

An Exploratory Study to Precise the Nature and Scope of Medical Tourism

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Abstract

Travelling with a specific purpose of improving and restoring the health element is a topic of interest for many researchers under the premises of global healthcare, health tourism, wellness tourism, medical tourism and so on. As such many researchers have defined it on the general perspective of physical well-being while travelling for a long distance; but others failed to match their notions on the same line. The major purpose of this study is to investigate the precise ground of the term 'Medical Tourism', as to the available academic literature it has been found to have inconsistency on views of medical tourism. However this study reviews of available notable work in the relevant field to draw an explicit framework for defining the medical tourism with its nature and scope; while differentiating it with other interchangeably used terms. The paper identifies some of the interrelationships between different areas of health and medical tourism, including health, wellness and well-being tourism. It also tries to review the nature and scope to differentiate medical tourism from the associated terms and issues. This paper covers many ideological and philosophical differences that exist with respect to current health and medical tourism literatures, and tries to establish the comprehensive understanding of associated terms. The paper also notes on common understanding prevailing among the participants of the stated field. Further it establishes the precise classification for clarity in this arena.

Keywords: Healthcare Tourism, Medical Tourism, Wellness

Introduction

Since creation, the expedition has been rooted in a nature of the human being; as he always has been attracted towards something of his interest and travelled for that. That is how the most part of the travel has been a purposive, and people often travel for various purposes as such business, socialization, education, leisure, adventure, pilgrimage, and well-being are common of all. Today such travel of a person with clear purpose being the pursuit of improvement and/or enhancement of health is a topic of interest for researchers under the premises of global healthcare, health tourism, wellness tourism, medical tourism and so on.

Backdrop

Travelling with a specific purpose of improving and restoring the health element was very common in the primeval era also. As the Ancient Romans built resorts with thermal health spa, while the Ancient Greeks travelled 'to Epidauria' [on the Saronic Gulf] to visit the sanctuary of the healing god, 'Asklepios', who revealed remedies to them in their dreams (Bookman and Bookman, 2007). During the 15th to 17th centuries, in Europe, the poor sanitary conditions encouraged an interest of the rich in medicinal spas, mineral springs and the seaside for health purposes. These wealthy individuals would also travel to renowned medical schools for medical assistance (Swarbrooke and Horner 2007). As noted by Holden (2006), even in 18th and 19th centuries many Spa towns, especially in southern France, became popular; along with the sun and sea-seeking in the region of northern Europe. Medicinal springs, spas, beaches and resorts, particularly in warm and dry climates, continued to be considered therapeutic through long exposures to the sun, fresh air and water (thermal or sea) (Swarbrooke and Horner 2007). Today many health resorts and spas exist worldwide. Nowadays many sports activities, such as golf, cycling, walking and mountaineering, became part of the tourist experience and were supposedly pleasurable ways of combining tourism and well being. Even now the yoga and meditation became the area of interests for many such travelers. The legacy of all this is the continued presence of 'health tourism' with the primary purpose of beneficial health outcomes (Connell, 2006).

Earlier only the wealthy patients from developing countries have long traveled to developed countries for many reasons like of high quality medical care, expertise in complex surgical procedure, advanced technological interventions for medical procedure etc. Nowadays this trend has been reversed like; growing numbers of patients from developed countries are traveling for medical reasons to regions once characterized as "third world" for the same reasons as mentioned ahead.

These practices of travelers have received a wide interest of the involved and associated stakeholders. Many governments, international agencies, trade consultants and experts, private health providers and even some medical practitioners see it as a means of economic development that may cross-subsidize domestic health access (ESCAP, 2009; Vijaya, 2010) and provide a competitive cure for the problems facing the global health system (Horowitz and Rosensweig, 2007; Underwood and Makadon, 2010). Even the interest of academic researchers in conducting medical and health studies is growing up (Hall, 2011). Although available literatures show the divergence in defining terminology for this practice of travelers, as argued for its nature and characteristics, it is essential to have precision on

the nature and scope of the cognate terms of health tourism or medical tourism.

