Chapter I introduces the subject, importance of medical tourism, medical tourism and health tourism, medical tourism in India, strategies on Indian medical tourism, review of literature, statement of the problem, objectives of the study, methodology and scheme of work.

Chapter II deals with an overview of medical tourism in the world and India.

Chapter III discusses the profile of selected hospitals, namely, Apollo, MIOT, Adayar Cancer Institute and Ramachandra Research and Medical Institute.

Chapter IV analyses the trend and growth of tourists and medical tourist flow in India and Chennai.

Chapter V analyses the demographic profile of sample medical tourists, choice of destination and determinants of expenditure.

Chapter VI examines the perception of environment, hotel accommodation and hospitals.

Chapter VI presents the summary of findings, conclusion and suggestions.

CHAPTER II
MEDICAL TOURISM – AN OVERVIEW

2.1 INTRODUCTION

In this Chapter, an attempt has been made to overview the Medical Tourism.
2.2 HISTORY OF MEDICAL TOURISM

2.2.1 Earliest medical tourism centers

In the earliest civilizations, Medical Tourism generally took the form of 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 a comprehensive health tourism system (Health Medical Tourism, 2005).\textsuperscript{70}

2.2.2 Greek Medical Tourism

Asclepius of Greece

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 (Wikipedia, 2007).

According to Greek mythology, Asclepius was the god of medicine who, in his pre-celestial days, had been mentored by Chiron, a master of medicine. The young Asclepius excelled in the healing arts and was visited by sufferers from all over Greece. Healing powers attributed to him included bringing the dead back to life, reversing ageing, and curing blindness. Most of the other gods in the Greek Pantheon, many of whom had formidable healing powers themselves, were not too impressed with Asclepius’ growing fame. Among the most distressed was Pluto, lord of the underworld. Because Asclepius’ generous healing powers were proving to be bad for business, Pluto complained bitterly to the great Zeus who subsequently slew Asclepius with a thunderbolt. The Greek people’s affinity for Asclepius, however, only grew stronger and by the 4th Century B.C., Asclepian healing temples had been constructed throughout the length and breadth of the Grecian world, from Epidaurus to Tricca.

The Rise of Greek medical tourism

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. Sacrificial payments were made according to the status of the patient. The medical tourism treatment would culminate in a dream during which Asclepius would allegedly visit the affected and recommend a remedy for the illness or injury (Health Medical Tourism, 2007).

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 Temples.
2.2.3 Ancient roman medical tourism

In ancient Rome, hot water baths (called Thermae) were not only used for their obvious medicinal purposes 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 spent lavish amounts of money on gaining access to 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 theater activities, 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 (Health Medical Tourism, 2007).

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 medial counsel and health treatments.

As a result of active trade with many parts of Persia, Africa, and Asia, these Roman baths necessarily expanded the healing art sciences. Ayurvedic massage,
Chinese medicine, and various aspects of Buddhist spiritual healing became common features at some Roman thermal (Health Medical Industry, 2005).

2.2.4 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 system in place for the treatment of 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 department for eye diseases. No patient was to be turned away on account of race or religion, and no limits were imposed on patients’ stay in the hospital. Progressive well ahead of the contemporary period, the governing body of the hospital (Waqf) boldly promised the following:

‘The hospital shall keep all patients, men and women, until they are completely recovered. All costs are to be borne by the hospital, whether the people come from afar or near, whether they are residents or foreigners, strong or weak,
low or high, rich or poor, employed or unemployed, blind or sighted, physically or mentally ill, learned or illiterate’.

There are also numerous accounts of welfare-driven hospitals in Baghdad and Syria that catered to weary travelers from abroad. Accommodation at these healthcare 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 abroad (Health Medical Tourism, 2007). Endowments were the primary source of funding at many of these medical tourism facilities.

2.2.5 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 waters, 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 was not long before members of the various warrior clans began visiting favored hot
springs to alleviate pain, heal wounds, recuperate, and replenish lost energy levels (Health Medical Tourism, 2007).

There is little debate surrounding the therapeutic properties of Japanese Onsen, and bathing rooms at some Onsen still display lists of the many diseases and injuries that the mineral water can treat.

These days, Japanese Onsen still attract large numbers of visitors and thanks to modern plumbing, most Japanese homes have large bathtubs, specially designed to simulate the Onsen experience.

1000 years after the Onsen became such a cultural phenomenon in Japan, you can still see throngs of tourists, families, businessmen, and the elderly frequenting these revered hot springs in places like Kyushu and other regions of Japan where volcanic activity is still present.

Some Onsen even have mud pools or sulfur springs where bathers can receive rejuvenating mineral scrubs as they soak in hot, calming waters (Health medical tourism, 2007).

2.2.6 Indian Medical Tourism
Some might have difficulty in 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. 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 destination but it has now also become one of the world’s most popular ones as well (Connell,2006).

2.2.7 European medical tourism

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Although pilgrimages have remained central throughout much of Europe’s history, leisure travel, recreational vacations, and medical tourism did not really come about until the 16th Century when Europeans rediscovered the Roman baths. Entire communities sprang up around spa towns like Baden, Aachen, and most notably, Bath. The emergence of Bath or Aquae Sulis (Sulis is 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 was not long before Bath became anointed as a fashionable wellness and recreation playground for the rich and the 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.

As a result of this attention, Bath received a whole series of technological, financial, and social benefits, not unlike modern medical tourism destinations of today. For example, Bath was the first city in England to receive a covered sewer system (years before London ever did). The roads were paved, the streets received a lighting system and architects scrambled to beautify the facades of the many hotels, pubs, mansions, and restaurants that cropped up thanks to increased tourism and spending. Probably the most noteworthy medical tourist of this time was Michel Eyguem de Montaigne, French inventor of the essay, who traversed the
Continent for nine years in search of a cure for a nagging gall bladder problem. De Montaigne is widely believed to be the father of luxury travel. He helped pen one of the earliest documented spa guides for European tourists (Health Medical Tourism, 2007).

**Belgium Medical Tourism**

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 did not practice conventional clinical medicine.

**2.2.8 Health tourism in the new world**

Native Americans, throughout the New World, were adept in various aspects of the healing arts. In fact, their catalog of therapeutic plants revealed much of what was known in Europe at that time. Sadly, many opportunities for sharing and
learning were squandered as the early settlers focused their efforts on securing land rather than on building relationships (Connell, 2006).

What we know about spiritual healers, shamans, witchdoctors, and ritualistic healing is but a small scattering of all the knowledge that once existed throughout the Americas. Even still, medical tourism managed to develop as desperate colonists and settlers frequently turned to local healers in the last ditch efforts for recovery. To this day, various branches of alternative medicine flourish as historians, mystics, and believers uncover the many ancient healing arts of the New World (Health Medical Tourism, 2007).

In the 1600s, English and Dutch Colonists, in the newly discovered Americas, constructed log cabins near mineral springs that were rich in medicinal properties. By the 19th Century, free-thinking American reformists had developed a habit of traveling to remote Western springs, presumably to drink and soak in the bubbly hot and cold springs while pondering the future of modern civilization (Health Medical Tourism, 2007)

2.2.9 Other Important Destination for attracting Medical Tourist

Medical Tourism has also developed in South Africa and in countries not hitherto associated with significant levels of western tourism such as Belarus, Latvia, Lithuania and Costa Rica. South Africa has grown in prominence in recent
years, especially for cosmetic surgery, since its costs are less than half those of the United States, from where most of its patients come. Hungary, for example, declared 2003 to be the Year of Health Tourism. Eastern countries have become important for dental care and plastic surgery.

Jordan serves patients from some parts of the Middle East while Israel caters both to Jewish patients and others from nearby countries, through specializing in female infertility, in vitro fertilization and high-risk pregnancies.

Argentina is also noted for plastic surgery. The Caribbean has found it more difficult to enter the medical tourism market since, despite its proximity to the United States its races cannot compete with those in Latin America (Huff-Rousselle et al, 1995). Some Caribbean States have sought to get around this by specialization and hence Cuba specializes in skin diseases and Antigua in dentistry. In the Pacific, Guan has become a regional dental centre for Palau, the Federated States of Micronesia and also Japan.

2.2.10 The Rise of Medical Tourism in Asia

The scope of this activity is surprising, with Asian counties of Thailand, Singapore, India, South Korea, and Malaysia, attracting a combined 1.3 million

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medical tourists per year from around the world and increasing annually. The estimated worth in Asia alone will be projected to generate more than US$4 billion by 2012 and it is a windfall for the travel and hospitality sector (Gupta, 2007). Thailand became known as a destination for medical tourism as early as the 1970s because it specialized in sex change operations and later moved into cosmetic surgery (Connell, 2006).

Connell (2006) expressed that Malaysia became involved, after 1998, in the wake of the Asian economic crisis and the need for economic diversification, as did many Thai hospitals, when local patients were no longer able to afford private health care.

