



An Evaluation of the Healthcare Tourism in Today's Realities

For countries which are incapable to meet healthcare demands of their citizens, healthcare tourism options are helping to find medical care, especially for the global middle class. Healthcare tourism opportunities have already helped many patients, but, neither now nor in the future, it is not possible to solve global healthcare problems with medical tourism alone.

People around the world are seeking quality health services at an affordable price. Increasing healthcare costs in the US, long waiting time in the UK, lack of specific treatment modalities in underdeveloped countries force some people to look abroad to seek treatment solutions. The result of these kinds of demands with many other causes medical tourism industry is growing. While the industry offers life-saving procedures for those who cannot receive treatment in their home country, the whole sector is not helping people who cannot afford to pay the door-to-door full cost of overseas treatment bill. People with middle or upper-class income can afford cross-border medical travel.

Medical tourism is booming in India, Malaysia, Turkey, Thailand, Mexico, Costa Rica and UAE. But, who are happy in the medical tourism sector; patients? or healthcare providers? or investors? or government? and Why it is booming?

At one end of the span are the US citizens who either lack of fund or want to avoid financial failure. For example, a \$140,000-\$200,000 open cardiac surgery bill in

the US may cost a merely \$10,000-\$15,000 in Malaysia, India, Thailand or Turkey. At the other end of the span, Africa's expanding middle class is driving a growing market for outbound medical tourism. Foreign-owned hospitals and clinics who operates in Africa offer packages for local patients to travel to hospitals' home-base country when local treatment options are not available. Estimated 50,000-70,000 African received medical treatment abroad last two years. When considering its total population, Africa is expected to be a very important outbound medical travel continent.

Additionally, companies from different countries operate telemedicine or tele-radiology services for reporting or second opinion. And some healthcare providers are opening facilities to offer post-operative care in patients' homeland. Africans prefer relatively cheaper countries such as India, Turkey and Thailand rather than the UK, the US or UAE with the same reason with medical tourists from developed countries (lower costs, less waiting time with high-quality healthcare). Citizen of the African countries has face to visa restrictions. But, India and Turkey offer medical visa (m-visa) servi-



ces, therefore, medical visa (M-visa) services offered by these two countries is very important for time-sensitive medical travelers.

While Governments are giving great incentives to the private health sector for the expansion and upgrading of the infrastructure so that they can receive more cross-border patients, medical tourism also contribute increasingly to the tourism sector and the private health sector.

However, medical tourism and government supports can be accepted as an unstable solution for improving the infrastructure of service providers. In many countries, economic or political changes have effects on any kind of cross-border travels. For example, tourists from Russia to Turkey sharply decreased (diminished by 90%) in 2015 by the political conflict of these two countries. And the tourism sector including medical tourism sector negatively affected by this situation.

In developing countries, the modernization of the private health sector has far outpaced the public health sector. Meanwhile, healthcare needs remain unmet for "the majority of citizens of developing and underdeveloped countries". Also, they already cannot afford door-to-door healthcare service costs as medical travelers by out-of-pocket payment. Thus, medical tourism

through developing countries is the middle-class income people's reality. On the far-left side of the line, there are poor people who cannot afford the costs of travel and overseas treatment. On the far-right side of the line, there are rich people who can access healthcare anywhere even in the USA or the UK.

Possible solutions are beginning to put on practice more quickly. The international hospitals in poor countries are training doctors on how to perform specialized procedures in the way of reducing medical travel.

This is an income or profit based solutions for the international hospital. If the cost of travel and accommodation cost deducted, people who are not the poorest but below the middle class of income can afford the treatment cost in their homeland by in a higher quality healthcare institution. As a result of this, the hospitals will achieve their expected profit by a cross-border branch. By this way, both sides could be happy with this solution. Probably, in the near future, more hospital will open branches in different countries other than their home base country. In such healthcare institutions, doctors will have a chance to pass their knowledge and experience to the indigenous next generation by training. By

opening hospitals and educating people, medical tourism can help to increase domestic healthcare service capabilities and to decrease cross-border healthcare needs. But this kind of activities must be accepted as medical tourism sector activities. The World Trade Organization considers this type of trade as international trade under GATS Mode III, means revenue must be recorded as the medical tourism market income.

In overall, for countries which are unable to meet their citizens' healthcare demands, medical tourism can help for demands met the need of the middle class, globally. In order to find a solution for the poorer populations, governments and the private sector must work together to increase healthcare service capacity affordability for their citizens. For further specific treatment needs of the poor people, governments and facilitator should build a more coordinated network between each other. If any patients cannot be treated in their home country because of lack of personal funds, governments or non-profit organizations must find a hub for a better treatment option for them. Everyone has the right to access to healthcare which is a universal human right.