Assessing the nature and characteristics of health and tourism

Before differentiating or supporting to any niche of these activities, it is very obvious to figure out the available information to depict its nature. As discussed earlier, it (*travel in pursuit of better health*) has dominance of two different activities such as seek out of health betterment, and travel to another (non-habitual) destination. So it requires studying the related terminologies in both of the fields. As the principal motive for such travel, emerges from the need of health benefit, we put the element of health to the front for defining...

As the World Health Organization has viewed the Health as, "*The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities*". (WHO, 1984).

In this definition, WHO emphasizes on a connection between issues relating to physical and mental health; and broader issues of wellness and lifestyle management (Theobald, 1998). Therefore there is a need to differentiate between travel activities for physical health, as well for mental health. The improvement and/or enhancement of health is widely believed and viewed as wellness. The concept of wellness was developed by Dunn (1959) as 'a special state of health comprising an overall sense of well-being which sees Man as consisting of body, spirit, and mind; and being dependent on his environment'. As Myers et al. (2000) define wellness as being a way of life oriented towards optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community. Muller and Kaufmann (2000) combine the understanding of wellness in North-America and in Europe, suggesting that wellness is a state of health featuring the harmony of the body, mind, and spirit, self-responsibility, physical fitness, beauty care, healthy nutrition, relaxation, meditation, mental activity, education, environmental sensitivity, and social contacts as fundamental elements.

The National Wellness Institute (2007) defines wellness as: 'an active process through which people become aware of, and make choices towards, a more successful existence'. Wellness is supposed to create harmony in mental, physical, spiritual, or biological health in general and has stronger ties with changing lifestyle or doing something healthier than with curing a specific disease. Such changes have also been accompanied by an understanding of health that focuses on

wellness and prevention as well as curing illness (Nahrstedt, 2004). According to Messerli and Oyama (2004) “*wellness can be defined as the balanced state of body, spirit and mind, including such holistic aspects as self-responsibility, physical fitness/beauty care, healthy nutrition, relaxation, mental activity and environmental sensitivity as fundamental elements*”.

The same notion has been clarified by Adams (2003) while conceptualizing the four main principles of wellness, which implies that wellness, is more of a psychological than a physical state. This clearly depicts the need of differentiating the physical health and psychological health, though they are not mutually exclusive. Hence we understand wellness as a component of health, specifically mental health; and may be viewed as “... *A set of activities to maintain and promote primarily the psychological state of health through holistic sense*”.

While obtaining these activities there is normally no need for a qualified doctor to provide these services, although many professionals providing these services are often accredited members of the various associations (Lee and Spisto, 2007). Thus it needs to be stressed that mental, emotional, and spiritual forms of well-being are the primary elements of a psychological health (i.e. Wellness). We do not restrict to acknowledge these elements as a derived sense of result from treatment of illness or physical health, but the primary concern over here is to categorize the activities on certain continuum.

For the hang-about portion of physical health, we refer to the inclusion of all procedures that require qualified medical intervention. These can range from health care services that can be provided by a local general practitioner to complex surgical procedures such as transplants (Lee and Spisto, 2007).

It is essential to understand the activity of traveling, when referring to tourists, there are numerous definitions for this group of people depending on the purpose of the definition (Theobald, 1998). Originally the word ‘*tour*’ is derived from ‘*tornare*’ (Latin) and ‘*tornos*’ (Greek), meaning a lathe or circle; the movement around a central point or axis. This meaning changed in modern English to represent ‘one’s turn.’ When the word *tour* and the suffixes *-ism* and *-ist* are combined, they suggest the action of movement around a circle. Therefore, like a circle, a tour represents a journey that it is a round trip, i.e., the act of leaving and then returning to the original starting point, and therefore, one who takes such a journey can be called a tourist (Theobald, 1998).

Generally, it is accepted that tourist are travelers who have travelled and stayed away from their home environment for 24 hours or more, and hence, often utilizing some form of

accommodation facility. Therefore, for those travelers who do not meet this 24 hour criteria are generally referred to as ‘visitors’ (as suggested by the World Tourism Organization, refer Annexure –I, for classification). The same terms ‘tourists’ and ‘visitors’ are being used while collecting the statistics for travel and tourism (Theobald, 1998). For travelers that travel overseas for medical purposes, conceptually, they would meet the definition for that of a tourist. As Connell (2006) noted these people travel often long distances to overseas countries to obtain medical, dental and surgical care while concurrently being holidaymakers. Health tourism, specifically medical tourism, has many distinguishing features such as it is a well-thought, planned activity and not an impulsive; another feature of is that it is not associated with the attribute of willingness to spend. This feature would bring in travelers who may not be willing to spend, but their health conditions drive them to travel and spend. Healthcare tourism is also non-seasonal, which tackles the problem of other forms of tourism by making tourist visits round the year.

