CHAPTER IV

HEALTH TOURISM:
AN OVERVIEW

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4.1 Introduction

With the advent of globalization and culture of consumerism, people begin to travel to make use of wide variety of alternatives that bring satisfaction and healthy living. Now a day’s people are more aware of the importance of health. They are conscious in maintaining a healthy body, mind and soul. People visit tourism destinations normally for leisure and recreation. The purpose of visiting a tourism destination may vary depending up on the nature and interests of tourists. Hence tourism destinations design variety of tourism products so as to cater the needs of tourists having different interests. Health tourism is a niche tourism developed by the competing tourism promoting countries in order to attract people travelling with the prime purpose of getting healthcare. This chapter depicts the concept and history of health tourism, health tourism trends and health tourism potentials of India.

4.2 Concept of Health Tourism

Health tourism comprises of two terms healthcare and tourism and it involves a combination of resources of healthcare and tourism. A health tourism destination highlights its healthcare resources that give wellness and cure and tourism attractions that give peace of mind and relaxation. Health tourism is becoming a preferred form of vacationing as its covers a broad spectrum of medical services and mixes leisure, fun and relaxation together with wellness and healthcare. Health tourism is also known as medical tourism, wellness tourism, healthcare travel or medical value travel.

Medical tourism often refers to travelling to other countries to obtain medical, dental and surgical treatment. It denotes the increasing tendency among people to travel in search of more affordable health options often packaged with tourist attractions. Wellness tourism is the sum of all the relationships and phenomena resulting from a journey and residence by
people whose main motive is to preserve or promote their health. They stay in a specialized hotel which provides the appropriate professional know how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education.\(^1\)

Medical tourism is highly promoted by big corporate hospitals in developing countries by providing high quality medical services at cheaper prices to patients from industrialized nations. Health tourism is projected as a new segment in travel and healthcare business. Globally, medical tourism is said to be US $ 40 billion industry. The main attractions of health tourism are cost effectiveness and a chance to enjoy the tourist products of health tourism destination during recuperative period.

GATS distinguish four different ‘modes’ of services, all of which are relevant to health services:

1. **Cross-border supply:** – where the service is provided remotely from one country to another, such as telemedicine via Internet or satellite, or international health insurance policies.

2. **Consumption abroad:** – where individuals use a service in another country, such as patients traveling to take advantage of foreign health care facilities, or medical students training abroad.

3. **Commercial presence:** – where a foreign company sets up operations within another country in order to deliver the service, such as hospitals, health clinics, insurance offices or water distribution operations.

4. **Presence of natural persons:** – where individuals such as nurses, doctors or midwives travel to another country to supply a service there on a temporary basis.\(^2\)
4.3 History of Health Tourism

Health tourism has become a common form of vacationing, and covers a broad spectrum of medical services. It mixes leisure, fun and relaxation together with wellness and healthcare. Medical tourism is actually thousands of years old. In ancient Greece, pilgrims and patients came from all over the Mediterranean to the sanctuary of the healing god, Asklepios, at Epidaurus. In Roman Britain, patients took the waters at a shrine at Bath, a practice that continued for 2,000 years. From the 18th century wealthy Europeans travelled to spas from Germany to the Nile. In the 21st century, relatively low-cost jet travel has taken the industry beyond the wealthy and desperate.

With many of the earliest civilizations, medical tourism manifested as trips to sacred temple baths and hot springs. Written historical accounts of Mesopotamian, Indian, Egyptian, and Chinese cultures clearly document bathing and healing complexes erected around therapeutic springs. As far back as the Bronze Age (2000 B.C.), hill tribes near present-day St. Moritz, Switzerland gathered around to drink and bathe in the iron-rich mineral springs of the region. Bronze Age implements, including votive drinking cups, have also been found around thermal springs in France and Germany, as well as in Celtic mineral wells. In 4000 B.C., the Sumerians constructed the earliest known health complexes alongside mineral water springs that included elevated temples and flowing pools. Although many post-Sumerian civilizations probably understood and appreciated the healing effects of mineral-rich water, it was the Greeks who first laid the foundation for comprehensive health care systems and medical tourism networks.

4.3.1 Earliest Health Tourism Centres

Earliest medical tourism centres are built by Greeks, ancient Romans, Persians, Arabs, Europeans and Indians.
Greek Medical Tourism

The Asclepia Temples (built in honor of the Greek god, Asclepius) were some of the earliest healing centers where patients from around the region congregated for therapeutic purposes.

The numerous Asclepia Temples that were constructed during this time were usually established in prime “healthful” locations, often near mineral springs. Most temple complexes also included snake nurseries where serpents were farmed for mystic, healing rituals.

At Epidaurus, the longest preserved of the Asclepia Temples, the complex included bathing springs, a dream temple, gymnasium, palaestra (exercise area), and a snake farm large enough to supply nearby villages. Patients at the temple were attended to by a retinue of priests, stretcher carriers, and caretakers, before finally being granted an “appointment” with the mighty head priest.

The Asclepia Temples flourished well into the fourth century AD until treatments began to be less ritualistic and more clinical. However, even at the height of alchemy and herbal medicine, the old “sleep and dream” formula was still popular in certain parts of the Mediterranean. Other temple spas, like the Sanctuary of Zeus at Olympia and the spa multiplex at the Temple of Delphi, flourished throughout ancient Greece, although not on the same scale as the Asclepia Temples⁴.

Ancient Roman Medical Tourism

In ancient Rome, hot water baths (called thermae) were not only used for their obvious medicinal benefits, but they also served as important social networking venues for some of the Empire’s most privileged elite. The Romans were definitely not believers in Spartan healing, and those who could
afford to do so spend lavish amounts of money at the numerous baths and hot springs that surfaced. Much like the swank health care centers of 21st century medical tourism hotspots, these elaborate Roman complexes were posh establishments. Some treatment centers actually included theaters, lounges, art galleries, conference halls, brothels, and even the occasional sports stadium. Some of the larger complexes could reportedly house as many as 3,000 patients and patrons at a time.

During the early days of the Roman Empire, these *thermae* could hardly have been considered medical tourism spots since most visitors were within one day’s journey. But as the Empire slowly expanded during its 1,000 year reign, pilgrims, diplomats, beggars, and kings from all corners of the "known" world flocked to the Mediterranean to seek medical counsel and health treatments. And as a result of active trade with many parts of Persia, Africa, and Asia, these Roman baths necessarily expanded the healing arts. Ayurvedic massage, Chinese medicine, and various aspects of Buddhist spiritual healing became common features at some Roman *thermae*.

