

Chapter 6

Medical Tourism: Analysis and Expectations Worldwide

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ABSTRACT

There is no general agreement within the academic community regarding where medical tourism fits within tourism types and segments. Considering this scenario, the present work conceptualises medical tourism as a sub-segment of health tourism. Medical tourism is generally not well developed, and consequently, not enough studies have addressed it in statistical terms. In this context, the empirical component of this study consists of producing a snapshot of medical tourism in the countries that first started to capitalise on it. Results indicate that the activity is still in an initial phase of development, and provided destinations and businesses continue to provide quality infrastructures and services, it will grow significantly within the following years.

INTRODUCTION

There is not yet a universally accepted definition for health tourism, neither there is a generally agreed upon conceptualization for it (Gaines, 2019). In countries like Turkey, health tourism was understood as a synonymous with medical tourism (which refers to the therapeutic aspect). More recently, the concept has been examined under a more comprehensive perspective, according to which, it is viewed as a

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generic term that incorporates different sub-products (Şencan et al., 2012), each catering to a specific motivation (Seow et al., 2020).

In other countries, such as Argentina, for instance, health tourism is exclusively linked to thermal activities (Turismo Argentina, 2014). In Mexico, however, the concept includes three different typologies: medical tourism, alternative and complementary medicine tourism, and wellness tourism. In this context, health tourism is defined as the activities carried out by people away from their places of residency, for more than one day and less than one year, mainly or secondarily motivated by receiving some kind of health or wellness service, or to accompany someone who will (De la Rosa, 2012). In other words, it is not limited to medical treatments, to a specific type of activity, or even to the person who carries out health-related activities, as it also includes his/her companion. And in Spain, this is understood as the process by which a person travels to receive health services in a country other than the one in which they reside. The reason for the trip is the search for these health services, in a broad sense. It is a complex and widely discussed term. It is complex because it involves two industries, health and tourism, which are traditionally not very close; as well as because of the diversity of services that the term health can integrate (Escuela de Organización Industrial, 2013). Spain ranks sixth in Europe and eighth worldwide as a medical tourism destination.

It should also be taken into account that this is a sector with certain regulations in some aspects. For example, in the European Union there is Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011. This aims to ensure patient mobility, establish rules to facilitate access to safe and high-quality health care in the European Union.

Health tourism is defined under different perspectives, including not only thermal activities, but also wellness and medical tourism. In this vein, health tourism is defined as a set of sub-products, which are divided into two basic categories: preventive health tourism, and healing health tourism (AUREN Consultants and EOI, 2013), whereas each includes more specific sub-categories, as summarised in Figure 1. Within this conceptualisation, medical tourism is a particular form of patient mobility, where patients travel across borders or to overseas destinations to receive treatments including fertility, cosmetic, dental, transplantation and elective surgery (Ghost & Mandal, 2019; Lunt et al., 2016, p.38).

It must be observed that such conceptualisation only considers cross-border displacements, limiting the concept of health tourism to the context of foreign tourists. However, as showed by Familitur's research (on Spanish tourists' travels), in 2012, domestic trips motivated by voluntary health-related activities were already growing significantly (IET, 2012). Therefore, the domestic portion of health tourism should not be overlooked.

Other authors differentiate two aspects of health tourism: medical tourism and wellness tourism. Within this perspective, the terms, "healing" and "prevention" are directly related to medical tourism, and not to general health tourism, as in the previously addressed conceptualisation. In sum, as showed in Figure 2, these authors consider wellness and medical wellness activities as a sub-category wellness tourism, which also includes thermal activities (T&L, 2013).

Considering the different perspectives addressed, it becomes clear that there is no international consensus regarding the classification of health tourism sub-products, neither there is a unanimous definition accepted in most countries. Some authors argue that, the concept of health tourism must be understood as encompassing two aspects: therapeutic and touristic (Bonfada et al., 2011). The former refers to trips made mainly to undergo medical treatment in medical facilities. Its relationship with tourism is limited to travellers' use of tourist services, such as transports, accommodation and restaurants. The latter, on the other hand, refers to trips motivated by activities that, although having a therapeutic aspect, are mainly

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