Précising the interrelationship of health and medical tourism

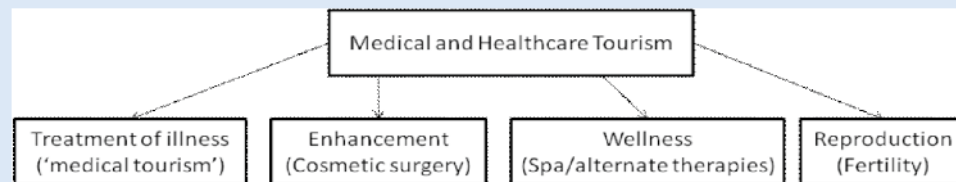
Often health tourism is used to label medical tourism and sometimes the other way around. Some writers have continued to use the phrase ‘health tourism’ to cover all forms of health-related tourism including medical tourism (e.g. Garcia-Altes, 2005), and some distinguish ‘medical tourism’ as involving specific medical interventions (Connell, 2006). Health tourism was defined by the International Union of Tourist Organizations (IUTO), the forerunner to the United Nations World Tourism Organization, as “the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate”(IUTO, 1973). While Goeldner (1989), in a review of the health tourism literature, defined health tourism as “(1) staying away from home, (2) health [as the] most important motive, and (3) done in a leisure setting.” Since medical tourists are travelers whose main motivation for travel is for a specific purpose, medical tourism is a form of special interest tourism (Douglas, Douglas, and Derrett, 2001). Medical tourism is usually understood as a more generic term that simply refers to “foreign travel for the purpose of seeking medical treatment” (Balaban and Marano, 2010,), with or without a holiday or the consumption of tourism services (Connell, 2006; Turner, 2007).

Some researchers acknowledge health tourism as a very broad category that encompasses a wide variety of treatments and services, as suggested by TRAM (2006) shown in figure 1. As classified in this figure, reproduction (fertility) as a separate component than treatment of illness, we believe that this particular is a need of patients with

infertility or disability of natural production process; hence it could be subject to disorder, which may be categorized

under the medical tourism. Such limitations of classification need to be addressed deliberately.

Figure: 1 Components of medical and healthcare tourism



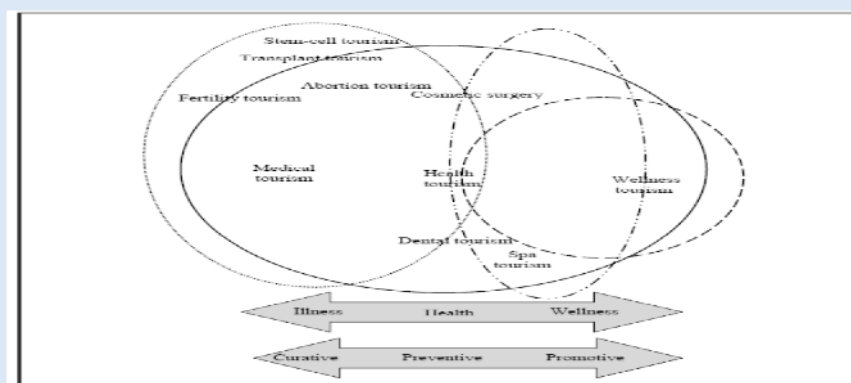
(Source: as cited in Lee and Spisto, 2007)

In such understandings, medical tourism becomes a subset of health tourism. Henderson (2004) refers health tourism as 'travel where the primary purpose is treatment in pursuit of better health' that may involve 'hedonistic indulgences of spas and alternative therapies', while medical tourism 'incorporates health screening, hospitalization, and surgical operations'. On the same ideology, Carrera and Bridges (2006) and Connell (2006) identify health tourism with general health and well-being, while medical tourism combines tourism with medical, surgical or dental intervention to improve or restore health in the long term. Therefore, health and medical tourism are differentiated by the level of surgical and physical intervention on the tourist's body (Lee and Spisto, 2007). Here we need to realize the prevailing overlapping of terms health and medical tourism as exceptional, due to advancement of technology and changing motives of patients, in specific cases such as in case of reproduction (fertility) tourism, abortion tourism (characterized by country specific rules & regulations), or human embryonic stem cell tourism (hESC tourism) in

different countries.