**Persian, Arabian, and Islamic Medical Tourism**

Early Islamic civilization, known for its many contributions in the fields of medicine and healing, had a well established health care system in place for foreigners. Probably the most famous medical tourism facility was Mansuri Hospital in Cairo (erected: 1248 AD). With a total in-patient capacity of 8,000 people, Mansuri Hospital was not only the largest hospital of the time, but it was also the most advanced health care facility that the world had ever seen. The complex included separate wards for women, a pharmacy, a library, and numerous lecture halls. There were also facilities for surgery and separate departments for eye diseases. No patient was to be turned away on account of race or religion, and no limits were imposed on a patient’s stay in the hospital.
There are also numerous accounts of welfare-driven hospitals in Baghdad and Syria that catered to weary travelers from abroad. Accommodations at these health care facilities, or *bimaristans* as they were known locally, were far from cramped. Many of them were actually palaces that had been donated by nobles and princes who were inspired by the Islamic principles of charity. Furnishings were opulent, and these luxurious lodgings were available to an endless stream of people from abroad⁶.

**Japanese Onsen**

Medieval Japan discovered the healing powers of hot mineral springs (*onsen*) when hunters followed fleeing prey up to bubbling pools where the animals instinctively went to relieve their pain and tend their wounds. The healing properties of the water, enriched by the surrounding volcanic soil, attracted tourists from all over the country. Elderly farmers, hunters, and fishermen soon discovered that the rich waters were effective for treating arthritic aches. It wasn't long before members of the various warrior clans began visiting favored hot springs to alleviate pain, heal wounds, recuperate, and replenish their energy. Some *onsen* even have mud pools or sulfur springs where bathers can receive rejuvenating mineral scrubs as they soak in hot, calming waters⁷.

**Indian Medical Tourism**

Some might have difficulty categorizing yoga retreats, Buddhist pilgrimages, and meditation centers as medical tourism, but the unbelievable reach of India’s healing arts is not to be ignored. Ever since yoga’s birth more than 5,000 years ago, India has enjoyed a constant influx of medical travelers and spiritual students hoping to master and benefit from this most fundamental and revered branch of alternative medicine. When Buddhism came along roughly 2,500 years later, this only added fuel to the fire and
helped position India as the epicenter of Eastern cultural, spiritual, and medicinal progress.

Although Western clinical medicine eventually eclipsed India’s spiritually centered healing arts, the region has remained a veritable mecca for all practitioners of alternative medicine. In the 1960s, India received a new boost of support when the “New Age” movement began in the US. India once again became the destination of choice for thousands of Western pilgrims. What started as a flower child movement has developed into a full-fledged health tourism industry, drawing les bohémes and Manhattan socialites in equal measure. This mass influx of medical tourists was furthered helped by India’s deep commitment to technology and health care infrastructure. Not only is India one of the world’s oldest medical tourism destinations, but it is also one of the most popular ones as well.

European Medical Tourism

Although pilgrimages have remained central throughout much of Europe’s history, leisure travel, recreational vacations, and medical tourism didn't really come about until the 16th century when Europeans rediscovered the Roman baths. Entire communities sprung up around spa towns like Baden Baden, Aachen, and most notably, Bath. The emergence of Bath or Aquae Sulis (Sulis derived from the water goddess, Sulis Minerva) as a major medical tourism destination can be attributed to the heavy royal patronage and involvement that the city enjoyed. With heavy endorsements from members of the ruling class, it wasn’t long before Bath became anointed as a fashionable wellness and recreation playground for the rich and famous. By the 1720s, aristocrats and gentlemen of leisure from other parts of Europe were swarming to Bath for cleansing and healing, while rubbing elbows with some of the continent’s elite.
England was not the only place in Europe where medical tourism flourished. In 1326, a sleepy little village in east Belgium gained overnight fame after the discovery of iron-rich hot springs within its boundaries. Although the Romans knew about the therapeutic waters of Ville d’Eaux (Town of Waters), it developed into a full-fledged health resort only in the 16th century. Visitors from all over Europe flocked to Ville d’Eaux for relief from gout, rheumatism, and intestinal disorders. Illustrious patients included Peter the Great and Victor Hugo. The word “spa,” from the Roman “salude per aqua” (health through waters) was coined around this time, and it applied to any health and wellness resorts that didn’t practice conventional clinical medicine\(^9\).

Until mid – 1990s, affluent people from developing countries travel to industrialized countries for medical treatment. During 1990s cosmetic surgery became a trend and people began to travel to countries such as Argentina, Brazil and Israel for cheap cosmetic procedures. Now people from developed countries seek healthcare in developing countries that offer high quality treatment at low cost. Countries offering health tourism are Thailand, Malaysia, Singapore, and India.

### 4.4 Trends in Demand for Health Tourism

Customers of health tourism are known as health tourists who travel to health tourism destinations with the prime purpose of obtaining medical care and wellness for maintaining a healthy body, mind and soul. Health tourist is a person who travels to another country with the dual purpose of getting medical treatment, which is more affordable in the other country and enjoying a vacation as well. Medical tourists can be classified into two, leisure tourists who take minor treatment for his wellness as part of vacation and tourists travelling specifically for medical treatments. They are generally residents of
the industrialized nations of the world such as United States, Canada, Great Britain, Western Europe, Australia and The Middle East.

4.4.1 Reasons for the Development of Health Tourism

A combination of several factors has led to the recent increase in popularity of medical tourism. People from industrialized nations seek health tourism because of high costs of treatment in their home country. Health tourism destinations provide high quality treatment at low cost, that is the health tourist gets treatment at a fraction of cost that he has to spend for the same procedure in his home country. So person’s having limited health insurance and uninsured persons choose treatment outside their home country. More over they get an opportunity to visit a new country and enjoy its tourism products during the recuperative period.

In UK medical treatment is free under National Health Service, but patients have to wait for a long time to get their turn. The waiting period may vary from 18 to 24 months. So they choose health tourism an option to get treated within weeks. Wealthy patients from third world countries also choose for health tourism as they get better service and care from the health tourism provider.

Some health tourism destinations provide alternative medicines and traditional form of treatments. Patients wish to take alternative medicines like Ayurveda opt for health tourism. Health insurance agencies and big corporates of developed countries also choose health tourism for their clients and employees so as to reduce the cost of treatment.

In nutshell following are the reasons that prompt people to choose health tourism:
• High cost of treatment in home country and high quality low cost treatment offered by health tourism destination.

• Long waiting lists in home country and opportunity to get medical treatment within a week at health tourism destination.

• To make use of highly sophisticated equipments and technology provided by the health tourism destination.

• To reduce stress and rejuvenate body, mind and soul by taking alternative forms of medicines which have no side effects.

• Taking the advantage of tourism while treatment as the patients can forget about their illness and can relax in a health tourism destination.

• Ease and affordability of international travel and favourable exchange rates.

• Better hospitality services provided by the health tourism destination. Patients feel like they are at home even if they are treated for a serious disease.

• Availability of the services of highly skilled doctors and high standards of care.

4.5 Suppliers of Health Tourism

Countries that actively promote medical tourism include Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia and Thailand. Belgium, Poland and Singapore are now entering the field. South Africa specializes in medical safaris-visit the country for a safari, with a stopover for plastic surgery, a nose job and a chance to see lions and elephants.
Popular **medical travel** worldwide destinations include: India, Brunei, Cuba, Colombia, Costa Rica, Hong Kong, Hungary, Jordan, Lithuania, Malaysia, The Philippines, Singapore, South Africa, Thailand, and recently, Saudi Arabia, UAE, Tunisia and New Zealand.

