

MEDICAL TOURISM: AN ANALYSIS WITH SPECIAL REFERENCE TO INDIA

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INTRODUCTION

Medical tourism, alternatively called health tourism and wellness tourism, is a term that has risen from the rapid growth of an industry where people from all around the world are traveling to other countries to obtain medical, dental, and surgical care while at the same time touring, vacationing, and fully experiencing the attractions of the countries that they are visiting. It is a silent revolution that has been sweeping the healthcare landscape of India for almost a decade. With countries like India, Mexico, Singapore, Brazil, Argentina, Greece, Costa Rica, Dominican Republic, Peru, Hungary, Israel, Jordan, Lithuania, Malaysia, South Africa, Thailand and the Philippines actively promoting it, its future is sure to be bright. The domestic medical industry in India is trying all out to grab its pie from the evolving global health bazaar.

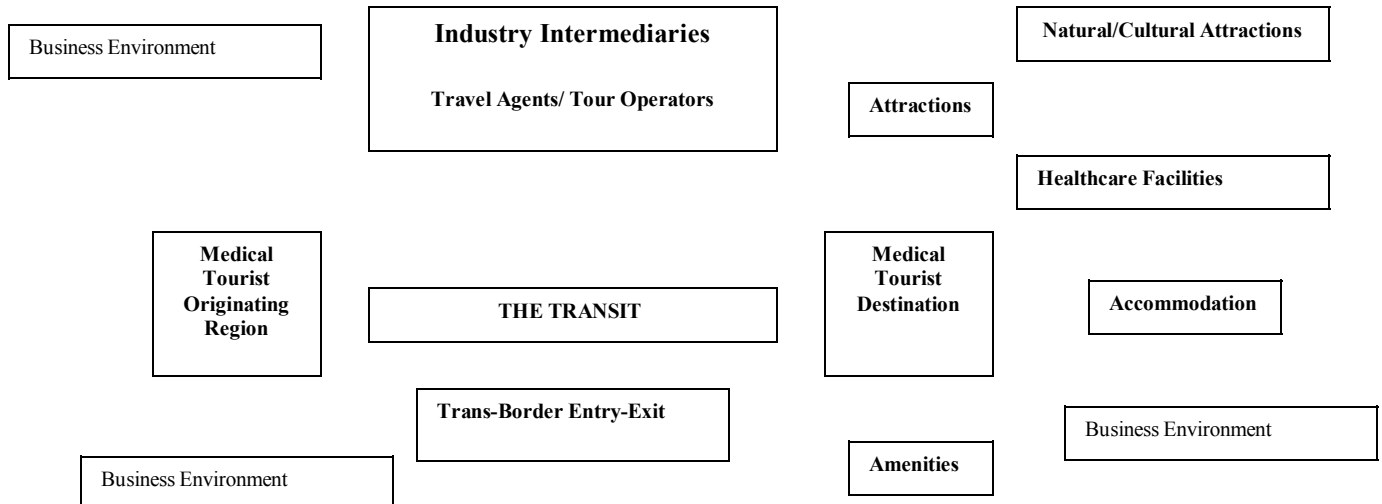
Medical tourism is an idea with which a greatly lucrative potential is attached. Medical tourists are generally residents of the industrialized nations of the world and primarily come from The United States, Canada, Great Britain, Western Europe, Australia, and The Middle East. But more and more, people from many other countries of the world are seeking out places where they can both enjoy a vacation and obtain medical treatment at a reasonable price. It is forecasted that medical tourism will fetch India \$2.3 billion by 2012. If not many things go wrong, it will become a major driver of the Indian economy along with information technology, biotechnology, and technology enabled consumer services. With the international media constantly telecasting scenes of white people getting knees replaced, hips resurfaced, and dental works done here by the West-trained doctors at throw-away prices, that too in the ambience of a five star resort, the demand from the nationals of Western Europe and the US for medial treatment in India is on an ever-increase. Now, companies that help arrange such travel are eying a far bigger market: U.S. and western European employers who want to save money on their health care costs.