India is usually regarded as the contemporary global centre for medical tourism and it advertises itself as offering everything from alternative Ayurvedic therapy to coronary by passes and cosmetic surgery. To become the most important global destination, it has upgraded technology, absorbed western medical protocols and emphasized low cost and prompt attention. Since economic liberalization in the mid-1990s, private hospitals have expanded and found it easier to import technology and other medical goods, thus bringing infrastructure in the best hospitals to western levels. The links to India’s highly successful IT industry are also advertised as important. Moreover, as hospitals improved and specific salaries

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increased, so doctors returned from overseas. Many have international qualifications and western experience that could be advertised to make potential tourists more comfortable. The same liberalization brought new structures of corporation that streamlined India’s notorious bureaucracy and significantly improved administration. The principal corporate hospital chains employ teams of interpreters, though India has benefited because of its widespread English speaking ability.

Singapore has belatedly sought to compete with Malaysia and Thailand, deliberately set rates just below those in Thailand and even set up a stand at the airport with fliers, information and advice for transit passengers. Singapore claims to be Asia’s leading medical hub, with advanced research capabilities as well as nine hospitals and two medical centers that have obtained Joint Commission International (JCI) accreditation. This could be part of the reason why JCI chose to set up its Asia Pacific Office in Singapore in 2006. In time, Singapore hospitals may look towards other European or Asian-based hospital accreditation systems in an attempt to broaden their market, as JCI’s principal appeal is to the U.S. market, only a portion of the potential global clientele (Connell,2006). Many patients come from neighboring countries, such as Indonesia and Malaysia. Patient numbers from Indochina, South Asia, the Middle East and Greater China to Singapore are also witnessing fast growth. Patients from developed countries such as the U.S. are
beginning to choose Singapore as their medical travel destination for relatively affordable health care services in a clean cosmopolitan city. Singapore has made news for many complex and innovative procedures, such as the separation of conjoined twins and tooth-in-eye surgery. The successful separation of 10-month-old Nepalese conjoined twins in 2001, put Singapore’s medical expertise into headlines around the world. Singapore has since accomplished many more milestones both in Asia and in the world arena (wiki pedia,2007). Philippines is vying to become the “new hub of wellness and medical care in Asia”. They offer competitive prices as well as highly skilled and trained physicians (most trained in the United States) who speak English.

They advertise competent, compassionate, and caring people; world class, accredited health care facilities; and a chance to visit breathtaking tourist spots in the country (wiki pedia,2007).

It can be seen by the fact that Medical Tourism is a promising new industry in Asia, offering prospects for hospitals facing saturation in patient growth. It is with a clearer view of the addressable market potential, internal strengths and limitation, as well as the level of external competition, that healthcare providers may best move forward to realize this potential.
Healthcare Providers may now consider the medical quality of their services, how non-medical services are key to encouraging patient access and the various marketing options available to them. A final consideration towards implementing such reforms would be the partnerships that stakeholders may establish. These include partnerships with universities, referring hospitals, agents, the government, accommodation and travel service providers and even competing hospitals. A sincere commitment to these alliances 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.

**2.2.11 Medical tourism in Middle East**

As one of the main sources of medical tourists, the Middle East, particularly Dubai but also Bahrain, and Lebanon, UAE (United Arab Emirates) have recently sought to reverse this flow and develop its own medical tourism industry. Dubai has just built Health Care City (DHCC) to capture the Middle Eastern market and try and divert it from Asia. Unable to compete on price, the Middle East has largely competed on quality, with Dubai bringing in German doctors to guarantee high skill standards and Lebanon stressing its many doctors trained in Europe and America. Branding is seen as important and ‘it remains to be seen if DHCC will attract people’. The Bavaria Medical Group (BMG) has developed links with Qatar Airways and the Sultanate of Oman that have taken patients from Oman to
Germany and also resulted in specialist BMG doctors visiting Oman. Saudi Arabia has sought to link medical tourism and especially cosmetic surgery and dentistry, with pilgrimage (Hajj) visits to the country, with most patients being from other Gulf countries. In 2005, relatively low cost Jordan remained the main medical tourism destination in the Middle East (Holden, 2006). The Health Minister of Iran has claimed that ‘No Middle East country can compete with Iran in terms of medical expertise and costs’, comparing the cost of heart surgery at US$18,000 in Turkey, $40,000 in UK and $10,000 in Iran so that patients ‘can afford the rest on touring the country’.

### 2.2.12 Medical Tourism Today

Throughout much of recorded history, health travel was restricted either to the wealthy or truly desperate. But in today’s flattening global economy, the physical, economic, and cultural barriers that once separated nations from one another are dissolving as international travel, mass communication, and more lenient trade policies make it possible, for those with modest means, to enjoy the benefits of world class health care in the form of medical tourism.

For example, Americans who suffer from grossly inflated health care costs often flock to hospitals in medical tourism destinations like Thailand for

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sophisticated procedures at a fraction of the price. In countries like England, where socialized medicine is the norm, long wait times and insufficient health care personnel have helped produce a steady stream of medical tourists to countries like India, where a highly evolved education system produces thousands of qualified doctors and nurses (many of whom also study in the West). Low labor costs, quality medical schools, and heavy investing are helping to transform many parts of the developing world into medical tourism hotspots that show no sign of stopping. While affordability and time are still the main reasons why patients trudge across borders for surgery, quality of care and 5-star treatments are major factors as well. In fact, medical procedures abroad are often better than what you would expect from primary health care centers back home.

2.3 MEDICAL TOURISM – DEFINITION

Medical Tourism or Medical Travel is the act of travelling to other countries to obtain medical, dental and surgical care. Almost two decades ago, Goodrich & Goodrich (1987:217) defined health care tourism as “the attempt on the part of a tourist facility (for example a hotel) or destination to attract tourists by deliberately promoting its health care services and facilities, in addition to its regular tourist amenities.”
Another recent definition is made in the report, Medical Tourism: a Global Analysis (2005), where medical tourism is described as any form of travel from one’s normal place of residence to a destination at which medical or surgical treatment is provided or performed. The travel undertaken must involve more than one night away from the country of residence. The focus of the second definition is on the nature of the treatment provided and the destination without making reference to the simultaneous pursuit of leisure.

According to another definition of Medical Tourism when international patients travel across boundaries for their healthcare and medical needs, it is Medical Tourism (Monica, 2007). Medical Tourism can be broadly defined as provision of ‘cost effective’ private medical care, in collaboration with the tourism industry, for patients needing surgical and other forms of specialized treatment (India Medical Care, 2007).

Nowadays, Medical Tourism is defined in many researches, as the act of traveling to other countries to obtain medical, dental and surgical care or where people travel to other countries to obtain medical care which maybe complementary (alternative) and traditional medical like spa water or climate, black mud, stone, sand, …. It also includes medical services (inclusive of elective procedure and complex specialized surgeries) like knee/hip replacement, heart surgery, dental procedures and different cosmetic surgeries. Leisure aspect of
traveling may be included on such medical travel trips. On the other hand Medical Tourism is where the healthcare services are sought and delivered outside of the home country of the customer wherein the provider and the customer use non-formal channels of communication-connection-contract, with no or minimal regulatory oversight to assure quality and with limited formal recourse to reimbursement or redress, if needed. Some writers tend to use the phrase, Health Tourism, also while referring to Medical Tourism (e.g. Smith & Puczko, 2006).

It may be due to the times when the phenomenon of seeking specific medical treatment abroad was limited to wealthy individuals and due to their small market, it was named under the broader and better-known term of Health Tourism.

This definition does not provide a comprehensive approach for the term “medical tourism” as it does not indicate specifically the curing and treating aspects and it fails to emphasize the different push factors that arise while considering a rather medical-oriented treatment. For instance, there is a huge gap between traveling for a thermal water treatment that helps with curing asthma and going for a plastic surgery abroad. Health Tourism, therefore, may be used as an umbrella term, combining all aspects of health care from spa and wellness tourism
to medical care but with an awareness of treatment diversities and their different emphasis involved (Hall, 1992; Bristow et al., 2011; Lunt & Carrera, 2010).

2.4 MEDICAL TOURISM AS A SOLUTION TO HEALTH SYSTEM PROBLEMS

Development of the medical tourism industry in LMICs (Low- and Middle-Income Countries) carries with it a number of potential benefits that work to address some existing health system problems, related to infrastructure development and retention of health human resources. Foremost amongst these is its purported capacity to spur both local and foreign investment in health care infrastructure.\(^\text{76} \ 77 \ 78 \ 79 \ 80\) Use of such infrastructure may not be limited to medical tourists, thus benefiting local patients also.\(^\text{81}\) In fact, most hospitals, providing

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services to international patients, are primarily dependent on locals for the bulk of their business. Investment in more advanced medical services in LMICs, can also encourage patients who would otherwise travel abroad for care to get care at home, thus keeping capital within the country. Another direct benefit, resulting from the new infrastructure necessary for attracting medical tourists, is the creation of long-term, high skilled jobs, necessary for a strong tertiary health care system. It has also been suggested that the financial (e.g., high salaries) and technical (e.g., high technology work environments) incentives for doctors practising in medical tourism can slow, or even reverse, the migration of locally trained health human resources abroad. Another often cited point is that medical tourism draws hard currency into LMICs, particularly from higher income countries.