Popular **cosmetic surgery travel** destinations include: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Mexico and Turkey. In South America, countries such as Argentina, Bolivia, Brazil and Colombia lead on plastic surgery medical skills relying on their experienced plastic surgeons. In Bolivia and Colombia, plastic surgery has also become quite common. Colombia also provides advanced care in cardiovascular and transplant surgery.

In Europe Belgium, Poland and Slovakia are also breaking into the business. South Africa is taking the term "medical tourism" very literally by promoting their medical safaries. China is becoming a destination for Westerners who want to take advantage of stem cell treatments that are still considered experimental or have yet to be approved in their home country for conditions such as paralysis. In 2006, 15,000 foreigners traveled to Israel for medical procedures, bringing in $40 million of revenue. Medical tourists come to Israel to visit the Dead Sea, a world-famous therapeutic resort. New Zealand is a relatively new player to the medical travel market, focusing on non-acute surgical procedures and fertility treatment. In 2006, some 410,000 visitors came to Singapore for health care services. With internationally-accredited hospitals and speciality centres, a global reputation as a medical convention and training centre, and a fast-growing basic and clinical research hub, Singapore has established itself as a leading medical destination, serving medical travellers from around the world. Medical tourism is a growing segment of Thailand's tourism and health-care sectors. In 2005, one Bangkok hospital took in 150,000 treatment seekers from abroad. Germany has long
been a medical tourism destination for people from the Middle East and North Africa. Now with a reduction in tension between East and West, many Russians and other Eastern Europeans are seeking treatment in Germany. Portugal's health care system is highly rated by the World Health Organization's ranking of the world's health systems, rated 12th of 191 countries. Proximity to the US and Northern Europe reduce patients’ travel risks, while Portugal's mild climate is well-suited for convalescence. Turkey has attracted medical tourists from Europe and is seeking to build on its geothermal resources with expansion of therapeutic spas. Costa Rica has been actively involved with dental tourism, and US insurers have begun contracting with dentists there. Costa Rica has also recently entered the broader medical tourism market. The close proximity to the United States and Canada and a significant English speaking presence make Costa Rica a growing destination for medical travel. Cuba has been a popular medical tourism destination for more than 40 years. Thousands of patients travel to Cuba, particularly from Latin America and Europe, attracted by the "fine reputation of Cuban doctors, the low prices and nearby beaches on which to recuperate. Brazil, has long been known as a destination for cosmetic surgery.

4.6 Health Tourism Organisations

Health tourism organisations are those agencies involved in the promotion of health tourism and ensuring patient’s safety by accrediting hospitals engaged in health tourism. Major health tourism organisations are:

*European Health and Medical Tourism Association*

The mission of European Health and Medical Tourism Association is to bring together the European stakeholders in the healthcare and medical travel industries.
Main Objectives are:

- Promote medical tourism in Europe
- Highlight the expertise, ethics and professionalism of the European health and medical community
- Protect the integrity of the care provider-patient relationship
- Protect the interests of the traveling patient
- Participate in the growth of the industry, standards, and accreditations.
- Promote a higher level of quality healthcare and standards for the medical travel.
- Advocate, in one voice the European health tourism industry.
- Create a flow of information or any other important issues that may arise affecting medical tourism.
- Provide a single source of information on medical tourism--a comprehensive web-based information center for the medical travelers and the affiliated health and medical service providers.
- Provide specific EU based medical tourism accreditations and to provide the listing to the public.

*International Association for Medical Assistance (IAMAT)*\(^{12}\)

International Association for Medical Assistance is a non-profit membership organization. Since its formation in 1960, IAMAT has been a leader in the field of travel medicine, advising travelers about health risks, the geographical distribution of diseases, immunization requirements, sanitary
conditions of water, milk and food, and environmental and climatic conditions around the world.

IAMAT maintains a network of physicians - general practitioners and specialists, hospitals and clinics around the world - who have agreed to treat IAMAT members in need of medical care during their journey. Its aim is to make competent care available to travelers anywhere in the world, even in very remote locations, by doctors who speak English and have had medical training in North America or Europe. IAMAT continuously inspects clinics in an attempt to ensure that travelers receive competent medical care.

**International Medical Interpreters Association**

The International Medical Interpreters Association is committed to the advancement of professional medical interpreters as the best practice to equitable language access to health care for linguistically diverse patients. Founded in 1986, with over 1,500 members, and providing interpreting services over 70 languages. While representing medical interpreters as the experts in medical interpreting, membership to the IMIA is open to those interested in medical interpreting and language access. IMIA currently have a division of providers, corporate members, and trainers.

The purpose of the Corporation is to engage in the following activities:

Define educational requirements and qualifications for medical interpreters

- Establish professional standards of practice and norms of medical interpretation
- Promote the establishment of professional interpretation and translation services by medical institutions and related agencies
• Act as a clearing house for the collection and dissemination of information about medical interpretation-translation and related issues

• Promote research into issues of cross-cultural communication in the healthcare setting

• Promote the medical interpreting profession

The Association shall strive to meet the above objectives by means such as the following:

• Publish and promote periodicals, bulletins, notices, glossaries, dictionaries, reports, and any other publications that may further its objectives

• Hold periodic meetings

• Establish & maintain a certification process for medical interpreters

• Maintain membership in professional organizations in related fields

• Work actively with universities, foundations, government agencies, and other organizations in such matters as the training and continuing education of interpreters and translators.

The Joint Commission and Joint Commission Resources (JCR)

The objective of the Joint Commission and Joint Commission Resources (JCR) is to continuously improve patient safety in all health care settings. The Joint Commission and Joint Commission Resources (JCR) established the Joint Commission International Center for Patient Safety in March 2005. The Center is a natural extension of the well-established patient safety activities for which the Joint Commission and JCR are recognized. The
Center leverages the expertise, resources and knowledge from both the Joint Commission and JCR.

In August 2005, the World Health Organization (WHO) designated the Joint Commission and Joint Commission International (a component of JCR) as the world’s first WHO Collaborating Centre dedicated solely to patient safety as part of its major initiative—the World Alliance for Patient Safety. The Joint Commission International Center for Patient Safety is the operational arm for this collaboration. By working collaboratively with ministries of health and national patient safety organizations and experts, health care professional organizations and patient/consumer groups, the Collaborating Center focuses worldwide attention on Patient Safety Solutions, Patient Safety Practices and other initiatives that will reduce safety risks to patients and coordinates these activities nationally and internationally as effectively as possible.

**Joint Commission International (JCI)**

The mission of Joint Commission International is to continuously improve the safety and quality of care in the international community through the provision of education and consultation services and international accreditation. Joint Commission International (JCI) is a division of Joint Commission Resources (JCR), the not-for-profit affiliate of the Joint Commission. For more than 50 years, The Joint Commission and its predecessor organization have been dedicated to improving the quality and safety of health care services. Today the largest accredditor of health care organizations in the United States, the Joint Commission surveys nearly 20,000 health care programs through a voluntary accreditation process. Details of JCI accredited organisations in India are shown in Appendix IV.
Medical Tourism Association is an international, non-profit association made up of the top international hospitals, insurance companies, healthcare companies, medical tourism companies, and other affiliated companies and industries with a common goal of promoting the highest level of quality of care to patients on an international basis.