Apart from being prohibitively expensive, it is the waiting time that it takes for activities like operations, often ranging from six months to a couple of years or even more, which motivates people to travel to countries like India for medical treatment. Also, health insurance schemes do not often cover elective treatments like cosmetic surgery and hence

there exists high incentives for people from the rich industrialist countries to travel abroad for the same. In fact, it is not going to be very far a time when health care insurance companies themselves encourage medical tourism as a potential cost-saving measure. Hospitals the developing countries that enjoy cost leadership have added flavor to this desire by packaging everything ranging from medical treatment, travel and hospitality services, to local-sight seeing within an all-inclusive offer. With the distinction between hospitals and hospitality establishments increasingly being narrowed down, medical tourism is equally about tourism as it is about providing medical treatment. With India reaching nearer to the status of a global healthcare destination, the revolution is not restricted to elitist hospitals; a range of alternative healthcare services providers like ayurvedic, naturopathic, homeopathic, and yogic establishments too benefit from the big wave.

THE MEDICAL TOURISM SYSTEM

Tourism system is the framework that identifies tourism as being made up of a number of components, often taken to include the tourist, the tourist generating region, the transit route region, the tourist destination and the tourism industry. In the specific context of medical tourism, this can be broadly schematized as follows:



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As could be noted above, medical tourists move from originating regions (say, countries of their regular residence) to destination regions (where healthcare is available). The transit refers to both the actual mode and trajectory of transportation used for this movement as well as the constraining and facilitating forces in the international travel. A destination is a medical tourism destination not just because of the healthcare facility

available there but also because of the additional provision of destination attractions, both natural and cultural, accommodation, and other amenities. In the absence of these additional provisions, patients may still travel to destinations for healthcare, but the phenomenon resulting thus cannot be termed as medical tourism. The core product is definitely the healthcare facilities available, but touristic comforts form an important hygiene factor in medical tourism.

MEDICAL TOURISM IN INDIA

According to the Confederation of Indian Industries (CII), India is unique as it offers holistic medicinal services. With yoga, meditation, ayurveda, allopathy, and other systems of medicines, India offers a unique basket of services to an individual that is difficult to match by other countries, says CII. Also, clinical outcomes in India are at par with the world's best centres, besides having internationally qualified and experienced specialists.

Statistics suggest that the medical tourism industry in India is worth \$333 million (Rs 1,450 Crore) while a study by CII-McKinsey estimates that the country could earn Rs 5,000-10,000 crore by 2012. The study predicts that, "by 2012, if medical tourism were to reach 25 per cent of revenues of private up-market players, up to Rs 10,000 Crore will be added to the revenues of these players". According to the Government of India, India's \$17-billion-a-year health-care industry could grow 13 per cent in each of the next six years, boosted by medical tourism, which industry watchers say is growing at 30 per cent annually. Probably realizing the potential, major corporates such as the Tatas, Fortis, Max, Wockhardt, Piramal, and the Escorts group have made significant investments in setting up modern hospitals in major cities. Many have also designed special packages for patients, including airport pickups, visa assistance and board and lodging.

The health care sector in India has witnessed an enormous growth in infrastructure in the private and voluntary sector. The private sector, which was very modest in the early stages, has now become a flourishing industry equipped with the most modern state-of-the-art technology at its disposal. It is estimated that 75-80% of health care services and investments in India are now provided by the private sector. An added plus had been that India has one of the largest pharmaceutical industries in the world. It is self sufficient in drug production and exports drugs to more than 180 countries.

India has top-notch centres for open-heart surgery, pediatric heart surgery, hip and knee replacement, cosmetic surgery, dentistry, bone marrow transplants and cancer therapy, and virtually all of India's clinics are equipped with the latest electronic and medical diagnostic equipment. Unlike many of its competitors in medical tourism, India also has the technological sophistication and infrastructure to maintain its market niche, and Indian pharmaceuticals meet the stringent requirements of the U.S. Food and Drug Administration. Additionally, India's quality of care is up to American standards, and some Indian medical centres even provide services that are uncommon elsewhere. For

example, hip surgery patients in India can opt for a hip-resurfacing procedure, in which damaged bone is scraped away and replaced with chrome alloy--an operation that costs less and causes less post-operative trauma than the traditional replacement procedure performed in the U.S.

