

## Chapter 3

# Dive with the Sharks: A Content Analysis of the Medical Tourism Supply Chain

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### **ABSTRACT**

*Diving with sharks involves heart-thumping moments. Once nerves are under control and the lesson has been learnt, the situation seems easy. The analogy of diving with sharks can also be used for the medical tourism supply chain. The importance of the contribution of medical tourism to the business entities in the healthcare industry, and to the economics of healthcare is often noted. Yet, what factors make the medical tourism supply chain itself a winning business strategy are just as often unknown. In this chapter analysis of the medical tourism supply chain is undertaken, based on a specific pattern of analytical categories derived from a typical literature search process. The numbers of articles published in peer-reviewed journals on particular keywords and factors impinging on the medical tourism supply chain have been systematically analysed. The chapter suggests that four issues in the medical tourism supply chain require further investigation.*

### **INTRODUCTION**

In the past few years it has become noticeable that more and more tourists are attempting to achieve better health through relaxation, exercise or spa visits during their holiday, and that these practices have brought up a new and niche tourism product in the industry: medical tourism (Connell, 2006). Medical tourism has become one of the fastest growing sectors resulting from the expansion of tourism and the globalization of healthcare (Heung, Kucukusta, & Song, 2011). Meanwhile, long waiting lists and medical costs in target market countries are being identified as the main factors which are driving the globalization of healthcare. As such, the medical seekers have travelled to developing countries for alternative

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medical treatment with the same medical quality at lower cost and shorter waiting period. Developing countries like India, Thailand and Malaysia have emerged as major healthcare destinations and already actively promote medical tourism (Heung, Kucukusta, & Song, 2011).

Tourism supply chains (TSCs) are somewhat different than common business supply chains, especially where the suppliers in the TSCs are more complex than the other sectors and compete independently (Chen, 2009). There are at least five different industries involved in TSCs, such as accommodation, food, transportation, attractions, and insurance. The tourism industry consists of many different parties supplying different products and services, and this makes tourism a highly fragmented and diverse industry, and also makes coordination and industry-wide action difficult to attain across the global value chain (NEAC, 2010; Gereffi, 2014). The issues of the tourism supply chain have drawn various attention and interest from scholars and practitioners. Early papers have been published (see Zhang, Song, & Huang, 2009; Chen, 2009; Piboonrunroj & Disney, 2012), however, the study of the supply chain in the context of the tourism industry is still lacking attention, as those published studies are focusing more towards marketing and product development research, especially in the manufacturing industry (Zhang, Song, & Huang, 2009).

## **BACKGROUND**

In contrast to traditional medical travel patterns, where patients from developing countries travel to developed countries to receive medical treatment, a new trend that has developed in recent years. Asia is now a main region for inbound medical tourism; mainly because of the lower costs of treatment in the developing countries of that region, shorter waiting lists, the relative affordability of international air travel, favourable exchange rates, and the ageing of the baby boom generation in the developed countries (Connell, 2006). In line with this, Ferrer & Medhekar (2012) also mention that the decisions leading to tourist travel to developing countries for medical care result from the often first world health infrastructure now to be found in those countries, the ease of communication in the English language, the availability of alternative therapies, low costs, and no waiting periods. Other than these factors, the rapid growth of medical tourism as a niche industry in developing countries is also being facilitated by the Internet, the existence of other intermediaries (agents) between patients and hospitals, and improved health care systems across the world (Connell, 2006). Patients who travel for medical treatment along with a holiday are known as medical tourists. Medical tourists see an advantage to enjoying their holidays while receiving medical treatment in the tourism destination (Heung, Kucukusta, & Song, 2011).

One difficulty is that reviews of previous studies on medical tourism show that these are more towards describing the situation in developed countries, and are least concerned about medical tourism in developing countries. For instance, India, Thailand, and Malaysia are rising as favourable medical tourism destinations, and the quality of many of their health care organizations is recognised as being consistent with international standard of care, and/or sufficient for them to be accredited by the type of quality standards adjudicator typified by the Joint Commission International (JCI – see Chapter 22 this volume). Nevertheless, Piboonrunroj & Disney (2009) show that half of the studies of medical tourism made to the date of their survey were located in Europe, and only one-third of these studies were

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