The mission of Medical Tourism Association is

- To raise awareness of the high level of quality care available at international hospitals around the world.

- To promote positive and stable growth of the Medical Tourism Industry with a strong focus on quality.

- To provide an unbiased source of information for patients, insurance companies and employers from around the world to get detailed information on the top hospitals, their quality of care and outcomes.

- To protect the reputation of Medical Tourism from disreputable hospitals and others who may not have the same level of quality healthcare and standards.

- To be one voice for purposes of dealing with the Government.

- To provide a single source of information on medical tourism, outcomes of surgeries, and to create a comprehensive web portal for people to learn about medical tourism and the affiliated hospitals.

- To promote an electronic means of communication so international hospitals can communicate with US insurance companies or hospitals.
• To seek out future affiliated industries and technologies that will allow the international hospital to operate more efficiently in the Medical Tourism Industry and to expand upon the number of patients they can provide high quality care for.

**World Health Organization (WHO)**

World Health Organization is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

**The Council for Health Service Accreditation of Southern Africa (COHSASA)**

The mission of the Council for Health Service Accreditation of Southern Africa is to assist healthcare facilities to deliver safe and effective care through sustained quality improvement and internationally recognized accreditation. It assists a range of healthcare facilities to meet and maintain quality standards. It does so by enabling healthcare professionals to measure themselves against standards and monitor improvements using quality improvement methods, internationally accredited.

**The Haute Autorité de santé (HAS) / French National Authority for Health**

The Haute Autorité de santé (HAS) or French National Authority for Health was set up by the French government in August 2004 in order to bring together under a single roof a number of activities designed to improve the quality of patient care and to guarantee equity within the healthcare system.
HAS activities are diverse. They range from assessment of drugs, medical devices, and procedures to publication of guidelines to accreditation of healthcare organisations and certification of doctors. All are based on rigorously acquired scientific expertise. Training in quality issues and information provision are also key components of its work programme.

HAS is not a government body. It is an independent public body with financial autonomy. It is mandated by law to carry out specific missions on whom it reports to Government and Parliament. It liaises closely with government health agencies, national health insurance funds, research organisations, unions of healthcare professionals, and patients' representatives.

**Health Quality Service**

The Health Quality Service is the longest established health accreditation service in the UK and the rest of Europe. It works with UK and international healthcare organisations to improve the quality of patient care through consultancy services and the development of health care standards and assessment processes.

**The International Society for Quality in Health Care (ISQua)**

The International Society for Quality in Health Care is a non-profit, independent organisation with members in over 70 countries. ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy makers and consumers, to achieve excellence in healthcare delivery to all people, and to continuously improve the quality and safety of care.
ISQua’s Values

- Quality health care for all
  Promoting access for people throughout the world to safe, quality health care

- Responsiveness
  Understanding and meeting the needs of members and other clients and continually improving services for them

- Innovation
  Constantly exploring, studying and researching new concepts and opportunities

**European Society for Quality in Healthcare (ESQH)**

European Society for Quality in Healthcare is a not-for-profit organisation dedicated to the improvement of quality in European healthcare. It consists of 19 members, all of whom are National Societies for Quality in Healthcare, from the countries such as Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Portugal, Spain, Sweden, Turkey and the UK.

**The International Organization for Standardization (ISO)**

The International Organization for Standardization (ISO) is an international-standard-setting body composed of representatives from various national standards organizations. Founded on 23 February 1947, the organization promulgates world-wide proprietary industrial and commercial standards. It is headquartered in Geneva, Switzerland. While ISO defines itself as a non-governmental organization, its ability to set standards that often
become law, either through treaties or national standards, makes it more powerful than most non-governmental organizations. In practice, ISO acts as a consortium with strong links to governments.

**Malaysian Society for Quality in Health (MSQH)**

The Malaysian Society for Quality in Health (MSQH) was formed through the initiatives of the Ministry of Health Malaysia (MOH), Association of Private Hospitals of Malaysia (APHM) and the Malaysian Medical Association (MMA). The Malaysian Society for Quality in Health (MSQH) is an independent, not for profit organization working actively in participation with healthcare professionals to ensure safety and continuous quality improvement in health in the services provided by healthcare facilities and services in the country.

**Netherlands Institute for Accreditation of Hospitals (NIAZ)**

Through accreditation, the NIAZ aims to stimulate hospitals to improve the quality of the organisation of health care and in quality assurance. Furthermore, a NIAZ accreditation certificate guarantees the accountability of hospitals for both internal and external stakeholders.

The NIAZ’s mission is to improve and assure the quality of the organisation of health care in hospitals in the Netherlands. Although the ‘Z’ in NIAZ represents hospitals (‘Ziekenhuizen’) other health care organisations may also participate in the NIAZ accreditation.

The NIAZ’s mission comprises two objectives. The first is that the NIAZ supports individual institutions in improving and assuring the quality of the organisation of their health care. To do this, the NIAZ developed a system of accreditation standards for individual departments and a comprehensive accreditation standard which health care institutions have to meet in order to
require an accreditation certificate. This is tested by an audit system, based on peer review. The auditors work in the same area of expertise as the health care organisation they are auditing. They can be general managers, medical specialists or quality managers of other health care organisations. The NIAZ's second objective is to enable individual health care organisations to be accountable for the quality of the organisation of health care. Accreditation is the ideal instrument for offering both internal as well as external accountability for an organisation.

National Committee for Quality Assurance (NCQA)²⁶

The National Committee for Quality Assurance is a private, not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service.

NCQA has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what’s important, how to measure it, and how to promote improvement. That consensus is invaluable — transforming our health care system requires the collected will and resources of all these constituencies and more.
National Health Service (NHS)\textsuperscript{27}

The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. At its launch by the then minister of health, Aneurin Bevan, on July 5 1948, it had at its heart three core principles:

- that it meet the needs of everyone,
- that it be free at the point of delivery,
- and that it be based on clinical need, not ability to pay

National Accreditation Board for Hospitals & Healthcare Providers (NABH)\textsuperscript{28}

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, has full functional autonomy in its operation.

International Society for Quality in Healthcare (ISQua) has accredited “Standards for Hospitals” developed by National Accreditation Board for Hospitals & Healthcare Providers (NABH, India). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua. The hospitals accredited by NABH will have international recognition. This will provide boost to medical tourism. International Society for Quality in Health Care (ISQua ) is an international body which grants approval to Accreditation Bodies in the area of healthcare as mark of equivalence of accreditation program of member countries.
So far hospital standards of only 11 countries viz. Australia, Canada, Egypt, Hong Kong, Ireland, Japan, Jordan, Kyrgyz Republic, South Africa, Taiwan, United Kingdom were accredited by ISQua. India becomes the 12th country to join in this group.