While a large number of the private hospitals in India are willing to provide medical treatment to patients irrespective of nationality, only a few are in the forefront of promoting the health-hospitality mix. Some of the corporate hospitals in India that lead the medical tourism revolution are:

- Escorts Heart Institute & Research Centre
- Apollo Hospitals
- Wockhardt Hospitals
- Aravind Eye Hospitals
- Fortis Healthcare
- Leelawati Hospital
- Dr. Vivek Saggar's Dental Care & Cure Centre
- NM Excellence
- Manipal Hospital
- PD Hinduja National Hospital & Medical Research Centre
- LV Prasad Eye Institute
- B.M.Birla Herat Research Centre
- Christian Medical College
- Tata Memorial Cancer Hospital

Apart from the private players, public sector hospitals like All India Institute of Medical Sciences (AIIMS) has been receiving patients from over 16 countries including European nations and there is a steady increase in the number of patients, mainly for complex surgical procedures. The AIIMS has also initiated a dedicated International Healthcare Service team, which will take care of the patient right from arrival till their departure coordinating all aspects of medical treatment.

Some of the products that are “sold” under the banner of medical tourism are:

Wellness	Treatment	Rehabilitation
<ul style="list-style-type: none"> • Spas • Lifestyle/Healthy vacations • Nature tourism • Ecotourism • Community Tourism • Resorts • Herbal Treatments • Complementary Healing 	<ul style="list-style-type: none"> • Elective surgery • Cosmetic surgery • Joint replacement • Cardiothoracic services • Eye surgery • Diagnostic services • Reproductive treatment 	<ul style="list-style-type: none"> • Dialysis • Addiction programs • Elderly care programs • Counseling services

	<ul style="list-style-type: none"> • Cancer treatment • Delivery 	
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In addition to the allopathic system, India has got a unique advantage in alternative therapies like ayurveda, yoga, and siddha, too. Ayurvedic treatment, due to its inherent cultural component, is a tourism product in its own right and states like Kerala have for many years been capitalizing upon this fact. Among customers to Kerala include Britons, Americans, Germans, Spaniards, French and even Sri Lankans.

MEDICAL TOURISM PROMOTION

The unique selling points of the medical tourism industry are its cost effectiveness and its combination with the attractions of tourism. The latter also uses the ploy of selling the exotica of the countries involved as well as the packaging of health care with traditional therapies and treatment methods. Price advantage is, of course, a major selling point. The slogan, thus, is First World treatment at Third World prices. The cost differential across the board is huge: only a tenth and sometimes even a sixteenth of the cost in the West.

Since competitive advantages for the different components of the medical tourism system lie with different players, forming inter-organizational networks with a common marketing front might turn out to be a great idea. This coordinated move will synergize the operations and minimize the scope of service failures. For example, with the objective of promoting and establishing Kerala as a medical tourism destination, Kerala Tourism Development Corporation, Amrita Institute of Medical Sciences and Intersight Tours have signed a MoU. The consortium plans to promote Kerala as a medical tourism destination, where medical treatment will be provided at AIMS, holiday options will be provided by KTDC and the logistics of travel will be provided by Intersight.

E-marketing of medical tourism services will help the medical tourism firm to reach the customer directly, bypassing the middlemen. This will help the firm to provide services at a lower price, on time, and in a highly customized manner. Probably, such an e-platform can facilitate initial consultations via tele-medicine facilities before the patient embarks upon the trip.

Since medical service is a credence (complex) service, long term relationship building and maintaining the same will be the key to sustained business. No firm that wants to continue in this business should look towards one-time transaction-specific approaches. Firms should tap on referrals, positive words of mouth, etc since these carry more credential than an impersonal advertisement.

Yet, patients are now learning more and more about their own illnesses, and are most familiar with their available treatment options. Patient marketing, such as with an

informative website, transparent pricing schemes, or advertising placements such as within in-flight magazines have thus become basic information and advertising platforms.

