

## Chapter 13

# Respite Tourism for Family Caregivers

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### ABSTRACT

*One of the most misunderstood and unappreciated segments of society in relation to medical tourism is the family caregiver; those caring for a loved one who sacrifice their own employment schedule, their personal time for relaxing and recreation, and often and importantly their own health. The purpose of this chapter is to raise awareness of the plight of family caregivers as an issue for medical tourism, the effects of stress and burnout, and the essential need for respite of body, mind, and spirit for these central assistants in the matter of healthcare for patients. Though healthcare and its subset, medical tourism, are frequently perceived as focused on a “patient”, they also encompass many other individuals and organizations. As addressed here, the focus is on the family member caring for a loved one. The intent is to link the concept of medical tourism as an avenue for relaxation and respite to enhance the wellness of this specific target market.*

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## **INTRODUCTION<sup>1</sup>**

One of the most misunderstood and unappreciated segments of healthcare is the family caregiver, those caring for a loved one who sacrifice their own employment schedule, their personal time for relaxing and recreation, and often and importantly their own health. This brings to mind the importance of each of us having our own “space” to recharge, hence the ideal opportunity of travel and tourism in relation to what the primary task is: the caring for medically and/or psychologically challenged family members. Also, only a caregiver can truly understand another caregiver. Often, they are misunderstood and underappreciated by those who have never provided assistance to a loved one. In turn, they are often overworked and frequently risk their own health in order to keep a family member out of an institution, to enable them to live at home. There are occasional advertisements or news segments about neglect and abuse in various care facilities, which is another reason the average family provider is determined that home is the best place, and where monitoring is not an issue as it would be had the person not been at home.

Care-giving is thus a complicated and demanding role, and one not readily understood domestically, let alone in the context of international medical tourism (Casey, Crooks, Snyder, & Turner, 2013). In addition, it may be a surprise to many, but nursing home placement is not always based on the one receiving care, but rather on the existence or otherwise of a caregiver. It is worth noting and explaining in more detail the concept of *Respite Tourism for Family Caregivers* in order to reduce the chance of any misunderstanding of their role. Therefore, the first objective is to identify the conditions the caregiver encounters. Another objective is emphasizing the importance of respite care. Finally, the intent of the chapter is to identify tourism and travel as an ideal means to achieve this goal.

## **BACKGROUND**

As has been outlined elsewhere in this book, medical tourism is a rapidly growing field of medicine and of tourism that makes use of the differential prices of treatment in different countries as a primary motivation for travel, but this travel often is carried out within the wider context of personal health and wellness. Along with the range of services on the medical side, such as chronic conditions related to joints, life-threatening conditions related to vital organs, which if left untreated can soon prove fatal, and cosmetic surgery, there are interventions incorporating a range of wellness therapies involving massage, aroma, diet, and hot or cold water treatments which may have little medical effect at all, but which undoubtedly make some clients feel good, at least temporarily (Erfurt-Cooper & Cooper, 2009).

Health and wellness may thus be seen as a framework or background to the practice of medical tourism. Here, the medical treatment itself may be packaged along with more conventional tourism attractions, such as hotels, scenic attractions, climate, regional cuisine, recreational activities, or local culture (Connell, 2013). Any such combination of course depends on the medical condition of the traveler; at one end are cases in which the *raison d'être* for the travel may be almost entirely medical. For example, heart transplant or hip replacement patients are unlikely to be able exercise very often during his or her treatment. At the other end, a tourist client in search of massage, yoga, aromatherapy, hot spring or mud bath beauty treatments might well value these kinds of amenities much more, and make more regular use of them. In other words, the clientele for medical tourism might range from the completely healthy on the one hand to the terminally ill on the other. This helps to explain the extraordinary number of

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