Medical Tourism is depicted as a potential solution to an array of problems facing health care systems in patients’ home countries, which can be most briefly summarized as those of the cost and affordability of care, wait times and access to medical facilities and treatments. The most commonly discussed among these is the issue of unaffordable care. Medical Tourism is often presented as providing an option to patients in counties where medical care is prohibitively expensive. An expansion of this view is the potential for a vigorous medical tourism industry to drive down domestic costs and encourage price transparency by introducing competition into countries with captive private markets, such as the United States.
In countries with publicly financed health care systems, most notably the UK and Canada, medical tourism has been discussed as a solution for reducing long surgical wait lists. For citizens of LMICs, it can offer access to needed care abroad that is simply unavailable at home due to inadequate medical infrastructure. For these patients, receiving care in another country may be their only option, and contrary to the levity of the label, ‘medical tourism’, it may prove to be a rewarding experience.

**Medical Tourism as a Revenue Generating Industry**

The Medical Tourism Industry is a lucrative source of hard currency for destination countries. Its annual growth potential has regularly been estimated above 25 percent for LMICs such as India, Malaysia and Thailand. However, estimates of patient and currency inflows and their potential for growth are wildly varied, as definitional issues confound the already difficult attempt to determine the scale of the industry. For example, estimates for the entire global medical tourism industry have been as low as 60,000 patients annually while estimates of the annual American outflow alone have been as varied as 50,000 to 500,000. Perhaps the best example of speculative reporting has been the widely cited Deloitte Report which estimated an American patient outflow in 2007 at 750,000.
and projected its increase to rise to 10,000,000 by 2012. Regardless of the actual numbers it is generally agreed that the industry is growing rapidly in many Asian and South American nations and it is poised for significant growth in counties with the necessary human and technical resources.

India and Thailand’s introduction of expedited medical visas is a sign of deep commitment to facilitating trade in medical tourism. Thailand has gone so far as to try and negotiate the portability of public insurance between countries in the region to enhance the flow of inbound international patients. Medical tourists are particularly valuable because of the money they invest in the local economy when compared with traditional tourists. For example, it has been estimated that medical tourists, visiting Asia, spend over twice as much as traditional tourists. Cuba is an example of a country that established itself as a destination early on in the development of medical tourism and it has built its industry into a revenue generator that has been used to fund its public health care system. There has been a similar instance of providing care at a premium for foreign patients and using the difference to subsidize care for locals at a non-profit hospital in India.

Accompanying revenue gains in destination countries have been associated revenue losses in medical tourists’ home countries. While the scattered estimates of international patient flows calls into question the reliability of estimates that find the United States currently losing billions of dollars annually to medical tourism, it
is only logical to assume that every patient leaving one health care system for another is taking their capital elsewhere. In response to the travel and care coordination needs of medical tourists, a cottage industry of brokerages has sprung up within patients’ home countries. These brokerages coordinate the necessary travel, medical, accommodation and holiday arrangements for medical tourists, in exchange for fees from patients or a commission from the hospitals on a per-referral basis. These brokerages have rapidly expanded to fill a niche and are often based in patients’ home countries, thus further spreading the global reach of industry profits. This expansion has been facilitated by the spread of the internet which has made medical tourism an increasingly accessible option and has helped Canada alone support more than 20 different brokerages.

Medial Tourism as a Standard of Care

A number of changes in the standards of care, have accompanied the development of medical tourism in destination countries. Perhaps the most noticeable has been the adoption of international accreditations that are modeled on Western standards. Foremost amongst these is hospital accreditation by the Joint Commission International (JCI), an offshoot of the primary body responsible for accrediting hospitals in the United States. The development and implementation of JCI has been credited with helping medical tourism to flourish by guaranteeing a standard of care comparable to that found in American hospitals in accredited
hospitals. This means of securing the trust of Western patients, carries with it the potential for American standards to override local values and approaches to providing health care. However, the accreditation of an American-style quality of care does not extend to assurances of American-style liability. Most LMIC destination countries have limited malpractice laws and insurance requirements, leaving medical tourists with few opportunities for recourse should procedures go awry. Another concern is the use of Western style of aesthetics by medical tourism facilities, a phenomenon that has led to the displacement and homogenization of previously non-Western care spaces. This displacement includes designing hospital lobbies to look like shopping malls and patients’ rooms to look like upscale hotels. Medical tourism hospitals are also able to deliver very high nurse-to-patient ratios, higher than those found in wards designated for local patients, due to the low costs of labour in LMICs. Medical tourists are also typically given the option of recovering at nearby resorts, offering amenities not replicated in the hospital environments that non-international patients may be required to stay in during recovery.

Medical tourists, returning to their home countries, may bring with them altered conceptions of appropriate standards of care. Exposure to nurse-to-patient ratios that far exceed norms in most systems, hotel-like care spaces and the ability to choose a physician from a website, may result in patients demanding similar
‘consumer as king’ treatment at home. Expectations such as these are tied to the treatment of health care as a commodity and may be especially deleterious for overburdened publicly-funded health care systems. More specifically, patients returning from abroad may wish to see elements of their privately-funded care instituted within their home systems. Medical tourism can also create a sense of limitless options for potential patients. If they find themselves unhappy with local options, the seemingly boundless variety of willing facilities and professionals available internationally, holds with it the promise for effective treatment somewhere. This can encourage patients to treat medical tourism as a viable solution to medical problems, even if their prognosis is beyond treatment.

**Medical Tourism as a Source of Inequity**

Medical Tourism has regularly been accused of exacerbating health care-and ultimately health inequities in destination countries. One of these charges is that it exacerbates ‘brain drain’ within destination countries. The higher wages and advanced technologies available at facilities offering medical tourism, act as a lure for health care providers working in more modest facilities. Because medical tourism facilities are primarily urban, this process also hastens the internal migration of health care providers from rural areas into cities, thereby worsening the rural deprivation. If the medical tourism industry achieves even a fraction of the flows of patients envisioned by early commentators, this could ultimately lead
to locals being priced out of their own health care system, as demand from foreign patients can drive up the costs of providing care for everyone. The financial gains medical tourism offers LMICs, has worked to shift health care investments into expensive, high technology tertiary care that benefits a limited number of patients for the high cost outlay. This is especially inequitable given the large proportion of the population across LMIC destination countries for whom basic medical services are prohibitively expensive or simply unavailable.

Medical Tourists, traveling from LMICs, may end up exhausting their finances to access care, impoverishing themselves and their families, and thereby creating or exacerbating inequities. As long as the option for treatment exists elsewhere, departure countries, lacking medical services, may feel little pressure to address shortages, pushing citizens to risk material wellbeing in the pursuit of needed care. When patients from countries, with strong publicly-funded health care systems, engage in medical tourism, they undermine the ethos that has allowed these very systems to develop and survive. They do this by effectively introducing a second tier of care available only to those with the ability to pay, an option that runs contrary to the provision of exclusively publicly-funded health care. Their actions extend further than the appearance of inequity, as each medical tourist puts his/her support behind the private provision of health care and a conception of health care as a commodity. This also applies to countries lacking in public health
care, as the affordability of medical tourism works to neutralize pressure for reform and the equitable distribution of resources.

2.5 IMPLICATIONS OF THE EFFECTS OF MEDICAL TOURISM

The sources reviewed indicate that medical tourism has and will continue to have significant effects on the health care systems of both departure and destination countries. For health administrators in patients’ home countries, the lack of surveillance and monitoring of the practice of medical tourism can result in unaccounted ‘leakage’ of patients outside of their jurisdictions. In systems that ration care, this negatively impacts the ability to accurately anticipate and distribute the health care system which is perceived to be unresponsive to the needs of returning medical tourists due to inadequate resources being allotted for follow-up care. Medical tourism also works to introduce and normalize profit motives within the ‘cultures’ of the health care systems it engages with. For example, there are accounts of this approach to care resulting in the substitution of clinical factors with financial ones in treatment decision-making amongst medical tourists. This approach to decision-making may also negatively impact the local population in destination countries, should a culture of compassion and necessity amongst health care professionals become supplanted by one of financial opportunism and pragmatism.
Countries, hoping to capitalize on the ability of medical tourism to spur investment into their domestic health care infrastructures in the short term, may find themselves becoming structurally dependent on foreign sources of investment and income well into the future. This dependency can lead to the entrenchment of inequitable modes of health care delivery. In countries that have signed over access to health care services under the international General Agreement in Trade in Services, this could bring about the permanent involvement of foreign parties with no vested interest in the well-being of local populations into their health care landscapes. Finally, the argument that destination countries should view investment into technology-intensive infrastructure for medical tourists as beneficial is undermined when the types of services being offered by hospitals are contrasted with the pressing health care needs of the local population. This contrast is all the more troubling when public money that could be used for wide-reaching, inexpensive primary health care initiatives is used to incentivize private investment into expensive tertiary care with a more limited impact.