However, healthcare providers need to be aware of the varying influence that other stakeholders may have. For instance, the doctor's opinion in conservative markets like Japan or Korea is seldom challenged. In contrast, a key influencer in the Middle East might instead be the multinational corporations sponsoring their expatriates for overseas treatment. As such, marketing efforts across different markets could be targeted towards the patients, the referring doctors, hospitals, insurers, or corporations--depending on who the actual decision-influencers are.

Hospitals that are successfully attracting foreign patients enlarge their geographical footprints with representative offices or agencies in other countries. For example, Cromwell Hospital in the UK has representatives in India and Pakistan, while hospitals in Singapore are also setting up offices such as in Indonesia or the Middle East. These agents help establish and maintain relationships such as with local hospitals, doctors, embassies, sponsor corporations, or insurers. Participating in different events also facilitates such relationships. For instance, trade shows, exhibitions or training seminars allow healthcare providers to share their medical expertise, while longer-term physician exchanges may also be organized in alliance with medical universities.

MEDICAL TOURISM: TRENDS AND PROSPECTS

Some of the key trends noted in the report on medical tourism published by TRAM (2006) include:

- Growing governmental intervention
- Growing international private sector investment and joint ventures
- Increasing supply of medical tourism products, leading to greater competition
- An increasing role for tourism suppliers in the packaging and marketing of medical tourism
- Continuing barriers to medical tourism expansion, including a lack of governmental agreements on payment for treatment abroad and insurance coverage
- Growing ethical concerns about medical tourism, which may limit growth in some regions

These trends are merely indicative and not comprehensive, nor do they take into account the nuances of individual country contexts.

There are definitely areas for improvement as the Indian healthcare industry starts marketing services to newer patient segments. A key difference in healthcare services in India, unlike the IT sector, is the critical role the government has to play to utilize medical tourism opportunity to its best. While responsible players have to be properly encouraged, quacks and overnight money swindlers have to be punished, too. Strict adherence to standards has to be ensured since the medical tourism product has the potential to be life

threatening. Some of the areas for improvement, to make India a global healthcare destination are:

1. Engineer an image revolution: The government, the healthcare, and the travel industry has to work together to change the predominant image in the minds of the average public in the medical tourist originating countries that India is a country where medieval technologies are still being employed; it is unsafe to travel in India; doctors are not trained properly; unwelcome local attitude; poor hygiene; poor communication and transportation infrastructure; and so on.

2. Raise the quality standards: While perception change-over can be achieved by the effective use of advertising and other promotional tools, one cannot hide for ever the problems that really exist. It is high time hospitals in India benchmark themselves up for international quality accreditation standards. Healthcare is a credence service wherein the customer cannot judge the service quality, because of which he looks for cues like the seals of approval of internationally recognized quality control agencies.

3. Improve infrastructure: There has been a lot of hue and cry from the activist groups against opening up hospitals for medical tourism for the reason that the available facilities are not even sufficient for the domestic patients. It is real menace to see the poor Indian citizen dying on the streets while the wealthy foreigners getting five-star hospitality in addition to medical treatment.

Healthcare facilities need not only to be scaled up, but also to be upgraded. Thus rather than having too many units of an archaic x-ray machine, the hospital should acquire the latest imaging machines. The number and competencies of the specialists and super-specialists and so also the para-medical staffs have to be increased. The sheer number of beds and physical healthcare infrastructure available in India as of now is abysmally low given the size of its population.

4. Simplify the procedures: Many procedures that are being done manually as of now can be simplified, standardized, and automated. If the information system that an Indian hospital designs is interoperable with similar systems in the West, electronic transferability of data like past medical records of a patient can be done fast. Sometimes, it takes even hours for a patient to register himself and more so to complete the formalities before getting discharged.

Then, of course, comes easing the travel formalities. This issue has been highlighted by the industry for so long as the severest pricking thorn in cross-border travel. The potential harm of easing international travel related procedures for the medical tourist segment is relatively less and the government should take a proactive attitude in this regard. A special medical tourist visa may be mooted of.

5. Provide quick legal remedies: The Indian legal infrastructure is not at all geared up to handle healthcare specific litigations in a speedy manner. Internationally, legal redressal is a routine affair, which, in India, is considered as against ethics. Though there exists a mechanism to deal with medical insurance related cases, the redressal is so much time consuming, often extending to a few years.