4.7 Benefits of Health Tourism

Health tourism brings numerous benefits to the parties engaged in it. The advantages of health tourism can be broadly classified under two heads:

Benefits enjoyed by health tourists

- Health tourists get personalized attention.
- Potential savings as the cost of treatment in health tourism destination is much less than that of home country.
- Shorter waiting time, the patient need not wait in a queue for getting treatment and they receive treatment immediately after their arrival.
- Get high quality treatment at low cost.
- Chance to experience a new culture.
- Availability of holistic treatments like Ayurveda, Yoga etc.
- Treated by highly skilled and experienced medical professionals.
- Health tourists can take the advantage of sophisticated technology at low cost.
- Rejuvenation of mind, body and soul using alternative therapies.
- Opportunity to participate in stress release programmes.
- Chance to enjoy natural beauty and relaxation during the recovery period.
- Can enjoy the benefits of health tourism package
Benefits enjoyed by health tourism destinations

- Increase in employment opportunities with simultaneous expansion of tourism, hotel and aviation industry.
- Avenue of foreign exchange generator.
- Growth in insurance industry.
- Increased employment opportunities in healthcare sector.
- Stimulus to pharmaceutical industry.
- Growth in Gross Domestic Product.
- Reversal and arrest of brain drain, medical professionals working in developed countries will come back to work in home country.
- With augmented infrastructure private hospitals can provide services to foreign patients and revenues earned can subsidize poor patients.
- Development in infrastructural facilities.
- Increased demand for alternative medicines.
- Health tourism improves political friendship.

Critics of health tourism say that the potential for earning revenues through medical tourism will become an argument for private hospitals demanding more subsidies from the government in the long run. Scarce resources available for health will go into subsidizing the corporate sector. Health tourism may give rise to sex tourism which may hamper culture of the health tourism destination.

4.8 Health Tourism Potentials of India

Health tourism is gaining momentum in developing countries. It is perceived as one of the fastest growing segments in marketing ‘Destination India’. India has become a heaven for medical tourists because of the provision of cost effective high quality treatment and overhead costs like
traveling, lodging, sightseeing, food and shopping are very affordable in India. From less than 10000 patients visiting India for medical treatment five years ago, the medical tourism market in India is worth US$ 333 million, with about 100000 foreign patients coming every year.

The medical care infrastructure in India includes over 500000 doctors, 15000 hospitals and 875000 beds. In addition, semi urban and rural regions have over 23000 primary health centres and 132000 sub centres. Despite an extensive public healthcare infrastructure, private sector now dominates the market. Health administration of India is governed by the Ministry of Health and Family Welfare (MOHFW), which has three departments such as Department of Health, Department of Family welfare, Department of AYUSH (Ayurveda, Unani, Siddha and Homeopathy).

High quality treatment at a fraction of the cost, in comparison to western countries, makes India an ideal healthcare destination for highly specialized medical care. The potentials of India in the area of health tourism are identified by evaluating the health tourism products and providers of the country and the competitive advantage of India over other countries in attracting health tourists.

4.8.1 Health Tourism Providers

Health tourism providers are organisations involved in the process of health tourism include healthcare providers, travel agencies, tour guides, hotels and resorts. Services of health tourism providers include consultation with the relevant medical specialist prior to arrival by email, telephone and if needed by video conference, flight arrangements & extensions / visa assistance, airport pick-up including an ambulance if needed, hotel accommodation, appointments with medical specialists, clinical tests, scheduling of all medical appointments, coordination of the admissions
process, cost estimates for anticipated treatment, special dietary needs / religious arrangements, providing news & information of patient's relatives back home, remote consultations via telemedicine, local sightseeing, foreign exchange, insurance services, financial services, travel advice for local conditions, ticketing, spa, shopping, yoga, and beauty treatment.

Major medical tourism providers in India are Apollo Hospitals, Escorts Heart Institute & Research Centre, Wockhardt Hospitals, Fortis Healthcare, Tata Memorial Cancer Hospital, Leelawati Hospital and Manipal Hospital

Apollo Hospitals Group

Apollo Hospitals is a healthcare powerhouse that has a chain of 41 hospitals with over 8000 beds. It has a string of nursing and hospital management colleges and dual lifelines of pharmacies and diagnostic clinics providing a safety net across Asia. Apollo Hospital Enterprises treated an estimated 60,000 patients between 2001 and 2004. It is Apollo that is aggressively moving into medical outsourcing. Apollo provides overnight computer services for U.S. insurance companies and hospitals as well as working with big pharmaceutical corporations with drug trials. The company is in partnership in hospitals in Kuwait, Sri Lanka and Nigeria. Being JCI accredited, Apollo Hospitals is recognized by Health Insurance Providers in the US. 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.

Fortis Healthcare Limited

Fortis Healthcare Limited is one of the leading chains of Hospitals in India which are benchmarked to International standards - achieving quality through the relentless adherence to the protocols observed in some of the world's leading hospitals. One of India's leading tertiary level healthcare groups, Fortis Healthcare comprises a network of 13 hospitals with a bed
capacity of 1803 beds and 13 Heart Command Centres. Following the acquisition of the renowned Escorts Healthcare System, Fortis Healthcare operates one of the world's largest Cardiac programmes. The group's Fortis Hospital at Noida, next-door to Delhi, is India's foremost tertiary care facility in Orthopaedics and Neuro Sciences. The group also performs cutting edge surgeries in various specialities ranging from cosmetology, woman & child health, ophthalmology, dental, ENT, urology, and minimal invasive surgery. Our facilities ensure that there is genuine Medical Value in health travel to India.

Wockhardt Hospitals Group

Wockhardt hospitals Group has partnered with Harvard Medical International (HMI), Boston, USA, for establishing super speciality hospitals across India. The Wockhardt Group hospitals follow process driven quality systems and adhere to international standards of clinical care, safe environment, medication safety, respect for rights and privacy and international infection control standards. With latest technology, multi-disciplinary capability, state of the art facilities, world class infrastructure and excellent patient care ambience and processes, Wockhardt Hospitals Group is poised to become the most advanced and progressive healthcare institution in this part of the world. At present the group operates 12 hospitals at Mumbai, Bangalore, Hyderabad, Kolkata and Nagpur, Surat and Rajkot. Wockhardt Hospitals Group is a preferred destination for the patients from US, Canada, UK and African countries for Hip replacement/resurfacing, Knee replacement, Complex cardiac surgeries, Spine surgery and Obesity surgery. The hospital has set up a special division to look after the needs of International Patients and make their stay comfortable and make them feel at home.
The Madras Institute of Orthopaedics and Traumatology (MIOT)

MIOT Hospitals became a corporate body in early 1994 in tune with the evolving hospital culture overseas. This multi-core, super-speciality hospital, nationally and internationally acclaimed for its professional standards, has collaborators in Australia, Germany and USA. The hospital taps the advantage of this collaboration by sending its doctors and nurses to Germany periodically as part of its upgradation programme.\(^{31}\)

Manipal Health Systems

Manipal Health Systems is one of the key enterprises that emerged from the dream of the great visionary, Padmashree Dr. TMA Pai. Together with Manipal University the group offers Tertiary, Secondary and Primary healthcare delivery services from 17 hospitals, 9 Primary Care Clinics and 55 Community Health Programs. With over 7000 beds, 5000 doctors, 15 lakhs out-patients & 4 lakhs inpatients annually, and a rich history of over 50 years, it is today one of the largest healthcare delivery systems in Asia.\(^ {32}\)

In addition to the corporate health tourism providers, India has a lot of health tourism providers specialised in Ayurveda also.

