the travel is for emergency and risky treatments, the word 'tourism' is used wholly ironically (Connell, 2013). In the words of one plastic surgeon: 'While we appreciate the involvement of the travel and hotel industries, we must never lose sight of the fact that travelling abroad for a medical procedure is not a vacation, it is surgery'

(Nahai, 2009, 106). As the severity and complexity of medical treatment abroad intensifies, the recreational aspect of travel diminishes (Horowitz and Rosensweig, 2007).

However, there are strong justifications too. Connell (2006) justified the MT as "if tourism is about travel and the experience of other cultures then all MT is tourism". Similarly Jagyasi (2008) argued that the term 'medical' indicates different forms and degrees of sickness and hence he keeps a possibility for leisure. An interesting argument would be if patients travel abroad, he/ she would be surely open to the elements of culture, environment, food, heritage, leisure or other attractions of destinations'' activities. Isn't that tourism?

(Jagyasi, 2008). Jagyasi (2008, 10) define MT as;
"When across the border and outside their usual environment, to seek medical service, the travel portion of the trip travel is called "medical travel" and upon arrival such person is called "medical tourist" and such activities which include utilization of medical; services by the medical tourist, be it direct or indirect-hospitality, cultural exposure or site seeing is called "MT".

Hunter & Green (1995, 2) believe that;
"A person who travels for the primary purpose of: business (e.g. consultations, conventions and inspections), other personal business (e.g. shopping, medical or legal appointment or an educational study trip), VFRs (e.g. primary activities might include socializing, dining out or home entertainment) and pleasure (e.g. sport, recreation, sightseeing and dining out). As long as such a traveler is visiting (for less than one year) an unfamiliar destination (the host community) from that the person normally resides in, then that person may be regarded as being a tourist".

According to Northern Arizona University, Parks & Recreation Management in Banarau, 2011, 1).
"Tourism is a collection of activities, services and industries that delivers a travel experience, including transportation, accommodations, eating and drinking establishments, retail shops, entertainment businesses, activity facilities and other hospitality services provided for individuals or groups traveling away from home".

Above all, as per UNWTO definition, a tourist need not be an international traveler. Tourism refers the doings of people including travel and stay outside their usual environment for more than 24 hours and less than one year and "the usual environment of a person consists of an area of 80 kilometers radius around his/her place of residence plus all other places he/she visits more than (on average) once a week" (MAS Centre, 2009, 3). All the studies and statistics in tourism are based on the above definition only.

Conclusion

Tourism activity does not necessarily mean a physical activity or tour. The relaxation, rest and recreation sought outside one's own environment can be tourism by its definition. If so, why can't we consider the recuperation, rest and relaxation after a medical intervention as an extension of tourism activity? Though it is not possible always, the leisure aspect is important especially for the accomplice who are not restricted by their physical condition. A good volume of medical tourists are seeking non-invasive treatments and indeed, may get attracted to a varied environment and culture. Regardless of the cross border or distance parameters, any form of travel outside his or her own usual environment with the primary intention of accessing medical care and cure with a discretionary element of leisure activities can be referred as MT. At this juncture of globalized efforts to promote medical tourism, it is high time to have a concrete conceptualization of medical tourism which will help the stakeholders to expand and manage their business without much hassles. To the patients, it will enable them to deal with legal aspects while having a safe and assured medical care.

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