THE ANTI-MEDICAL TOURISM TIRADE

Globalisation of healthcare through medical tourism or through the conformation to the ADPIC/TRIPS agreements puts the existing healthcare system under pressure, according to the leaders of civil society that lead the anti-medical tourism advocacy. Sections of the civil society have raised serious reservations about the stated benefits of promoting medical tourism. According to some, promoting medical tourism will be inviting diseases including deadly and contagious ones that have had no presence in the destination so far. The chances for these diseases to spread are more since many of these patients would be sharing touristic and other public utility services with the residents and other visitors to the destination. One way to overcome this problem is to classify diseases as admissible and otherwise and permit entry based on this criterion. Issuing medical tourist visa may be made contingent upon an initial diagnostic report issued by the host hospital through tele-medicine, or a similar report issued by the public health authority of the tourist's home country. In any case, this is not a problem for the vast majority of disease types. Also, it could be noted that a significant number of medical tourists to countries like India visit for preventive treatments.

Many NGOs advocate against the promotion of medical tourism to the third world countries because the available medical infrastructure in these countries falls far short of meeting the extant domestic demand itself. However, the economics of medical tourism dictates that this need not be the case. The surplus generated by promoting the medical tourism business may be pumped back into the system to enhance the provision for medicinal facilities available for the locals. A relatively unbounded market has superior efficiencies: it can improve the service quality and at the same time minimize price. Another potential consequence is that the wealthier domestic segments too will begin to seek the help of these new-breed medical tourist establishments for their medical care thus easing the pressure upon the public health system, which can then begin to better serve the poor segments.

Many critics cite that medical tourism will unleash a range of unhealthy and unethical practices. For instance, Veronica et al. (2006) reports on the large-scale registration of clinics on board cruise ships that practice abortion or euthanasia.

Then, there are those moderate critics of medical tourism who warn that travelling patients put themselves at risk. Should complications arise, patients might not be covered by insurance or be able to seek adequate compensation via malpractice lawsuits.

ENTREPRENEURIAL AND JOB OPPORTUNITIES

Admitting that medical tourism is a booming industrial segment where lies abundant fortunes, it is time now to think about the entrepreneurial possibilities. The most encouraging thing for any entrepreneur who wishes to start a venture associated with medical tourism is that the scale and scope for businesses here that can be conceived off are diverse. Some of the opportunities are listed below:

Specialized Travel Intermediation Services: Medical tourists constitute a niche market with uniquely defined profiles and hence there exists abundant scope for dedicated travel agents and tour operators. The intermediary should try to do a detailed market research on the medical tourist segments patronizing a particular destination country and conceive, design, develop, and sell products and services that best cater to the needs of those segments. For instance, chartering special flights for patients seeking to visit particular destinations; providing pre-consultation services like taking appointments with the doctors; registering at the hospital; visa-foreign exchange assistance; help with guides and language translators; room booking at adjacent hotels for the accompanying persons; arranging local sight-seeing excursions; giving special provisions for the needy like wheelchairs; providing health catering services; etc can be done by the intermediary.

Even though established agents may gain economies of scale by stretching their operations to include the medical tourist segment, due to the nuances involved, it is better to run the medical tourism business as a relatively autonomous wing. Because of the niche-properties, even alternative, non-mass, tourism operators may find lucrative opportunities in the medical tourism business for they are positioned to better understand the customer needs than a mass-tourist agency. Especially those customer segments that purchase packages for preventive treatment and holistic medical care may be attracted towards alternative tour operators who package together medical care, nature, culture, and spirituality. Even the small-time ayurvedic tour operators in the states like Kerala in South India make impressive business, which is an instance of this in practice.

Travel Desk in Hospitals: Hospitals that want to sell medical tourism services should have a dedicated travel desk in the hospitals. Such a travel desk should act as a comprehensive marketing arm of the hospital w.r.t medical tourism. It shall coordinate the in-house services as well as services provided by other players like local tour operators. It can also think of providing services like ticketing, visa-extension assistance, foreign exchange, etc.

