

Chapter 6

Host Community Role in Medical Tourism Development

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ABSTRACT

Today, healthcare is one of the most prominent factors in man's life, and man will continue to explore ways to find remedy from any illness. In the present time, distance is no hurdle, and therefore, man will cross all boundaries in quest of getting rid of imminent fatalities or for other healthcare problems. The study shows that there are four important reasons due to which a patient will travel to another country to seek medical care: (1) destination for medical care should be affordable, (2) waiting time for getting treatment should be minimum, (3) medical care and support system is better in foreign country than home country, and lastly, (4) such treatment is not available or not up to the mark in home country.

WHO ARE MEDICAL TOURISTS?

Before host community role is defined in medical tourism development, it is logical to understand as to who are medical tourists with reference to ecosystem of host community. When a consumer elects to travel across international borders with the intention of receiving some form of medical treatment, he is called a medical tourist. This treatment may span full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment. Within this

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range of treatments, not all would be included within health trade. Cosmetic surgery for aesthetic rather than reconstructive reasons, for example, would be considered outside the health boundary' (OECD, 2010). However, with the word 'tourism' prefixed with 'medical (treatment hidden)', this will solely depend upon the host nation, ecosystem and community.

Medical tourism can be understood as a subset of the wider notion of patient mobility which itself may be sub-divided on the basis of comprehensive research by OECD Countries as follows:

- ***'Temporary visitors abroad':*** These include those individuals holidaying abroad who use health services as a result of an accident or a sudden illness. These would not be considered as 'medical tourists', more just 'unfortunate tourists'.
- ***'Outsourced patients':*** Those patients who are sent abroad by health agencies using cross-national purchasing agreements. Typically, such agreements are driven by long waiting lists, high cost of medical treatment and a lack of available specialists and specialist equipment in the home country. These patients often travel relatively short distances and contracted services (both public and private) are more likely to be subject to robust safety audits and quality assurance (Lowson *et al.*, 2002, Glinoset *et al.*, 2006). These individuals could be described as collective medical tourists, albeit they remain state or agency-sponsored rather than acting as individual consumers in the traditional sense. There may be a future market in developing countries from some developed countries where medical bills are sky-rocketing. In such cases, the medical tourist and accompanying attendant intend to visit nearby tourist places out of saved expenses or expected medical treatment required to be incurred in patient's country. Patterns of travel between source and destination countries are well-established, particularly related to those in Europe. However, more accurate data are required about patient flows between different countries and continents. It would appear that geographical proximity is an important, but not a decisive factor in shaping individual decisions to travel to specific destinations for treatment (Exworthy and Peckham, 2006). Though there is inadequate research material available for inbound medical tourism trends in all popular medical destinations like India, general outcomes of OECD and other Organisations are found applicable in such cases including in India, too.

As per interpretation of World Tourism Organization (WTO), the word "Tourism" comprises of "the activities of persons travelling to and staying in place outside their usual environment for leisure, business and other purposes." Medical Tourism, which

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