Medical tourism has been likened to the ‘wild west’ with regard to the regulatory environment it occupies. This has resulted in what appears to be a lack of any discernable momentum to develop policy responses that can help to improve patient safety measures or guide the development of the industry in an equitable and ethical manner. As it stands, medical tourism is largely characterized
as an inequitable trade practice. LMIC destination countries offer essential trade practice. LMIC destination countries offer essential services and skills that are needed for their own populations to foreigners with no vested interest in the success, failure or fairness of the systems they are using. There is, however, much room for improvement in such a young and unregulated industry. As an example, equitable buying guidelines could be established to assist patients and providers with better assessing the potential impacts of the medical tourism industry. Equitable buying guidelines have been developed and implemented in other global industries that have been implicated in inequitable business practices and could be mirrored in the medical tourism industry. Likewise, patient safety could be greatly improved by developing stronger malpractice laws in destination counties and better informational and care coordination tools amongst departure countries. Implementing international standards for surveillance and monitoring of medical tourism would also allow for better care and planning by governments of both departure and destination nations.

The lack of regulation and standards amongst medical tourism brokerages, have allowed for anyone to establish a brokerage. For medical tourists who lack the confidence, knowledge or skills to arrange a medical tour on their own, private business owners who lack technical medical knowledge while having a financial stake in securing patients are, at the same time, their gatekeepers to care. While
there is no evidence in the literature reviewed, suggesting that there are problems with predatory or irresponsible business practices amongst medical tourism brokerages, regulatory voids around essential services set the stage for dangerous business practices that should be preemptively managed.

Some medical tourism hospitals have ardently sought accreditation by trusted third party assessors such as JCI. This process is an indication that there is a willingness to self-regulate within the industry and it raises the question of whether or not existing accreditation schemes should be altered or new schemes should be created that can assure consumers of equitable trade practices. Examples of these assurances could include meaningful levels of pro bono service for locals by medical tourism facilities, the creation and maintenance of primary health care clinics in under-served regions and other such measures to encourage health equity in destination countries.

**Market Description of Medical Tourism**

The market description is based on an analysis made of the medical tourism reality, what services operators offer, how countries market their destinations and package them with medical treatment, the social issues that have arisen and the effects of the absence of a legal framework to keep up with the development of the medical tourism niche market. The analysis also explains how infrastructure in
medical tourism destinations are changing in order to host tourists that are also patients by giving special attention to the safety and technological requirements, among other things, an effort to compete against medical institutions in various regions for the medical tourists’ disposable income. To provide a better understanding of the current status of medical tourism and anticipated developments, Caballero Danell & Mugomba, (2006)\textsuperscript{82} have developed a Map in order to document all information collected to describe market descriptions.

\textbf{FIGURE 2.1}

\textbf{MARKET DESCRIPTION}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{market_description.png}
\caption{Market Description Map}
\end{figure}

Complementary Medicine

Complementary and Alternative Medicine refer to any treatment that is beyond the usage of Western Medicine (Avijgan, 2007). It is a group of diagnostic and therapeutic disciplines that are used together with conventional medicine. An example of a complementary therapy is using Aromatherapy to help lessen a patient’s discomfort following surgery. Complementary medicine includes a large number of practices and systems of health care that for a variety of cultural, social, economic, or scientific reasons, have not been adopted by mainstream Western medicine.

But Complementary and Alternative Medicine (CAM) are practices which are not generally recognized by the medical community as standard or conventional. CAM includes dietary supplements, mega dose vitamins, herbal preparations, massage therapy, magnet therapy, spiritual healing, and meditation.

Traditional Medicines

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Traditional Medicine refers to health practices, approaches, knowledge and beliefs which incorporate plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied in isolation or in combination, to treat, diagnose and prevent illnesses or maintain well-being. Herbal Medicine is a branch of Traditional Medicine in that it uses specific herbs to treat patients and diseases (Avijgan, 2007).

Countries in Africa, Asia and Latin America use Traditional Medicine (TM) to help meet some of their primary health care needs. In Africa, up to 80 per cent of the population employ traditional medicine for primary health care. In industrialized countries, adoptions of traditional medicines are termed Complementary or Alternative Medicine (CAM).

2.6 THE TREND OF MEDICAL TOURISM CONCEPT IN THE WORLD

The concept of medical tourism or health travel in the world was mooted in 1997, after the Asian economic crises. Health Tourism, Medical Tourism, Medical Travel and Medical Outsourcing refer to the same idea. In 1990, many factors in different countries, such as Asian countries, led to the growth of medical tourism.
According to the First International Conference of Health Tourism in Iran (Jabbari, 2007), the trend of Medical Tourism from 1997 to 2007 is from Health Tourism to Health Outsourcing.

1997 ------------------ Health tourism
1997-2001 -------------- Transition
2001-2007 ------------- Medical tourism
2006-2007 ------------- Medical outsourcing

Medical Outsourcing is defined as a practice used by different companies, to reduce costs, by transferring portions of work to outside suppliers rather than completing it internally. The term, which has been generally associated with the automobile industry, was popularized during the past decade by the IT Industry. The concept of medical outsourcing, which is also commonly known as medical tourism, is the practice of seeking health care abroad. Earlier, people would go abroad mostly for selected, cosmetic procedures which were not covered by insurance. Today, people outsource their orthopedic procedures as well as cardiac surgeries as well as organ transplants. It is not just individuals who are interested in this trend to save money. Medical Outsourcing has also received attention from health insurance companies who have started offering overseas treatment plans to

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expand their customer base and from employers who have included it as a benefit to their employees.

The history of curative and wellness tourism, named in each decade (Jabbari, 2007):

Neolithic & Bronze Age ------------ Mineral & Hot spring visits

Middle Ages ------------------ Springs

16th Century ------------------ Fountain of Youth

17th /18th Centuries ------------ Spa

19th Century ------------------ sea & Mountain Air (TB Sanitarium)

20th Century ------------------ Health Farms or Fat Farms

1991 ------------------ Formation of International Spa Association

Today ------------------ Hospitals more like Spas & Spas more like Hospitals.

The main important reasons that caused some people to travel to other countries for curative and wellness aspects, have been expressed below:

- Shifting consumer values
- Increased stress and workload
- Older population
- Escalating healthcare
- New attitude towards mental and spiritual activities
- Emergence of environmentalists

Medical Outsourcing has become popular due to the following reasons:

- Exorbitant cost of treatment in the home country (developed countries)
- Long waiting period
- No or minimal insurance coverage
- Privacy (anonymity)
- Lack of facilities in the home country (underdeveloped countries)
- Possibility of a holiday, with healthcare

### 2.7 MEDICAL TOURISM IN INDIA- THE CURRENT SCENARIO AND ITS DIFFERENT MODES

Medical Tourism is poised to be the next Indian success story after Information Technology. According to a Mekinsey-CII Study, the industry’s earning potential is estimated at Rs.5000-10000 Crores by 2012 (CII-Mekinsey, 2002). Horowitz and Rosenweig (2007) have identified the following countries

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85 CII-Mckinsey (2002):”Health Care in India: The Road ahead”, McKinsey and Company and Indian Healthcare Federation, New Delhi
as being medical tourism destination: China, India, Israel, Singapore, Malaysia, Philippines, United Arab Emirates, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Jamaica, Mexico, United States, Belgium, Germany, Hungary, South Africa and Australia.

The major service providers in Indian Medical Tourism are the Apollo Hospitals, Escorts Hospital, Fortis Hospitals, Breach Candy, Hinduja, Mumbai’s Asian Heart Institute. Arvind Eye Hospitals, Manipal Hospitals, Mallaya Hospitals, Shankara Nethralaya etc. AIIMs, a public-sector hospital, is also in the field. In terms of locations Delhi, Chennai, Bangalore and Mumbai cater to the maximum number of health tourists and they are fast emerging as medical tourism hubs. IT also visualizes high-end healthcare services through Indian BPO firms like Hinduja TMT, Apollo Heart Street, Comat Technologies, Datamatics and Lapiz that work in the areas of claim adjudication, billing and coding, transcriptions and form processing. One-stop centres in key international markets, to facilitate patient flow and stream lining immigration for healthcare are envisaged. The CII, along with the Indian Health Care Federation (IMCF), wants to establish an Indian healthcare brand synonymous with safety trust and excellence. Therefore, it is clear that the

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opportunities and challenges for growth in the health sector, are seen primarily within the private/corporate sector and not in the public sector.

