Chapter III
Tourism, Health Tourism and Medical Tourism
3-1- Introduction

Tourism has turned out to be an economic promoter contributing to the economic development of many countries over the last few decades. People need holidays, and for almost people it is not as luxury. Tourism calls for coordination and cooperation between travel agents, tour operators, and tourists. Tourism has a few major elements such as destinations, attractions, sites, accommodation, and all ancillary services.

Tourism is new potential to earn money with save natural resource and spend culture and it grows fast day by day in all country. Tourism is a highly complex phenomenon that could be widely understood by adopting a multidisciplinary approach. It takes cues from many disciplines such as economics, geography, sociology, management and history being the most important field. Many authors have defined it by their own perspective.

Tourism plays a vital role in employment generation and economic growth of India. It is accepted as the potent engine for inclusive social economic progress at universal level is through its forward and retrograde linkages and ability to create employment in the economy. Tourism sector is one of the largest employment generators in India and plays very significant role in promoting inclusive growth of the less-advantaged sections of the society and eradication of poverty. The main objective of the tourism policy in India is to position tourism as a major train of economic growth and harness it’s direct and multiplier effect on employment and poverty eradication in a sustainable manner by active participation of all segments of the society. Apart from marketing and promotion, the focus of tourism development plans is also on integrated development of tourism infrastructure and facilities through effective partnership with various stakeholders.

Medical tourism in India has promoted with different ways in world wide. According to times of India report (2017), the Union commerce ministry, along with ministries of tourism and health, has already launched a portal, www.indiahealthcaretourism.com, in four languages – Arabic, Russian and French and English- to provide comprehensive information to medical travelers. A latest knowledge paper by FICCI and Quintiles IMS shows over 5,00,000 foreign patients seek treatment in India each year. SAARC countries such as Bangladesh, Afghanistan, and Maldives are the major sources of medical value travel, followed by African countries such as Nigeria, South Africa and Kenya. Proximity, cultural
connects and connectivity is the key reasons for inflow of patients to India from these regions.

This chapter is divided to three parts: tourism, health Tourism and Medical Tourism. Each part is explained about history, definitions and characters.

3-2-Tourism

Tourism is one of the largest growing industries in the world today. In some countries with weak national economies tourism is regarded as a new primary industry. It creates employment and often brings in foreign currency to economically marginal areas. Olden days, travel was primarily for pilgrimage to the holy places and the countryside attracted people to travel and participate in meals, fairs and festivals.

Prehistoric man was nomadic by nature. Man searched for things he wanted and he travelled for food, shelter or pure wanderlust. However, due to absence of roads or other transport facilities, travel was very restricted and interminably slow. It was also restricted to places where there was a ready source of water supply.

The invention of money by the Sumerians (Babylon's) and development of trade beginning circa B.C. 4000 probably marks the beginning of the modern era of travel. At the same time, trade and travel developed in India where the wheel and money were already known at the time of Mohenjo-daro civilization, 3500 years ago. During the Roman Empire period (from about 27 BC to AD 476), travel developed for military, trade and political reasons, as well as for communication of messages from the central government to its distant territories.

During the Middle Age (from about AD 500 to 1400), there was a growth of travel for religious reasons. It had become an organized phenomenon for pilgrims to visit their “holy land”, such as Muslims to Mecca, and Christians to Jerusalem and Rome. In the 16th century, the growth in England’s trade and commerce led to the rise of a new type of tourists - those traveled to broaden their own experience and knowledge.

In the 17th century, the sons and daughters of the British aristocracy traveled throughout Europe (such as Italy, Germany and France) for periods of time, usually 2 or 3 years, to improve their knowledge. This was known as the Grand Tour, which became a necessary part of the training of future administrators and political leaders.
The Industrial Revolution (from about AD 1750 to 1850) in Europe created the base for mass tourism. This period turned most people away from basic agriculture into the town / factory and urban way of life. In the 19th and 20th centuries, the social and technological changes have had an immense impact on tourism. Great advances in science and technology made possible the invention of rapid, safe and relatively cheap forms of transport: the railways were invented in the 19th century and the passenger aircraft in the 20th century. World War II (AD 1939-1945) was also the impetus for dramatic improvements in communication and air transportation, which made travel much easier today than in earlier times.

The 1980s were called the boom years. Business and leisure travel expanded very rapidly. The baby-boomers were coming of age and had the money to spend. These travelers were looking for a variety of travel products from exciting vacation options such as adventure travel, ecotourism and luxurious travel.

Now a days, tour and travel industry (Tourism) develop in wide area in the world .new Technology such as digitalism, Internet, social media and etc. They effected on Tourism .people can buy Ticket very easily and select accommodation fast, save and comfortable.

In 21 century tourism is expected to grow with fast rate and improve to space and other planets. Then there isn’t any board and limitation for developing Tourism and Tourism will grow by growing technology and science.

WTO (World Tourism Organization) definite Tourism involves the activities of people travelling and staying in a place away from their home environment for leisure, business or other purposes.

