

Chapter 20

Singapore and Malaysia

Jerry Eades

University of London, UK

Malcolm Cooper

Ritsumeikan Asia Pacific University, Japan

ABSTRACT

This chapter assesses the status of medical tourism in two of the most developed countries in Asia; Singapore and Malaysia. Singapore was an early participant: in 1986, private medical services were added to the government's inventory of facilities, with the objective of making the island into an international medical hub. In 1986 this was not labelled medical tourism as the connection had not been identified. Following the identification of medical tourism as a growth sector by the Malaysian government later in 1998, that country too saw significant public and private sector investment in the development of the industry. Malaysia now compares favorably to India, Thailand, and Singapore in terms of its medical facilities, skills and costs. Both destinations can add excellent medical services at a reasonable cost to the mix of easy access, reasonably-priced hotel rooms, excellent public transport systems, and good visa regulations for visitors. All of these factors help to make the choice of destination for medical treatment an easy decision for the potential patient.

INTRODUCTION

This chapter assesses the status of medical tourism in two of the most developed medical tourism markets in Asia; Singapore and Malaysia. Singapore was an early participant in this form of tourism (Wong, & Ghazal, 2012). In 1986, the Singaporean government approved the further development of private specialized medical services, with the overall objective of the country becoming an international medical center (Chee, 2010). In 1986 this was not labelled medical tourism as the connection had not been identified. In 2003, the country created *Singapore Medicine*, a government-industry partnership intended to develop Singapore as an international medical hub, not only for medical travelers but also for medical research, conventions and education. While most international patients in 2014 are either Indonesians or expatriates based in Indonesia, a 'significant number' also come from Malaysia, Myanmar, Pakistan

DOI: 10.4018/978-1-4666-8574-1.ch020

and Bangladesh (Medical Tourism Magazine, 2014). Health-care providers now say they are handling more patients from India, Mongolia, Cambodia, and China, on top of these traditional sources; while two years ago, Russia and the Middle East were identified as growing markets.

These trends are in line with the projections of the Singapore Tourism Board in 2010, when Asia was expected to be a key player in driving the industry's growth as it recovered from the global financial recession, and medical tourism a key niche market within this. The Singaporean private medical organization the Parkway Group, for example, saw a 38 per cent rise in patients from India in 2013 compared with 2010 (Ministry of Foreign Affairs Singapore, 2014). Treatment for blood disorders, and kidney and liver transplants, are the top three areas for which patients seek help in Singapore, while the country also recently launched the region's first cardiology clinic catering especially for the needs of women. This is in recognition of the fact that cardiovascular disease (heart disease and stroke) is the top killer among women in Singapore and in many other countries in the Asia Pacific (Kananatu, 2002; Patients beyond Borders, 2011).

In turn, Malaysia compares favorably to India, Thailand, and Singapore in terms of its medical facilities, skills and costs (Woodman, 2010). Following on the identification of medical tourism as a growth sector by the Malaysian government in 1998, significant governmental and private sector investment has been channeled into the development of the industry over the last 15 years. This development is unfolding within the broader context of social services being devolved to for-profit enterprises and market-capable segments of society becoming sites of intensive entrepreneurial investment by both the private sector and the state (Chee, 2010). Malaysian Tourism, which began promoting medical tourism to Malaysia in 2002, now sees an estimated 1 million visitors travelling specifically for medical treatments out of the twenty-five million tourists visiting the country each year (Malaysian Tourism Promotion Board, 2013). Some of the most popular treatments available in Malaysia include cosmetic surgery, dental work and dermatology, however, 80% of all medical tourists coming into Malaysia are from its neighboring countries, including Thailand and Singapore - medical tourism destination themselves. The primary reasons for this pattern are that the main Malaysian destinations, Penang and Kuala Lumpur, can add excellent medical services at a reasonable cost to the mix of easy access through air travel from around the world, the existence of many reasonably-priced hotel rooms, excellent public transport systems, and the fact that most nationalities are given a three-month visa upon arrival without question. All of these factors help to make the choice of destination for medical treatment combined with tourism an easy decision for the potential patient (Carrera & Bridges, 2006).

THE BACKGROUND AND ISSUES

The medical tourism industry in Asia has been strongly supported by the States of the region since its inception in the late 1990s (Chua, 2005; Chee, 2010). Both Malaysia and Singapore have, since the 1980s, embarked on the creation of an enlarged private healthcare sector designed to offset the shortage of doctors in the domestic public sector, and rapidly rising costs and user charges (Chee, 2010). In order to do this they have seen advantage in tapping into the growing market in private healthcare; seeking to use this to supplement local healthcare services, and creating the opportunity to attract fee paying patients from other countries. However, this action has impacts on the healthcare systems of surrounding countries. Malaysia and Singapore are successful market economies, and demonstrate the benefit

11 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/singapore-and-malaysia/133654

Related Content

The Role of Self-Confidence in the Criteria of Aesthetic Labour Recruitment

Chien-Wen Tsai (2019). *International Journal of Tourism and Hospitality Management in the Digital Age* (pp. 1-22).

www.irma-international.org/article/the-role-of-self-confidence-in-the-criteria-of-aesthetic-labour-recruitment/218906

Hotel Guests' Perceptions of Green Technology Applications, and Practices in the Hotel Industry

Faranak Memarzadehand Sulekha Anand (2020). *International Journal of Tourism and Hospitality Management in the Digital Age* (pp. 1-9).

www.irma-international.org/article/hotel-guests-perceptions-of-green-technology-applications-and-practices-in-the-hotel-industry/240701

Local Community Attitude and Support Towards Tourism Development at Saint Martin Island, Bangladesh: Local Community Attitude and Support

Md. Abdul Haiand Md. Badsha Alamgir (2017). *International Journal of Tourism and Hospitality Management in the Digital Age* (pp. 32-41).

www.irma-international.org/article/local-community-attitude-and-support-towards-tourism-development-at-saint-martin-island-bangladesh/189743

An Evaluation of the Attitudes and Perception of the Local Communities in Mysore Towards the Impacts of Tourism Development

Nichola A. Ramchurjeeand Charles V. Ramchurjee (2020). *Destination Management and Marketing: Breakthroughs in Research and Practice* (pp. 1033-1052).

www.irma-international.org/chapter/an-evaluation-of-the-attitudes-and-perception-of-the-local-communities-in-mysore-towards-the-impacts-of-tourism-development/251093

Best Practices for Tour Guides in the Northern Region of Jordan: "Land of Olive Oil and Indigenous Food"

Sawsan Khreisand Foued Benghadbane (2020). *Cases on Tour Guide Practices for Alternative Tourism* (pp. 96-118).

www.irma-international.org/chapter/best-practices-for-tour-guides-in-the-northern-region-of-jordan/258155