Nowadays Medical Tourism in India includes advanced and life saving health care services like open transplants, cardio vascular surgery, eye treatment, knee/hip replacement, cosmetic surgeries and alternate systems of medicine. The leisure aspect of medical traveling/wellness tourism may also be included on such medical travel trips. India provides a variety of medical services to overseas patients.

The medical tourism structure in India is depicted in figure 2.2.
The Table 2.1 gives a classification of the services spectrum of medical tourism in India vis-à-vis its competitive countries.

TABLE 2.1
CLASSIFICATION OF THE SERVICES SPECTRUM OF MEDICAL TOURISM ACROSS GLOBE

<table>
<thead>
<tr>
<th>Services</th>
<th>Wellness tourism</th>
<th>Alternative systems of medicine</th>
<th>Cosmetic surgery</th>
<th>Advanced and life savings healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spas stress</td>
<td>Ayurvedic,</td>
<td>Dental Care,</td>
<td>Open</td>
</tr>
<tr>
<td>offered</td>
<td></td>
<td>Siddha treatment for diseases e.g. Arthritis, Rheumatism</td>
<td>Plastic Surgery, Breast enhancement, Tummy reduction, Sin Treatment</td>
<td>transplants, cardio vascular surgery, Eye treatment, Hip Replacement, In vitro fertilization</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Profit Margin</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Key Competitors</td>
<td>Thailand, South Africa</td>
<td>--</td>
<td>South Africa, Cuba, Thailand</td>
<td>Singapore, Jordan, Thailand and Malaysia</td>
</tr>
<tr>
<td>India’s Strength</td>
<td>Low-Thailand has captured a significant share of the market</td>
<td>High –Kerala is popular for this service</td>
<td>Low-South Africa and Thailand lead in plastic surgery</td>
<td>High-India has strong image on medical tourism</td>
</tr>
</tbody>
</table>

India, with her 5000 year old civilization, is known for her cultural and religious diversities, with diverse geographical landmarks. The traditional arts and crafts add to her appeal to attract tourists. In India, according to the famous phrase, “Atithi Devo Bhava”, tourists are treated as gods. In India, in addition to the existence of modern medicine, indigenous or traditional medical practitioners continue to practice throughout the country. Popular indigenous healthcare traditions include Ayurveda, Siddha, Unani, Naturopathy and Yoga.
Ayurveda provides a complete system of preventive medicine and healthcare, which has been proven its effectiveness over a long period in India. The science of Ayurveda is based on the knowledge of the human constitution. If every individual knows his or her own constitution, they can understand what constitutes a good diet and lifestyle for themselves. The five great elements, viz., ether, air, fire, water and earth are manifested into the three Dashas or biological organizations known as Vata, Pitta and Kapha. These biological organizations are used by an individual to gain a full understanding of all aspects of bodily function, in order to establish the harmonious balance required for a healthy existence. Ayurveda is based on natural herbs which give distinct advantage.

The Siddha System defines disease as the condition in which the normal equilibrium of the five elements in human beings is lost and results in different forms of discomfort. The diagnostic methods in Siddha Medical System are based more on the clinical acumen of the physician, based on the observation of the patient, pulse and diagnosis and clinical history.

Unani System of Medicine believes that the body is made up of four basic elements viz., earth, air, water and fire, which have different temperaments, i.e. cold, hot, wet and dry. After the interaction of four elements, a new compound, having a new temperament, comes into existence i.e. hot-wet, hot-dry, cold-wet
and cold-dry. Unani system of medicine believes in the promotion of health and prevention of diseases.

Naturopathy has several references in the Vedas and other ancient texts, which indicate that these methods were widely practised in ancient India. Naturopathy believes that the human body possesses inherent self-constructing and self-healing powers. Naturopathy differs slightly from other systems of medicine, as it does not believe in the specific cause of disease and its specific treatment but takes into account the totality of factors responsible for diseases such as one’s unnatural habits in living, thinking, working, sleeping, or relaxation, and the environmental factors that disturb the normal functioning of the body.

Yoga is a science as well as an art of healthy living, physically, mentally, morally and spiritually. Yoga is believed to be founded by saints and sages of India several thousand years ago. Yoga has its origin in the Vedas and its philosophy is an art and science of living in tune with the universe. Yoga, the art and science of maintaining physical and mental well-being, has its origin in India. It is an instrument to self evolution and enlightenment, through physical and mental well-being. Various yogic postures gently massage internal vital organs and keep them in perfect condition. Cholesterol levels are kept in check and the blood pressure is normalized. This internal harmony cleanses and detoxifies the body and boosts the immune system.
All these traditional healthcare systems attract national and international patients and generate tourism flows.

**Growth, Opportunities and Process of Medical Tourism in India**

The commitment to provide comprehensive healthcare to all citizens, irrespective of their paying capacity, was given up by the Indian Government after 30 years of Indian independence. After the globalization and liberalization of Indian economy on 1991, the Government of India has opened up medical service to the voluntary and private sectors for foreign tourists and other citizens who can pay to get the high-tech medical services. The rapid growth of the private sector over the 1980s and the emergence of a corporate health sector in the 1990s, was a part of the comprehensive policy that chooses to promote these segments. This was done through shifting subsidies in terms of cheap land, concessions from equipment and drug import, placing these institutions on government panels and making them a part of government insurance schemes, in addition to providing trained personnel and expert physicians through state-supported medical education.

As a part of Medical Tourism, India is recognized as the cradle for test tube babies and it is popular for surrogacy services (Qaders and John, 2009). India also offers high-tech cardiac, paediatric, dental, cosmetic and orthopaedic surgical

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services as well as the traditional healing systems. The medical tourism definitely does not cater to emergency services. The services provided are largely knee joint replacement, hip replacement (mostly orthopaedic), bone marrow transplant, bypass surgery and cosmetic surgery etc. Hospitals also advertise preventive health check ups for family members, accompanying the patients, in addition to alternative medicine services (Peacock, 2009).  


<table>
<thead>
<tr>
<th>Procedure</th>
<th>US</th>
<th>India</th>
<th>Thailand</th>
<th>Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart bypass</td>
<td>1,30,000</td>
<td>10,000</td>
<td>11,000</td>
<td>18,500</td>
</tr>
<tr>
<td>Heart valve replacement</td>
<td>1,60,000</td>
<td>9,000</td>
<td>10,000</td>
<td>12,500</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>57,000</td>
<td>11,000</td>
<td>13,000</td>
<td>13,000</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>43,000</td>
<td>9,000</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>20,000</td>
<td>3,000</td>
<td>4,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>40,000</td>
<td>8,500</td>
<td>10,000</td>
<td>13,000</td>
</tr>
<tr>
<td>Spinal fusion</td>
<td>62,000</td>
<td>5,500</td>
<td>7,000</td>
<td>9,000</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------</td>
</tr>
</tbody>
</table>

International figures, based on hospital quotes, in named countries.

Source: [Http://www.doestoc.com/does/12163631/MEDICAL-TOIRISM/P/36](http://www.doestoc.com/does/12163631/MEDICAL-TOIRISM/P/36)

Quality care, relatively cheaper services compared to the West, package deals and cheap services from the tourism and hospitality sectors are the biggest attraction of Medical Tourism in India. The price differentials of various procedures for Singapore, Thailand and India, with the USA, reveal the economic advantage offered to interested patients by India.

The health care sector in India has witnessed an enormous growth in infrastructure in the private and voluntary sector. The Indian Government predicts that India’s health-care industry of $17 billion per year,, could grow 13 per cent in each of the next six years and it can be boosted up to 30 per cent annually if bundled with tourism sector (International Marketing Conference on Marketing &Society, 8-10 April, 2007,IIIMK)

**KEY ISSUES TO THE MEDICAL TOURISM INDUSTRY IN INDIA**

As various countries are competing with each other to get a greater share in the medical tourism industry, India needs to carve out a distinct niche for itself, by leveraging its existing strengths and thereby offering a unique value proposition. Generally, there are three types of medical tourists.
Foreigners coming for medical treatment
Foreigners seeking treatment and leisure
Expatriates

A country like India is facing the following challenges to become a tourist destination under Medical Tourism Industry. They are:

1. Lack of infrastructural facilities like lack of connectivity, lack of coordinating system, poor power supply and poor water supply.
2. Most Indian hospitals are also facing the lack of trust from the foreign patients. The hospitals have observed poor hygiene awareness in medical attendants, unhygienic food handling, and lack of proper hospitality services, heterogeneous pricing of services and no industry standards.
3. The Government can play a vital part to upgrade the medical tourism sector. But the industry is facing the following problems which are caused by the Government. They are: (a) no regulations, (b) taxation anomalies, (c) bureaucratic roadblocks, (d) lack of land reforms (e) lack of long-term investor-friendly policies (f) instability, caused by terrorism and communal tensions.
4. On the part of insurance and allied services, the medical tourism industry in India is also facing some key bottlenecks. They are: (a) inadequate insurance cover, (b) underdeveloped insurance market in
India, (c) insurance frauds and (d) overseas companies refusing reimbursement.