4.8.2 Health Tourism Products

Health Tourism Products can be classified as medical tourism- surgery etc., eye care, dental care, cosmetic treatment, Ayurveda, yoga, siddha, unani and homoeopathy.

Indian corporate hospitals excel in Cardiology and Cardiothoracic surgery, Joint replacement, Orthopedic surgery, Gastroenterology, Ophthalmology, Transplants and Urology to name a few. The various specialties covered are Neurology, Neurosurgery, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Pediatrics, Pediatric Surgery, Pediatric
Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynecology, Psychiatry, and General Medicine & General Surgery

Some of the facilities offered by the dental clinics are Dental Scanning - Intra mouth, Surgical Intervention under general anesthesia, Whitening of teeth, Ceramic caps without gold under microscopic control, Prosthesis on the implant, Vertical and horizontal bone grafting, Gum Grafting, Palatal orthodontics, Fluoride treatment for children and Maxillary surgery etc.

Cosmetic Treatment includes:

*Breast Enhancement* - Breast reshaping procedures include: surgical breast enlargement, breast enhancement, breast augmentation, breast lift and breast reduction.

*Liposuction*

Liposuction is not a substitute for weight reduction. Liposuction is a method of removing localised fat that does not respond to diet and exercise. It can enhance one’s appearance and one’s self-confidence. It can be carried out on the tummy, hips, thighs, buttocks and in fact, anywhere on the body where localised fat can be removed.

*Varicose Veins*

Varicose Veins can be very uncomfortable because of poor circulation and it is advisable to have the varicose veins surgically removed to improve the circulation of blood in the effected areas. Varicose vein removal is an increasingly popular procedure for cosmetic surgery Varicose Veins.

*Face-Lifts*

As one grow older one’s facial skin has a tendency to wrinkle and dry, a face lift around the eyes, mouth and chin can take years off ones
appearance. With modern Cosmetic surgery, face lifts and Rhinoplasty techniques can dramatically alter facial structures to give that renewed confidence.

**Rhinoplasty**

Modern techniques have dramatically improved the possibilities for Nose re-modeling and re-sculpturing.

**Eye Lid Lifts**

Cataract removal, Glaucoma Surgery, Laser correction or Lens implants

**Siddha System of Medicine**

Siddha System is one of the oldest systems of medicine in India. The term 'Siddha' means achievements and 'Siddhas' were saintly figures who achieved results in medicine through the practice of Yoga. Eighteen 'Siddha' are said to have contributed towards the development of this medical system. Siddha literature is in Tamil and it is practiced in Tamil speaking parts of India. The Siddha System is largely therapeutic in nature.

The Siddha system of Medicine emphasizes that medical treatment is oriented not merely to disease but has to take into account the patient, his environment, the meteorological consideration, age, sex, race, habits, mental frame, habitat, diet, appetite, physical conditions, physiological constitution etc. This means the treatment has to be individualistic which ensures lesser chance of committing mistakes in diagnosis or treatment.

**Unani System of Medicine (USM)**

Unani system of Medicine is originated in Greece. It is based on the teaching of Hippocrates (462-377 B.C.). Gallon during 131-2230 A.D.
develop it into elaborated medical science. The medicines used in this system are of plant, animal, mineral and marine origins which also have their own temperament.

**Homoeopathy**

Homoeopathy is a specialised method of drug therapy of curing natural disease by administration of drugs which have been experimentally proved to possess the power of producing similar artificial symptoms on healthy human beings.

**Naturopathy**

Naturopathy is not only a system of treatment but also a way of life. It is often referred to as a drugless treatment of diseases. It is based mainly on the ancient practice of the application of the simple laws of nature. The system is closely allied to Ayurveda as far as its fundamental principles are concerned.

**Ayurveda**

Ayurveda is a holistic system of healing which evolved among the Brahmin sages of ancient India some 3000-5000 years ago. There are several aspects of this system of medicine which distinguish it from other approaches to health care:

1. It focuses on establishing and maintaining balance of the life energies within us, rather than focusing on individual symptoms.

2. It recognizes the unique constitutional differences of all individuals and therefore recommends different regimens for different types of people. Although two people may appear to have the same outward
symptoms, their energetic constitutions may be very different and therefore call for very different remedies.

3. Ayurveda is a complete medical system, which recognizes that ultimately all intelligence and wisdom, flows from one Absolute source (Paramatman). Health manifests by the grace of the Absolute acting through the laws of Nature (Prakriti). Ayurveda assists Nature by promoting harmony between the individual and Nature by living a life of balance according to her laws.

4. Ayurveda describes three fundamental universal energies that regulate all natural processes on both the macrocosmic and microcosmic levels. That is, the same energies that produce effects in the various galaxies and star systems are operating at the level of the human physiology--in your own physiology. These three universal energies are known as the Tridosha.

5. Finally, the ancient Ayurvedic physicians realized the need for preserving the alliance of the mind and body and offer mankind tools for remembering and nurturing the subtler aspects of our humanity. Ayurveda seeks to heal the fragmentation and disorder of the mind-body complex and restore wholeness and harmony to all people.

**Ayurveda Principles**

In Ayurveda a person is viewed as a unique individual made up of five primary elements. The elements are ether (space), air, fire, water, and earth. Just as in nature, we too have these five elements in us. When any of these elements are present in the environment, they will in turn have an influence on us. The foods we eat and the weather are just two examples of the presence of these elements. While we are a composite of these five primary elements, certain elements are seen to have an ability to combine to create various
physiological functions. Ether and air combine to form what is known in Ayurveda as the Vata dosha. Vata governs the principle of movement and therefore can be seen as the force that directs nerve impulses, circulation, respiration, and elimination. Fire and water are the elements that combine to form the Pitta dosha. The Pitta dosha is the process of transformation or metabolism. The transformation of foods into nutrients that our bodies can assimilate is an example of a pitta function. Pitta is also responsible for metabolism in the organ and tissue systems as well as cellular metabolism. Finally, it is predominantly the water and earth elements, which combine to form the Kapha dosha. Kapha is what is responsible for growth, adding structure unit by unit. Another function of the Kapha dosha is to offer protection. Cerebral-spinal fluid protects the brain and spinal column and is a type of Kapha found in the body. Also, the mucous lining of the stomach is another example of the Kapha dosha protecting the tissues. We are all made up of unique proportions of Vata, Pitta and Kapha. These ratios of the doshas vary in each individual; and because of this, Ayurveda sees each person as a special mixture that accounts for our diversity.