Staff Trainers: Medical tourists expect top-class hospitality from the hospital service staff. Providing customer relationship-training inputs for doctors, nurses, pharmacists, technicians, and hospital front office staff is vital in this regard. For this, the trainers have to first identify the factors that generate patient satisfaction and loyalty and the

corresponding behaviours of the service staff. Then, suitable employee training programs and management development programs can be designed, developed, and delivered.

Medical Tourist Management Software Developers: If one has the competence in software development and sufficient domain expertise in medical tourism (or, if both of these can be harnessed from external individuals or firms), there exists demand for customized software solutions. Software can be for online booking, for automating the hospital administration, etc.

Medical Tourism Consultants: Medical tourism is a sunrise sector where many problems are not well defined and answers not readily available. Thus, there requires trouble-shooters and one who has creative insights and academic training with ample exposure to the industry can excel in the role of a consultant.

Starting Alternative Medical Care/Rejuvenation Centres: In a country like India which has for so long been known world over as a seat of learning in a range of alternative therapies, there exists abundant scope in promoting the same. Ayurvedic health centres spread across the country are among the first to capitalize upon this unmet demand. It requires relatively less expenditure to start an alternative health centre for Ayurveda, Homoeopathy, Yunani, Siddha, etc. The governmental regulations constraining the operations of healthcare centres are less for these compared with that existing for allopathy, too.

Medical tourism brokers: Across the world, demand for private health care has created a cottage industry of sorts for medical brokers, who specialize in helping patients jump the queue by negotiating reduced rates for elective surgeries such as knee and hip replacement. They get a big commission, which they partially pass on, to the customer who is also benefited thus.

Anti/Alternative-Medical Tourism NGOs: Of course, this is also a possibility. If one believes that promoting medical tourism as it is being done now is dangerous, he can join an NGO resisting it, or, start an independent NGO himself. Such NGOs are likely to attract funding from international donors. In any case, if one wants to understand the exception, he has to understand the rule first.

Besides these, an entrepreneur with an innovative bend of mind could think of other possibilities as well. This exercise will often than not yield good results since the industry has just taken-off and many opportunities are remain hidden from the direct eye.

SOURCES OF FUNDING

Tourism Finance Corporation of India (TFCI) s a specialized financial institution catering to the requirements of financial assistance of the tourism industry in India. It provides

Rupee Loan, Equipment Finance/Leasing, Deferred Payment Guarantee, Underwriting of Public Issue, Merchant Banking and Advisory services to enterprises for setting up and/or development of tourism related activities, facilities and services including hotels, holiday resorts, amusement parks, safari parks, ropeways, cultural/conventional centers, air-taxi operations, car rentals, etc.

Entrepreneurs could seek financial and other assistances from central and state tourism boards that of late have begun to give a lot of incentives for innovative business ventures.

Venture capitalists have shed their traditional antipathy towards tourism and are increasingly coming forward to invest in innovative tourism ventures. One with a good project plan and zeal to sell it can definitely grab significant funding from the venture capitalists.

Alternative sources like going to the stock market, approaching banking and financial institutions etc too can be tried.

SOME CASE STUDIES

The following case studies illustrate the success stories of some of the enterprises in the medical tourism sector.

A Case Study of Apollo Hospitals

The Apollo Hospitals Group, the largest healthcare group in India, is today recognized as the Architect of Healthcare in India. With over 7000 beds in 38 hospitals, a string of nursing and hospital management colleges, and dual lifelines of pharmacies and diagnostic clinics providing a safety net across Asia, Apollo may be rechristened metaphorically as a healthcare powerhouse. Its history of accomplishments, with its unique ability of resource management and able deployment of technology and knowledge to the service of mankind, justifies its recognition in India and abroad. Apollo has got one of the largest and the most sophisticated sleep laboratories in the World. It has pioneered orthopaedic procedures like Total Hip and Knee Replacements, the Illizarov procedure, and the Birmingham Hip Resurfacing technique. Its mission is to bring healthcare of international standards within the reach of every individual. According to Apollo, it is committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity.