5. The challenges caused by the infrastructural component in medical tourism sector in India, are: (a) poor accessibility, (b) lack of capital, (c) lack of community participation and awareness, (d) lack of involvement from rural sector, (e) lack of concern for sustainability, (f) complex visa procedures, (g) lack of good language translators, and (h) poor airport facilities.

6. Apart from these, there are some specific issues to promote medical tourism in India. They are: (A) quality accreditations to the Indian hospitals and service providers, (b) training and development of the doctors, nurses and para medical staff (c) lack of customer-oriented approach.

The Table 2.3 depicts the SWOT (Strength, Weakness, Opportunities and Threats) analysis of the Indian medical tourism industry in its current state:

**TABLE 2.3**

SWOT Analysis of the Indian Medical Tourism
## Strengths

- Quality service at affordable cost
- Vast supply of qualified doctors
- Strong presence in advanced healthcare e.g. cardiovascular, organ transplants – high success rate in operations
- International reputation of hospitals and doctors
- Diversity of tourism destination and experiences

## Weakness

- No strong government support / initiative to promote medical tourism
- Low coordination between the various players in the industry – airline operators, hotels and hospitals
- Customer perception as an unhygienic country
- No proper accreditation and regulation system for hospitals
- Lack of uniform pricing policies across hospitals

## Opportunities

- Increased demand for healthcare services from countries with aging population (U.S, U.K)
- Fast – paced lifestyle increases demand for wellness tourism and alternative cures
- Shortage of supply in National Health Systems in countries like U.K, Canada
- Demand from countries with underdeveloped healthcare facilities
- Demand for retirement homes for elderly people, especially Japanese

## Threats

- Strong competition from countries like Thailand, Malaysia, Singapore

DEVELOPING STRATEGIES ON INDIAN MEDICAL TOURISM
After the SWOT analysis on Indian medical tourism and also interviewing the healthcare service providers in India as well as observing the different websites related to medical tourism’s growth and opportunities, the following marketing strategies may be used by India’s healthcare service providers. They may be based on the 7 Ps of marketing mix: Product, Price, Place, Promotion, People, Process, and Physical Evidence (Kotler, 2008; Chartered Marketing Institute, 2005).  

**Product**

India has a number of hospitals offering world class treatments in nearly every medical sector such as 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, Paediatrics, Paediatric Surgery, Paediatric Neurology, Urology Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynaecology, Pulmonology, Psychiatry, General Medicine & General Surgery. Well-trained medical staff, with international board certification (US, UK, Australia, Germany, Japan), are considered a valuable asset of the companies and used as an important tool to promote healthcare services. Moreover, the cutting-edge technology and

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equipment, available at each hospital, is also considered an advantage in this industry. Another marketing strategy used by service providers is to create more value through services. Superior value-added services have been created to differentiate themselves from their increasing competitors, increasing its efficiency, creating convenience for the patients, and developing and strengthening the customer relationships. These non-medical care services are services such as on-line service for medical arrangement, travel arrangement, interpreter services in many language, luxury service apartments for patients’ relatives adjacent to the hospital, hotel selection and reservation, sightseeing tour services, medical transportation both on land and air, one-to-one nursing care service etc. Major health care service providers in India have started expanding their business to other countries by investing in operating hospitals or medical center overseas. These hospitals function as a diagnostic center for screening cases and also for follow-ups in medical treatments.

**Price**

India’s healthcare service providers have a competitive advantage, among their competitors, due to its high standard of medical treatments and services offered to the patients at a very competitive price. In India, complicated medical procedures are being done only at one tenth of the cost in industrialized countries
but in terms of infrastructure facilities such as roads, sanitation, power backup accommodations, and public utility services, much more is needed for the country to become a medical tourism destination (Kaur et al., 2007).

Place

Internet is the main means for disseminating information related to medical and non-medical care services, offered by each of healthcare service providers. It is the most effective and inexpensive way to offer the product to its target customers directly and at the same time, helping patients acquire correct and valuable information and allowing them to make an informed decision. Informative online marketing of each service provider creates awareness of the medical treatments available and reassures potential patients. Interactive communication, treatments, description, description of services and facilities are also presented on the websites, to attract the patients who are on medical traveling program. All the healthcare service providers generally take the help of the agents in promoting their medical tourism. These agents provide information and advise the patients regarding their treatments in the hospitals. They work as a bridge between patients and hospitals for screening cases and sending all the necessary medical reports of the patients to

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the hospitals. At the same time, agents have the responsibility of advertising and doing marketing in those countries for healthcare service providers, spreading word of mouth advertising of service assurance and reliability.

**Promotion**

Most healthcare service providers in India, particularly big private hospitals, participate in travel marts, travel fairs, trade fairs, exhibitions, seminars, conferences and advertise in travel magazines in the target countries, with the support of the Government. In addition, other informative materials such as brochures, booklets, video-cds, paper bags and t-shirt, with logos, are also used to create awareness of the available healthcare services. Moreover, some healthcare service providers in India build up cooperation with the local institutes, universities, medical schools in the target countries, to establish collaboration in education, exchange of knowledge and training as well as to promote their alternative healthcare services. Advertising about medical and non-medical services, in both local and international media, are also used by healthcare service providers. Articles, video and news related to their high quality and standard of medical treatments and services, health issues, latest medical technology equipment, quality assurance/awards/accreditation, are made available on their own websites and also through the international media. These help create awareness of the available alternative medical treatments as well as to build up a
positive image of the high quality and international standard of medical care in India.

**People**

Another strategy that Indian healthcare service providers may use to attract the international patients for their low cost treatments in India, is through its well-trained medical specialists who were qualified from well-known overseas institutes. It is well acknowledged that having specialized and qualified doctors and staff give a competitive edge to the hospitals. But shortage of doctors and trained medical staff is treated as the major concern in medical tourism in India. Further, misunderstanding the patients’ culture could be a challenge for medical tourism business in India.

**Process**

International patients who seek medical treatments, are mostly concerned with the quality of treatments and also expect the service providers to be accredited by a recognized international organization that audits medical quality. India has a large pool of doctors (approx 6,00,000), nurses and paramedics, with required specialization and expertise. They also enjoy the language advantage (English speaking skills). The medical education system caters to the ever increasing demand for the delivery of the quality health care services all over the country. The
Joint Commission International (JCI) recognizes and accredits the standard of the hospital and certifies that it meets or exceeds the standard of medical facilities compared to the West. India is a popular destination for medical tourists. (Iyer, M., 2004).  

**Physical Evidence**

In India, big hospitals like Apollo Hospitals, Escorts hospital, Wockhardt Hospitals, Breach Candy Hospitals Lilavati Hospital, Manipal Hospitals, Mallaya Hospital, AMRI Hospitals etc. have a good ambience in their infrastructures with spacious, luxury rooms and excellent amenities, comparable to a five star hotel, for patients and relatives. They are also equipped with the cutting-edge technology. This is a competitive advantage for India to gain the confidence of the international patients and persuade them to choose India as their preferred choice.

### 2.8 SUGGESTIONS FOR DEVELOPING INDIAN MEDICAL TOURISM

The following suggestions are offered to help India to achieve leadership position in Medical Tourism. These suggestions are largely based on the discussions with various stakeholders as well as observing the best practices in other countries on medical tourism.

**Role of Government**

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The Government of India must act as a Regulator to institute a uniform grading and accreditation system for hospitals to earn the customers’ trust. The Government should act as a facilitator to encourage private investment in medical infrastructure and policy-making for improving Medical Tourism. The Government should actively promote FDI (Foreign Direct Investment) in healthcare sector as well as also enacts conducive fiscal policies for providing low interest rate loans, reducing import/excise duty for medical equipment. The government should also institute certification like medical registration number, anti-pollution certificate etc. The Government should reduce barriers in getting medical visa and institute the system of visa-on-arrival for patients. The Government could also create medical attaches to Indian embassies that promote health services to prospective Indian visitors.