Ayurveda gives us a model to look at each individual as a unique makeup of the three doshas and to thereby design treatment protocols that specifically address a person’s health challenges. When any of the doshas (Vata, Pitta or Kapha) become accumulated, Ayurveda will suggest specific lifestyle and nutritional guidelines to assist the individual in reducing the dosha that has become excessive. We may also suggest certain herbal supplements to hasten the healing process. If toxins in the body are abundant, then a cleansing process known as Pancha Karma is recommended to eliminate these unwanted toxins.
Yoga & Meditation

Yoga increases the efficiency of the heart and slows the respiratory rate, improves fitness, lowers blood pressure, promotes relaxation, reduces stress and allays anxiety. It also serves to improve coordination, posture, flexibility, and range of motion, concentration, sleep and digestion. It can also be used as supplementary therapy for conditions as diverse as cancer, diabetes, arthritis, asthma, migraine etc., and help to combat addictions such as smoking. It is not, in itself, a cure for any medical ailment.

The practice of Yoga, or unification, re-establishes the connection between the individual and the universal field of pure consciousness. Yoga removes the attachment to external objects and false knowledge and corrects psychological trauma by merging the mind with the real, the virtuous, and the wellspring of harmony. It really is true. Since the mind plays such an important role in creating health, Yoga plays a vital role in Ayurvedic medicine Patanjali, the compiler of the original Yoga Sutras, lived approximately between 900-800 B.C. at a time when Ayurveda was flourishing.

The original teaching of Patanjali's system of yoga describes a consecutive sequence of eight stages, ashtanga yoga, to achieve unification with pure consciousness (ashta = eight).

**Eight Stages of Yoga**

- **Yama** - Right Conduct Towards Others
- **Niyama** - Right Conduct Towards Oneself
- **Asana** - Physical Postures
- **Pranayama** - Control of the Breath
Pratyahara - Control of the Mind and Sense Organs

Dharana - Concentration and Control of the Attention

Dhyana - Meditation

Samadhi - Perfect Balance and Unification

The first two stages, Yama and Niyama, define the moral and ethical principles of human life-how we should conduct ourselves. Together they constitute the instructions for Dharma, or right living. Realizing one's dharma means understanding what behaviors are appropriate for one both as an individual and as a member of society. No authentic or permanent progress can be made spiritually without firmly establishing correct inner and outer conduct.

4.8.3 Health Tourism: Competitive Advantage to India

India is emerging as a leader in medical tourism industry because of its ability to provide high quality treatment at low cost. India's healthcare sector has been growing rapidly and estimated to be worth US$ 40 billion by 2012, according to Price water house Coopers in its report, ‘Healthcare in India: Emerging market report 2007’. Revenues from the healthcare sector account for 5.2 per cent of the GDP, making it the third largest growth segment in India. India has one of the largest pharmaceutical industries in the world. Indian healthcare system offers a unique basket of services by providing a blend of both modern and traditional Indian systems of medicines.

India has competition from other health tourism countries like Thailand, Jordan, India, Malaysia, South Africa and Cuba. Following table shows the number medical tourists get treatment from various health tourism promoting countries and money earned from health tourism services.
Table No.4.1 World Health Tourism Scenario

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of foreigners treated</th>
<th>Money earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>973532</td>
<td>$ 675mn</td>
</tr>
<tr>
<td>Jordan</td>
<td>130000</td>
<td>$ 600 mn</td>
</tr>
<tr>
<td>India</td>
<td>150000</td>
<td>$ 333 mn</td>
</tr>
<tr>
<td>Malaysia</td>
<td>129318</td>
<td>$ 27.63 mn</td>
</tr>
<tr>
<td>South Africa</td>
<td>50000</td>
<td>$ NA</td>
</tr>
<tr>
<td>Cuba</td>
<td>NA</td>
<td>$ 25 mn</td>
</tr>
</tbody>
</table>

India has earned $ 333 million from health tourism while Thailand has earned $ 675 million from medical tourism. Thailand has treated 973532 foreign patients and India has received only 150000 foreign patients during the year 2007.

India gains a competitive advantage regarding the cost of treatment. It offers high quality treatment at low cost compared to other major health tourism destinations. Hence India can lure health tourists from USA and UK where the cost of treatment and waiting period is high. Following table gives details regarding cost of treatment in India and in other major health tourism destination.

Table No.4.2 Cost and Waiting Time Comparison

<table>
<thead>
<tr>
<th>Nature of Treatment</th>
<th>Approximate cost in India in $</th>
<th>Cost in other major healthcare destination $</th>
<th>Approx. Waiting time in USA</th>
<th>Approx. Waiting time in UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open heart surgery</td>
<td>4500</td>
<td>&gt;18000</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Neuro Surgery</td>
<td>6500</td>
<td>&gt;21000</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Complex spine surgery</td>
<td>4300</td>
<td>&gt;13000</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Simple spine surgery</td>
<td>2100</td>
<td>&gt; 6500</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Brain surgery</td>
<td>4300</td>
<td>&gt;10000</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>4300</td>
<td>&gt;13000</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>
• These costs are an average and may not be the actual cost to be incurred

An open heart surgery in India costs $4500 only but it costs more than $18000 in other major health tourism destinations. People of USA and UK have to wait more than 9 months for most of the healthcare procedures in their home country.

**Some of the unique advantages that India provides for medical tourism from the west are:**

**Experienced and Qualified Pool of Medical Professionals**

• India has one of the biggest pools of medical professionals & scientist in the world. Most of these doctors have completed their specializations from premier institutions across the world.

• Most of the Indian doctors have work experience in developed countries like USA and UK.

• Due to the shear volume of patients & less bureaucratic delays in acceptance of new medical procedures, surgeons have more experience in some of the new medical techniques.

• Medical research in India has experienced remarkable success in recent years. India is a preferred destination for low cost medical research. The growth and achievements in medical research adds further solidity to its global image of a preferred healthcare destination.

**Strong Private Hospital Infrastructure**

• Indian hospitals are equipped with latest technologies that aids in quality diagnosis and treatment of illness.
• India has one of the biggest private hospitals in the world. Many of them are affiliated with top world medical institutes like, Harvard medical & John Hopkins.

• In recognition of the quality of healthcare delivery services in India, a number of Indian hospitals have received accreditation from international agencies worldwide.

• Five hospitals in India -- Indraprastha Apollo Hospital (New Delhi), Apollo Hospital (Chennai), Apollo Hospital (Hyderabad), Wockhardt Hospital (Mumbai) and Shroff Eye Hospital (Mumbai) -- have been accredited to the leading healthcare accreditation agency in the United States, Joint Commission International (JCI).

• National Health Service of the UK has indicated that India is a favoured destination for surgeries.

• The British Standards Institute has now accredited the Delhi-based Escorts Hospital.