Apollo's business began to grow in the 1990s, with the deregulation of the Indian economy, which drastically cut the bureaucratic barriers to expansion and made it easier to import the most modern medical equipment. The first patients were Indian expatriates who returned home for treatment; major investment houses followed with money and then patients from Europe, the Middle East and Canada began to arrive.

Services provided by the International Patient Service Centres of Apollo Group, located within India and Abroad, include: local travel arrangements, airport transfers, co-ordination of doctor's appointment, accommodation for relatives and attendants, locker facilities, provision of cuisine options, provision of interpreters, arrangements with leading resort chains for post-operative recuperation, among others. According to Apollo, its strengths in attracting international medical tourists are:

Human resources: Almost 70% of the doctors have trained, studied or worked in institutions and hospitals in the West

Success Rate: Exceptionally good clinical outcomes and post-treatment success rates

Best and Latest Technology: Apollo's investment in the best and latest technology in the world

Competitive Pricing: Unrivalled price-value advantage

Holistic Approach to Treatment: Integration of ancient healing traditions with the latest in modern medicine, wherever admissible.

In view of the inability for kith and kin to visit an international patient admitted in India, Apollo has introduced a scheme termed as Virtual Patient Visit. This offers the friends and relatives opportunity to gather frequently updated information about treatment progress, the consultant's opinion about the patient, patient's remark, and a multi-media rich medium to convey the messages to and fro both the sides.

Apollo's capabilities have received international acclaim resulting in the replication of its Indian models at international locations. Apollo group is also in talks with private healthcare groups and government authorities in Nigeria, South Africa, Tanzania, Mauritius, Yemen, Muscat, Bahrain, Vietnam, Malaysia, Thailand and other neighbouring countries to establish its presence in world class clinical efficiencies.

Apollo has also reacted to criticism by Indian politicians by expanding its services to India's millions of poor. It has set aside free beds for those who can't afford care, has set up a trust fund and is pioneering remote, satellite-linked telemedicine across India.

A Case Study of the Kerala Health and Holiday Card

Amrita Enterprises Private Ltd. and Intersight Holidays Private Ltd., in association with the Kerala Tourism Development Council and Amrita Institute of Medical Sciences have developed a product called the Kerala Health and Holiday Card.

For Non-Resident Indians (NRI), living abroad has both its benefits and worries. The differences in culture, lifestyle, and cuisine coupled with work stress and worries about home can have their toll on the mind and body. The NRIs often yearn for a total solution that is so thoughtfully designed that all the worries can be left behind in order to enjoy life. This is precisely what Kerala Health and Holiday Card aims at. The card provides access to comprehensive healthcare services and exciting holiday experiences, through dedicated and reliable services. The Plan validity is for One year, which can be renewed like any health insurance scheme.

The card entitles the members for the following benefits:

- * A comprehensive health screening at Amrita hospital
- * Medical insurance cover up-to a maximum of rupees One Lakh
- * Personal accident cover (Death) world wide for a maximum of Rupees Two Lakh
- * 2 nights and 3 Days holiday at a choice of three different KTDC premium resorts
- * Mobile SIM card on arrival in Kerala
- * Pick-up and drop facility for availing health check-up at Amrita hospital
- * 10 – 25% discount for holiday packages at destinations throughout India

The Kerala Health & Holiday Card entitles users many more exclusive services and facilities through Intersight Holidays Pvt. Ltd., including: privileged airport pick-up and drop off facility; air ticket, air travel services, rent-a-car, and tourist vehicles at special rates; visa and passport services; and, discounts at holiday destinations of customer's choice across India.

A Case Study of Global Health Tours

Globe Health Tours (GHT) is a UK based company established by UK medical professionals to help people with medical needs to plan and schedule medical treatments abroad. Globe Health Tours exists to help people decide and manage their treatments abroad.

GHT arranges surgery on behalf of the customers with internationally accredited hospitals of their choice; organizes discussions between customers and the specialists who will be treating the customers; manages travel and accommodation arrangements for the customer and party; advise the customers and make sure they have all the information that they need. The GHT travel teams research and identify the best travel options including flight booking and upgrades. They also meet the customers at airports, arrange special facilities wherever required, and accompany them during their stay.