**Medical Visas**

A simplified system of getting medical visas should be introduced in order to make travel across borders smoother. Visas can be extended depending on the condition of the patients. The procedures for obtaining medical visa, the subsequent registration and visa extension procedures are complicated and time consuming. There is a need to simplify and speed up these procedures to make India a more attractive medical tourism destination.
Holistic Medical and Diagnostic Centers within the Corporate Hospitals

Most of the big tertiary hospitals are opening up holistic centers within the premises, with yoga and mediation programmes, along with naturopathy, herbal medicine, acupuncture and homeopathy departments. This ensures a wellness-oriented treatment. However, these services are charged for and add to additional revenues. The hospitals could reserve small space for the relatives to pray in and thereby science can be combined with religion and tradition with modern medical practices.

Setting Up National Level Bodies

To market India’s specialized healthcare products in the world and also address the various issues confronting the corporate healthcare sector, leading private hospitals across the country are planning to set up a national level body on the lines of National Association of Software and Service Companies (NASSCOM), the apex body for software companies in the country. It is therefore, essential to form an apex body for health tourism like the National Association of Health Tourism (NHAT). The main agenda for NAHT could be:

(a) Building the India Brand Abroad

Classify the target consumer segments, based on their attractiveness and position the India Brand, based on the three main value propositions – high quality
service, value for money and destination diversity. An integrated marketing Communication campaign, using print, media and road shows, should be developed.

(b) Promoting Inter-Sectoral Coordination

The NAHT should take up the responsibility of aligning the activities of various players like Tourism Department, Transport Operators, Hotel Associations, Hospital Administration etc.

(c) Information Dissemination by using Technology

NAHT should set up a portal on medical tourism in India, targeted at sharing information and enabling online transactions.

(d) Standardization of Services

NAHT should also focus on establishing price parity of similar kinds of treatments in various hospitals and ensure the hospitals adhere to high hygiene and quality standards. It is felt that not only the private hospitals but the country too stands to benefit from this by earning foreign currency (Roy Choudhury and Dutta 2004).
Integrate vertically

Various added services may be offered to the patients. For example, hospitals may have kiosks at airports, offer airport pickups, bank transactions, or tie-ups with airlines for tickets and any help to facilitate medical visas by the Government. With more Arab patients coming in, some hospitals may have hired Arabic interpreters, stocked prayer rugs and opened up a kitchen, serving the Halal food preparations in corporate hospitals in India.

Joint Ventures / Alliances

To counter increasing competition in medical tourism sector, Indian hospitals should tieup with foreign institutions for assured supply of medical tourists. Specifically, they may have tie ups with capacity constrained hospitals and insurance providers. For example, Mohali’s Fortis Hospital has entered into a mutual referral arrangement with the Partners Healthcare System, which has hospitals like Brigham Women’s Hospital and Massachusetts Hospital in Boston under its umbrella, to bring patients from the US (Kohli 2002). The Apollo Group has also tied up with hospitals in Mauritius, Tanzania, Bangladesh and Yemen. In

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addition, it runs a hospital in Sri Lanka and manages a hospital in Dubai (Dogra 2003).

As a part of this policy of promoting public and private initiatives, the Indian travel industry and tour operators have also designed packages that include air travel, hotel accommodation, surgery expenses and filing claims. They may also operate jointly to facilitate travel for medical services. Other than the Central Government’s list of hospitals for medical tourism on the web, the medical tourism may also get promoted through popular magazines, tourist guide books, business magazines and journals on tourism. Textual and video testimonies of cured foreign patients and administrators, describing the excellence of the treatment, the low cost, the professional approach, the technical expertise, the affectionate and caring doctors and staff, and the cutting edge technology are all displayed on hospital websites as evidence of efficiency.

**Promotion of Medical Tourism**

The key “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

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93 Dogra, Sapna (2003): “Can Delhi Be a Successful Model for Medical Tourism?” Express Healthcare Management, 1.15 September. Also at: http://www.expresshealthcaremgmt.com/20030915/focus01.shtml
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 and only a tenth and sometimes even a sixteenth of the cost in the West, Open heart surgery could cost up to $70,000 in Britain and up to $150,000 in the US but in India’s best hospitals, it could cost between $3,000 and $10,000. Knee surgery (on both knees) costs 350,000 rupees ($7,700) in India but in Britain, this costs £10,000 ($16,950), more than twice as much. Dental, eye and cosmetic surgeries in Western Countries cost three to four times as much as in India. The price advantage is, however, offset today for patients from the developed countries by concerns regarding standards, insurance coverage and other infrastructure. This is where the tourism and medical industries are trying to pool resources and also putting pressure on the Government. We shall turn to their implications later. In India, the strong tradition of traditional systems of health care in Kerala, for example, is utilized. Kerala Ayurveda Centres have been established at multiple locations in various metro cities, thus highlighting the advantages of Ayurveda in health management.
### TABLE 2.4

THE COST OF MEDICAL PROCEDURES IN SELECTED COUNTRIES

(in U.S dollars)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>U.S. Retail Price</th>
<th>U.S. Insurers ‘Cost’</th>
<th>India</th>
<th>Thailand</th>
<th>Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angioplasty</td>
<td>$98,618</td>
<td>$44,268</td>
<td>$11,000</td>
<td>$13,000</td>
<td>$13,000</td>
</tr>
<tr>
<td>Heart bypass</td>
<td>$210,842</td>
<td>$94,277</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Heart-valve replacement (single)</td>
<td>$274,395</td>
<td>$122,969</td>
<td>$9,500</td>
<td>$10,500</td>
<td>$13,000</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>$75,399</td>
<td>$31,485</td>
<td>$9,000</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>$69,991</td>
<td>$30,358</td>
<td>$8,500</td>
<td>$10,000</td>
<td>$13,000</td>
</tr>
<tr>
<td>Gastric bypass</td>
<td>$82,616</td>
<td>$47,735</td>
<td>$11,000</td>
<td>$15,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Spinal fusion</td>
<td>$108,127</td>
<td>$43,576</td>
<td>$5,500</td>
<td>$7,000</td>
<td>$9,000</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>$40,832</td>
<td>$16,833</td>
<td>$7,500</td>
<td>$9,000</td>
<td>$12,400</td>
</tr>
</tbody>
</table>

‘Retail price and insurers’ costs represent the mid-point between low and high ranges
U.S. rates include at least one day of hospitalization; international rates include airfare, hospital and hotel


Kerala participates in various trade shows and expos to showcase the advantages of this traditional form of medicine. A generic problem, with medical
tourism, is that it reinforces the medicalised view of health care. By promoting the notion that medical services can be bought off the shelf from the lowest priced provider anywhere in the globe, it also takes away the pressure from the Government to provide comprehensive health care to all its citizens. It is deepening of the whole notion of health care that is being pushed today, which emphasizes technology and private enterprise. The important question here is for whom is ‘cost effective’ services to be provided. Clearly, the services are “cost effective” for those who can pay and in addition, come from countries where medical care costs are exorbitant because of the failure of the Government to provide affordable medical care. It thus attracts only a small fraction that can pay for medical care and leaves out large sections that are denied medical care but cannot afford to pay. The demand for cost effective specialized care is coming from the developed countries where there has been a decline in public spending and rise in life expectancy and non-communicable diseases that require specialist services.

TABLE 2.5
# DENTAL PROCEDURE – COST (USA & INDIA)

<table>
<thead>
<tr>
<th>Dental procedure</th>
<th>Cost in USA ($)</th>
<th>Cost in India ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Dentist</td>
<td>Top End Dentist</td>
</tr>
<tr>
<td>Smile designing</td>
<td>-</td>
<td>8,000</td>
</tr>
<tr>
<td>Metal Free Bridge</td>
<td>-</td>
<td>5,500</td>
</tr>
<tr>
<td>Dental Implants</td>
<td>-</td>
<td>3,500</td>
</tr>
<tr>
<td>Porcelain Metal Bridge</td>
<td>1,800</td>
<td>3,000</td>
</tr>
<tr>
<td>Porcelain Metal Crown</td>
<td>600</td>
<td>1,000</td>
</tr>
<tr>
<td>Tooth impactions</td>
<td>500</td>
<td>2,000</td>
</tr>
<tr>
<td>Root canal Treatment</td>
<td>600</td>
<td>1,000</td>
</tr>
<tr>
<td>Tooth whitening</td>
<td>350</td>
<td>800</td>
</tr>
<tr>
<td>Tooth colored composite fillings</td>
<td>200</td>
<td>500</td>
</tr>
<tr>
<td>Tooth cleaning</td>
<td>100</td>
<td>300</td>
</tr>
</tbody>
</table>