• India's independent credit rating agency CRISIL has assigned a grade 'A' rating to super specialty hospitals like Escorts and multi specialty hospitals like Apollo.

• Wockhardt Hospital has an exclusive association with Harvard Medical International, the global arm of Harvard Medical School, the world's leading medical institution.

**Medical decisions by Doctors, Not by rules made by Non-Medicos**

• Unlike many countries, the doctors have most of the say in the medical treatment in India, unlike many countries where doctors are afraid of what they say or do might be used against them in a law suite.
**International Standards in Healthcare**

India has a high success rate and a growing credibility and maintains international standards in infection control measures.

- Indian specialists have performed over 500,000 major surgeries and over a million other surgical procedures including cardio-thoracic, neurological and cancer surgeries, with success rates at par with international standards.
- The success rate of cardiac bypass in India is 98.7 per cent against 97.5 per cent in the U.S.
- India’s success in 110 bone marrow transplants is 80 per cent.
- The success rate in 6,000 renal transplants is 95 per cent.

**High Quality Medical Treatment at Low Cost**

- Private healthcare in India is comparable to much that is available at the best hospitals in the world and at a far lower cost. Even considering the cost of air travel & luxury hotel accommodation (if required) the cost savings comes out to be 40~80% of what is in the USA and UK.

**English is widely spoken**

- It’s the medium of most of the public conversations and the preferred language of communication in the hospitals & medical centers.
- English is also the medium of instruction in schools & professional training.

**A Government that is favorable to medical tourism**

The Government has also been proactive in encouraging prospects in this sector with a number of initiatives:

- A new category of visa "Medical Visa" ('M'-Visa) has been introduced which can be given for a specific purpose to foreign tourists coming into India.
• Guidelines have been formulated by Department of AYUSH prescribing minimum requirements for Ayurveda and Panchkarma Centres.

• Also, the government has an investment of US $6.5 billion in the pipeline for medical tourism. This is for setting up affordable hospitals in India and budget hotels for patient’s relatives\(^38\).

**Experience in Medical Tourism**

• Medical tourists from South Asia & Middle East have been coming for medical treatment in India for many years now. Also, Medical tourism from UK to India has become quite common. Medical Tourism from North America (USA, Canada) to India is a relatively new phenomenon\(^39\).

**Familiarity of Western Patients with Indian Doctors**

• Many western patients have had previous experience with Indian doctors.

• One in twenty physicians in the USA is from India & a large number of Indian physicians practice in the UK\(^40\).

**Provision of Alternative Treatments**

• India has a system of traditional treatments like Ayurveda, Unani and Naturopathy which has no side effects and popular in developed countries.
**Advancement in Technology**

- Computerised hospital information systems.
- All documents relating to treatments are kept in electronic form.
- Equipped with latest technologies that aids in quality diagnosis and treatment of illness.
- Net working of various departments in hospital
- Providing tele medicine services
- On line reporting of laboratory and radio diagnostic results over a LAN.

**4.8.4 Research Reports on Health Tourism Potentials of India**

The report named "Healthcare in India: The Road Ahead", produced by the Confederation of Indian Industry and McKinsey company said that tertiary hospitals, with a 25 per cent growth rate in revenues from foreign patients, could generate additional earnings of Rs. 5,000 crore to Rs. 10,000 crore by 2012. That potential is based, in part, on the low cost of care in international price terms, competent medical personnel and absence of long waiting times for procedures.

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 other countries. Clinical outcomes in India are at par with the world’s best centres, besides having internationally qualified and experienced specialists.

Asia represents the most potential medical tourism market in the world. In 2007, the region generated revenues worth US$ 3.4 billion, accounting for nearly 12.7% of the global market. The report draws the fact that the ageing population, particularly in the developed world, is increasing rapidly, putting an extra demand on an already overburdened health infrastructure, thus creating huge opportunities in the Asian medical tourism-market.

For the purpose of this report, the Asian medical tourism market has been defined as the aggregate of medical tourism markets in Thailand, Singapore, India, Malaysia and Philippines.

**Key-Findings**

- More than 2.9 million patients visited Thailand, India, Singapore, Malaysia and the Philippines for medical tourism in 2007.
- Thailand’s low cost and scenic beaches have enabled it to become the largest medical tourism market in Asia; however, an unstable political environment and occurrence of another epidemic such as bird flu can restrain its growth.
- Healthcare costs are considerably high in Singapore as compared to other Asian destinations. The country, however, boasts of an infrastructure and resources that in some cases are even better than those in the west.
- India, with its low cost advantage and emergence of several private players, represents the fastest growing market. The country’s questionable sanitary perceptions in the west are, however, a major roadblock for growth.
Malaysia and Philippines, both relatively new players in the medical tourism market, are expected to grow strongly in the next five years.

A number of employers and health insurance firms in developed countries have now started looking at medical tourism to reduce their surging healthcare expenditure.

The Asian medical tourism market is expected to grow at a CAGR of 17.6% between 2007 and 2012.

4.8.5 Government Support to Health Tourism

The government liberalised entry norms in the healthcare industry for private players in the 1980s. It offers several incentives to private players; such as land allocation at subsidized rates for new hospital projects. The health insurance market was opened to private competition for General Insurance Corporation’s Mediclaim in April 2000. Both general and life insurance companies can now offer health insurance. Incentives recently enacted tariff and non- tariff measures by the government are set to further stimulate market development in the healthcare sector by allowing more hospitals to offer critical care services. This will lead to greater private sector investment in healthcare resulting in lower treatment cost. Infrastructure status conferred on the healthcare industry under section 10 (23G) of the Income Tax Act, allows private sector hospitals to raise cheaper long term capital. Reduction in import duty on medical equipment from 25% to 5%

Depreciation limit on such equipment increased to 40% from 25% to encourage medical equipment imports. Customs duty reduced to 8% from 16% for medical, surgical and dental furniture. Customs duty on as many as 24 medical equipments, which include X-ray and tele therapy stimulator machines, has been reduced to 5%. The government has announced income
tax exemption under section 80 IB of the income tax act for the first five years, to hospitals (with 100 beds or more) set up in rural areas.

The government of India hopes to encourage a budding trade in medical tourism, selling foreigners the idea of traveling to India for low cost but world – class medical treatment. India’s National Health Policy 2002 says: “To capitalize on the comparative cost advantage enjoyed by domestic health facilities in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as ‘deemed exports’ and will be eligible for all fiscal incentives extended to export earning”43.

Conclusion

Health tourism is not a new concept and it is thousands of years old. Earliest health tourism centres were run by Greeks, ancient Romans, Persians, Arabs, Europeans and Indians. In the current scenario, health tourism is gaining popularity as more people prefer healthcare travel in search of getting high quality treatment at low cost. Health tourism destinations take it as a golden chance to explore their healthcare and tourism resources and thereby gain economic growth. India also can use this opportunity to excel in health tourism by highlighting its holistic treatments and sophisticated multi speciality hospitals in addition to tourism attractions. This study tries to examine the potentials of Kerala to become one of the world’s best health tourism destinations.
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