CONCLUDING REMARKS

In the present paper, we have attempted to answer the following and other questions: What is medical tourism? Why has it got the widespread currency that it enjoys now? What are the different forms of medical tourism business? Who are the medical tourism customers and how to manage them? How to venture into the business of medical tourism? What are the problems and prospects associated with the medical tourism business? It is hoped that he has been able to do it successfully.

Medical tourism in India despite being a relatively a new phenomenon is almost certainly to be a major source of earnings in years to come. India's healthcare industry is already growing at 30 per cent annually. Patients, especially from the United States and European countries, are now keenly looking towards India for treatment plus combining the same with short holidays. What is called 'International Patient Care' is already a seamless process, with the guests buying inclusive arrangements that feature air travel, local transportation, translation services, air-conditioned five-star accommodation, together with their personalized choice of global cuisine.

There is already a high concentration of expatriate Indian medical staff working in the US and UK, as well as many other countries. This gives patients confidence in the healthcare offered by India generally as they are already used to the expertise and professionalism of Indian medical staff. This is a major, but often overlooked factor in the growth of medical tourism in India. Nevertheless, with the business growing, so is competition too. As more and more patients from nations with high medical costs look for medical tourism options, India has competition from countries like Thailand, Singapore and other Asian countries. All these countries have good hospitals, attractive climates, and are established tourist destinations too (Todd, 2005).

Medical tourism presents an opportunity for hospitals to fuel growth by tapping the potential of the international patient market. To attract foreign patients, healthcare providers may consider leveraging on both business and clinical considerations. Also, well-coordinated efforts among the travel, the hospitality, and the healthcare trade are imperative for the sustainable growth of this business. A sincere commitment to these coordinated moves allows each stakeholder to focus on his own competencies and may even alleviate the level of competition – allowing for better long run revenues throughout the entire sector.

REFERENCES

- Adams, O. and Kinnon, C. (1998). *International Trade in Health Services: A Development Perspective*. Geneva: UNCTAD-WHO Joint Publication.
- Cockrell, N. (1996). *Spas and health resources in Europe*. *Travel and Tourism Analyst*, 1, The Economist Intelligence Unit Limited.

Demicco, F.J. and Cetron, M. (2006). Club medic. *Asia Pacific Biotech News*, 10 (10), 527-531.

English, V., Mussell, R., Sheather, J. and Sommerville, A. (2006). Medical Tourism. *Journal of Medical Ethics*, 32(4), 248-248.

Eggertson, L. (2006). Wait-list weary Canadians seek treatment abroad. *CMAJ: Canadian Medical Association Journal*, 174(9), 1247-1247.

Frechtling, D.C. (1997). Current research on health and tourism issues and future directions. In *Tourism and Health: Risks, Research, and Responses*, Clift, S. and Grabowski, P. eds. London: Pinter.

Goodrich, J.N. and Goodrich, G.E. (1990). Health Care Tourism. In *Managing Tourism*, Medlik, S., ed. New York: Butterworth Heinman.

Henderson¹, J.C. (2003). Healthcare tourism in South East Asia. *Tourism Review International*, 7(3/4), 111-121.

Latin American Weekly Report (1997). Health Tourism Booms in Cuba. *NACLA Report on the Americas*, 30 (4), 46-50.

Smith, C. and Jenner, P. (1998). The Senior's Travel Market. In *Travel and Tourism Intelligence*, UK: The Economist Intelligence Unit.

Teh, I. and Chu, C. (2005). Supplementing Growth with Medical Tourism. *APBN*, 9(8), 306-311.

Todd, S. (2005). Medical Tourism in India - Save Money & Get a Free Holiday! Accessed from <http://www.realtykochi.com/html/medicaltourism.htm>

TRAM (2006). TRAM Report on Global Medical Tourism. Accessed from <http://www.tram-research.com/MedicalTourism.pdf>

<http://www.udel.edu/PR/UDaily/2005/mar/tourism072505.html>

<http://www.imex-frankfurt.com/documents/April06-FOCUSONTRENDS.pdf>