**TABLE 2.6**

PROCEDURE CHARGES IN INDIA & USA
<table>
<thead>
<tr>
<th>Procedure</th>
<th>United States (USD) Approx</th>
<th>India (USD) Approx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Transplant</td>
<td>USD 2,50,000</td>
<td>USD 69,200</td>
</tr>
<tr>
<td>Liver Transplant</td>
<td>USD 3,00,000</td>
<td>USD 69,350</td>
</tr>
<tr>
<td>Heart Surgery</td>
<td>USD 30,000</td>
<td>USD 8,700</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>USD 20,000</td>
<td>USD 6,300</td>
</tr>
<tr>
<td>Cataract Surgery</td>
<td>USD 2,000</td>
<td>USD 1,350</td>
</tr>
<tr>
<td>Smile Designing</td>
<td>USD 8,000</td>
<td>USD 1,100</td>
</tr>
<tr>
<td>Metal Free Bridge</td>
<td>USD 5,500</td>
<td>USD 600</td>
</tr>
<tr>
<td>Dental Implants</td>
<td>USD 3,500</td>
<td>USD 900</td>
</tr>
<tr>
<td>Porcelain Metal Bridge</td>
<td>USD 3,000</td>
<td>USD 600</td>
</tr>
<tr>
<td>Porcelain Metal Crown</td>
<td>USD 1,000</td>
<td>USD 100</td>
</tr>
<tr>
<td>Tooth impactions</td>
<td>USD 2,000</td>
<td>USD 125</td>
</tr>
<tr>
<td>Root canal Treatment</td>
<td>USD 1,000</td>
<td>USD 110</td>
</tr>
<tr>
<td>Tooth whitening</td>
<td>USD 800</td>
<td>USD 125</td>
</tr>
<tr>
<td>Tooth colored composite</td>
<td>USD 500</td>
<td>USD 30</td>
</tr>
<tr>
<td>Fillings / Tooth Cleaning</td>
<td>USD 300</td>
<td>USD 90</td>
</tr>
</tbody>
</table>

**COST COMPARISON – INDIA VS UNITED KINGDOM (UK)**

Significant cost differences exist between U.K. and India when it comes to medical treatment. Accompanied with the cost are waiting times which exist in
U.K. for patients, which could be a minimum period of 3 months. India is not only cheaper but the waiting time is almost nil. This is due to the outburst of the private sector which comprises of hospitals and clinics, with the latest technology and best practitioners.

**TABLE 2.7**

**COST COMPARISON**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>United Kingdom (USD) Approx</th>
<th>India (USD) Approx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Heart Surgery</td>
<td>USD 18,000</td>
<td>USD 4,800</td>
</tr>
<tr>
<td>Cranio-Facial surgery and skull base</td>
<td>USD 18,000</td>
<td>USD 4,500</td>
</tr>
<tr>
<td>Neuro-surgery with Hypothermia</td>
<td>USD 21,000</td>
<td>USD 6,800</td>
</tr>
<tr>
<td>Complex spine surgery with implants</td>
<td>USD 13,000</td>
<td>USD 4,600</td>
</tr>
<tr>
<td>Simple Spine Surgery</td>
<td>USD 6,500</td>
<td>USD 2,300</td>
</tr>
<tr>
<td>Simple Brain Tumor-Biopsy-Surgery</td>
<td>USD 4,300 USD 10,000</td>
<td>USD 1,200 USD 4,600</td>
</tr>
<tr>
<td>Parkinsons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lesion</td>
<td>USD 6,500</td>
<td>USD 2,300</td>
</tr>
<tr>
<td>- DBS</td>
<td>USD 26,000</td>
<td>USD 17,800</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>USD 13,000</td>
<td>USD 4,500</td>
</tr>
</tbody>
</table>

**World Class Clinical Record for Apollo Hospitals**

- Among the few providers of medical care for complicated medical conditions, Apollo saves millions of lives everyday.
• Touched the lives of over 10 million patients till date.
• Over 4,00,000 preventive health checks done.
• Has the largest and the most sophisticated laboratories in the World.
• Has pioneered orthopedic procedures like total hip and knee replacements, and the Birmingham Hip Resurfacing Technique.
• Has performed over 7,50,000 major surgeries and over 10,00,000 minor surgical procedures till date.
• Has performed over 49,000 cardiac surgeries at a 98.5 per cent rate of success.
• Has performed over 2,00,000 angiograms, 16,200 angioplasties and 3,500 mitral balloon valvuoplasities.
• First heart transplant patient is alive, 7 years after the operation.
• Has performed over 9,400 renal transplants.
• 130 Bone Marrow Transplants performed at high success rates.
• Over 30 liver transplants done (Live and Cadaver)
• Has over 4,000 specialists and super specialists and 3,000 medical officers, spanning 53 clinical departments in patient care.

International Affiliations
• Apollo Hospitals is recognized as a training centre by the Natural Board of Examination in India, for post-graduate training, in 16 medical departments.

• The Department of Radiology at Apollo is recognized by the Royal College of Radiologists, United Kingdom, for training for fellowship examinations like FRCR.

• Recognized as a Centre for conducting research work, leading to Ph.D. at the Anna University, Chennai, in Medical Physics and Digital Signal Processing.

• Apollo Hospitals is the only international training organization for the American Heart Association Technical Support from Texas Heart Institute and Minneapolis Heart Institute for Cardiology and Cardio Thoracic Surgery.

• Apollo Hospitals has exchange programs with the hospitals in the US and Europe.

• Apollo Hospitals have an tie up with Mayo Clinic & Cleveland Heart Institute, USA.

• Apollo Hospitals is also associated with Johns Hopkins University.

Less (or No) Third-Party Payment
Markets tend to be bureaucratic and stifling when Insurers or Government pay most medical bills. In the United States, third parties (Insurers, Employers and Government) pay for about 87 per cent of health care. Hence patients spend only 13 cents out of pocket for every dollar they spend on health care. As a result, they do not shop like consumers do when they are spending their own money and the providers, who serve them, rarely compete for their business based on price. A much higher percentage of private health spending is out of pocket in countries with growing, entrepreneurial medical markets. For instance, patients pay 26 percent of health care spending out of pocket in Thailand, 51 per cent in Mexico and 78 per cent in India. When patients control more of their own health care spending, providers are more likely to compete for patients, based on price. Consequently, these countries have more competitive private health care markets.

**Private Out of Pocket Spending on Health Care**

**Challenges**

CII has also suggested that Government should encourage Medical Tourism by increasing air connectivity, linking major cities like Delhi, Chennai, Bangalore, Hyderabad and Kolkata and creating health support infrastructure. CII maintains that it is also essential to establish the Indian Healthcare Brand synonymous with
safety, trust and excellence. There is a need to undertake an international marketing campaign, targeted at select countries, besides establishing one stop centers in key markets to facilitate the inflow of foreign patients. There is also a need to streamline immigration process for medical visitors. The quality of healthcare for the poor in India is undeniably low. If India develops its infrastructure to international levels, it will be able to benefit medical services sector and more over help the world access the Indian medical services. The sight of the country’s overcrowded public hospitals: open sewers and garbage-littered streets, would unsettle most visitors’ confidence about public sanitation standards in India. Patients from the United States and Europe still are rare relatively not only because of the distance they must travel but also because India continues to suffer from an image of poverty and poor hygiene that discourages many patients.

**TABLE 2.8**

**COST COMPARISON OF DIFFERENT TREATMENTS IN INDIA WITH THE DEVELOPED COUNTRIES**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Treatment</th>
<th>Cost in the best hospitals of India</th>
<th>Cost in developed country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complex heart operation</td>
<td>$8500 including airfare</td>
<td>$45000 in America</td>
</tr>
<tr>
<td>2.</td>
<td>Preventive health screening</td>
<td>$90</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td>Cost in India</td>
<td>Cost in US</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>3</td>
<td>Heart Surgery</td>
<td>$6500</td>
<td>$35000</td>
</tr>
<tr>
<td>4</td>
<td>Bone marrow transplant</td>
<td>$30000</td>
<td>$300000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$75000</td>
</tr>
<tr>
<td>5</td>
<td>Open heart surgery</td>
<td>$15000</td>
<td>$200000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$75000</td>
</tr>
<tr>
<td>6</td>
<td>Knee Surgery</td>
<td>$8000</td>
<td>$18500</td>
</tr>
<tr>
<td>7</td>
<td>Dental. Eye &amp; Cosmetic Surgery</td>
<td>$y</td>
<td>$5y</td>
</tr>
<tr>
<td>8</td>
<td>Replacement of bulky heart valve</td>
<td>$12000</td>
<td>$300000</td>
</tr>
<tr>
<td>9</td>
<td>MRIS</td>
<td>$70</td>
<td>$850</td>
</tr>
<tr>
<td>10</td>
<td>Hip Resurfacing</td>
<td>$6000</td>
<td>$35000</td>
</tr>
</tbody>
</table>

source: CII and FICCI Reports.

CHAPTER III

A COMPREHENSIVE STUDY ON SELECT MEDICAL TOURIST HOSPITALS AT CHENNAI

3.1 INTRODUCTION

This Chapter discusses the profile of the selected hospitals, namely Apollo, MIOT, Adayar Cancer Institute and Ramachandra Medical Hospitals in Chennai,