Medical tourism, however, can have two major forms: *surgical* and *therapeutic*. There is a clear distinction between the two. Surgical definitely involves certain operative intervention on the body, whereas therapeutic means participating in healing and cosmetic treatments generally done superficially. As witnessed currently, surgical medical tourism has been a growth sector since the 1990s and is increasingly being assisted by the internet, agents, and brokers. There is clearly a spectrum of medical tourism which ranges from necessary surgery for life-threatening conditions (e.g. Cancer), to more aesthetic but sometimes necessary practices (e.g. Orthodontic dentistry), to physically non-essential but psychologically boosting cosmetic surgery. Hall (2011) also agrees with the same view while ranging medical, health and wellness tourism on his continuum of illness to wellness. We also take a note of the proposed interrelatedness of health and medical tourism domains suggested by Hall (2011) as shown in figure 2.

Figure: 2 Interrelatedness of health and medical tourism domains



(Source: C. Michael Hall, 2011)

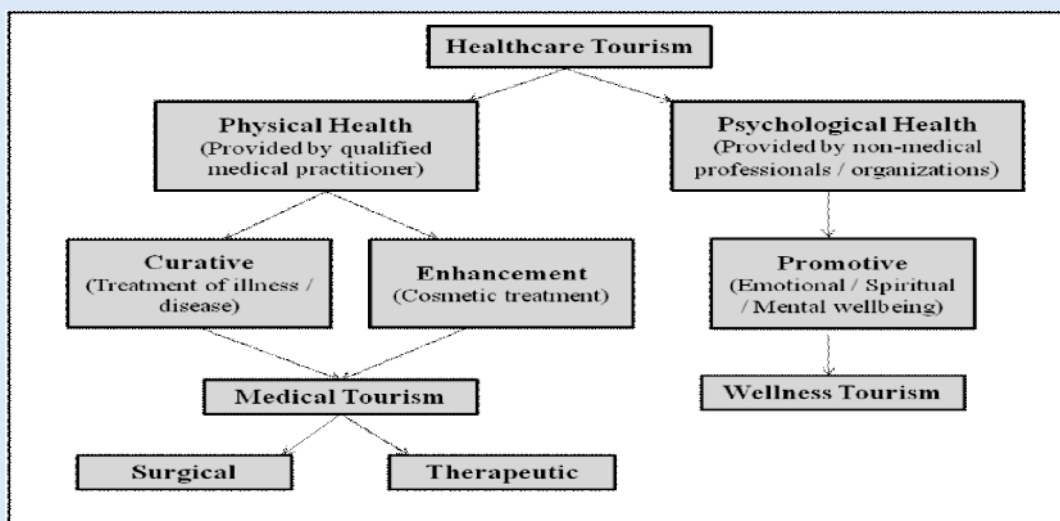
As noted earlier, it is considerable to view both the wellness tourism and medical tourism as subsets of a health tourism, which undoubtedly delivers the broadest scope to cover the versatility of available cognate terms, ranging from the lifestyle management to the physical betterment (WHO, 1984).

Conclusion

As cited in work of Jagyasi (2008) many healthcare service professionals argue that the word 'tourism' reduces the value of decision which is primarily made for medical services. They also argue that not every patient gets involved in tourist activities. There is existence of many such incidents where a person's travelling mainly characterized by emergency and critical-care; in such cases mostly patients do not get involved in tourism activities. Such activity can be viewed as medical evacuation or simply medical-travel. Even in

case of domestic inbound travelers, specifically for high involvement medical procedures, the appropriate word can be medical travel than the medical tourism. However being viewed and used interchangeably, the terms wellness tourism, health tourism and medical tourism, have several distinctive components which may differ on the ground of its scope, motive of the decision makers, and nature of services availed and provided. Health tourism may be viewed as an umbrella term for all aspects of health, wellness, and medical care (Goodrich and Goodrich, 1987; Hall, 1992; Smith and Puczko', 2009). It is very apparent that these terms are not mutually exclusive and have some proportion of overlapping, it is essential for subjective differentiation to bring the clarity in the area of further research. Hence we try to follow the simple classification for our understanding, derived from the earlier discussion in this work on these terms.

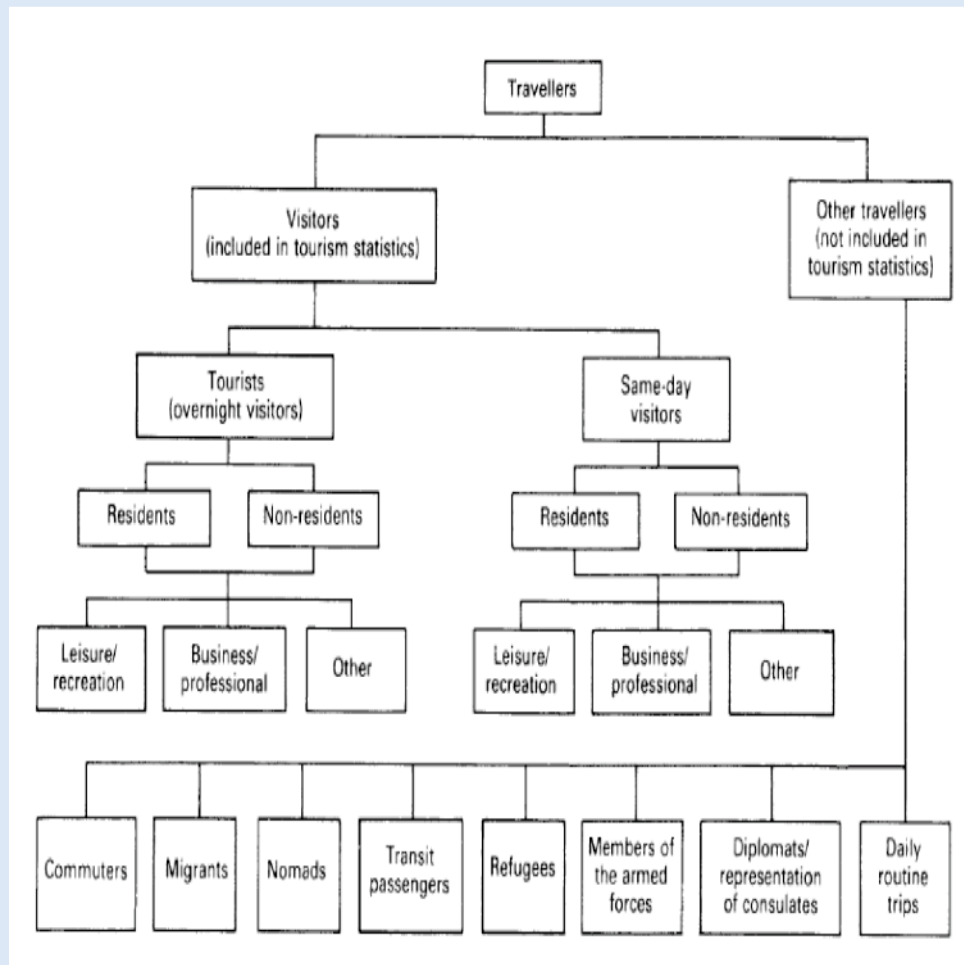
Figure: 3 Suggested Classification of Health (care) Tourism



This classification may be viewed for précising the arena of health and tourism with its cognate terms. It certainly differentiates medical tourism on the ground of services pertaining to physical health and essentially provided by the qualified medical practitioners. While the other half of healthcare services, where principal motive is betterment of psychological health through spiritual, emotional, and

mental wellbeing, could be subject to wellness tourism; where services are provided by non-medical professionals or experts, or agencies and organizations for instance. However it needed to be confirmed for the larger applicability with the further research in the niche area of each component.

Annexure – I Classification of Travelers



(Source: World Tourism Organization, and Travel and Tourism Research Organization ... as cited in Theobald, F. T. (1998), "Global Tourism", 2nd ed., Butterworth-Heinemann, Oxford)

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