Tourism means the temporary short-term movement of people to destinations outside the places where they normally live and work, as well as their activities during their stay at these destinations. (All tourism should have some travel, but not all travel is tourism.)

There is a general view which suggests that tourism as a subject cannot be defined comprehensively because of its large, complex and fragmented nature. Tourism is a highly complex phenomenon that could be comprehensively understood by adopting a multidisciplinary approach. It takes cues from many disciplines such as economics, geography, sociology, management and history being the most important field. Many authors have defined it from their own perspective.
In general, The obald (1994) reported that the word "tour" is derived etymologically from the Latin 'tornare' and the Greek'tornos.' It means ‘a lathe or circle; the movement around a central point or axis. The French term loisir (leisure) refers to a bundle of free time and recreational activities (Dewailly and Flament 1993) and it summarizes the tourist’s activity. The Macmillan Dictionary defines tourism as the business of providing services for people who are travelling for their holiday. Wikipedia defines tourism as travel for recreational, leisure or business purposes.

The sociologists view tourism as an emerging area concerned with the study of touristic roles, motivations, institutions, relationships and of their influence on tourists and on the societies who receive them. The significance of tourism to a country’s economy is widely recognized throughout the world. Since 1992 tourism had emerged as the largest industry and largest employer in the world.

Tourism was mainly been traditional in its early form. With the evolution of cultures, economies, and knowledge, tourism took a different form called sustainable tourism with the aspect of well-planned tour, well-studied destination, and conservation of destination. In sustainable tourism people have get to save tourist attraction for next generation.

Tourism embraces nearly all aspects of our society. Apart from its importance to economic changes, human socio-cultural activities and environmental development, tourism is related to other academic subjects such as geography, economics, history, languages, psychology, marketing, business and law, etc.

Tourism is a complex field of study because it includes a variety of disciplines which are either directly or indirectly related to the understanding of tourism. The study of information technology enhances our understanding of the importance of the global distribution system and its effect on tourism business. The study of religion and culture provides information on the cultural resources of a destination and opportunities to develop it as a cultural destination. Tourism is so vast, so complex, and so multifaceted that there is a wide range of subjects related to tourism. In most cases, the economic benefits tourism delivers are rarely unproblematic and, as industries go, it is notably diverse and complicated. Its 'products' range from package holidays in frantic Mediterranean resorts to solitary treks through the Himalayas - and even trips to the Antarctic. Large tour operators and hotel chains dominate the market
but the industry also sustains a vast number of small businesses including souvenir shops and taxi companies, restaurants and bars.

It’s not all down to private enterprise. The public sector, too, has a part to play. When it comes to specific developments, the necessary infrastructure and transport systems are usually funded from statutory sources. With the exception of purpose built attractions like Disneyland, the tourist facilities available at any location will be managed by an unusually complex variety of multinational conglomerates, local businesses, government bodies and individuals. It almost goes without saying that the impact of tourism on both the human and the natural environment is far-reaching.

Travel & Tourism is an important economic activity in most countries around the world. As well as its direct economic impact, the industry has significant indirect and induced impacts.

The direct contribution of Travel & Tourism to GDP reflects the ‘internal’ spending on Travel & Tourism (total spending within a particular country on Travel & Tourism by residents and non-residents for business and leisure purposes) as well as government ‘individual’ spending -spending by government on Travel & Tourism services directly linked to visitors, such as cultural (e.g. museums) or recreational (e.g. national parks).

The direct contribution of Travel & Tourism to GDP is calculated to be consistent with the output, as expressed in National Accounting, tourists. Of tourism-characteristic sectors such as hotels, airlines, airports, travel agents and leisure and recreation services that deal directly with tourists. The direct contribution of Travel & Tourism to GDP is calculated from total internal spending by ‘netting out’ the purchases made by the different tourism sectors. This measure is consistent with the definition of Tourism GDP, specified in the 2008 Tourism Satellite: Recommended Methodological Framework (TSA: RMF 2008).

The direct contribution of Travel & Tourism to GDP in the world was USD2, 570.1bn (3.2% of total GDP) in 2017, and is forecast to rise by 4.0% in 2018, and to rise by 3.8% pa, from 2018-2028, to USD3, 890.0bn (3.6% of total GDP) in 2028.
Graph 3-1: Total contribution of travel & tourism to GDP in the world

Source: World Travel & Tourism Council report 2018

The total contribution of Travel & Tourism to GDP in the world was USD8,272.3bn (10.4% of GDP) in 2017, and is forecast to rise by 4.0% in 2018, and to rise by 3.8% pa to USD12,450.1bn (11.7% of GDP) in 2028.

In 2017 Travel & Tourism directly supported 118,454,000 jobs (3.8% of total employment).

Travel & Tourism generated 118,454,000 jobs directly in 2017 (3.8% of total employment) and this is forecast to grow by 2.4% in 2018 to 121,356,000 (3.8% of total employment). This includes employment by hotels, travel agents, airlines and other passenger transportation services (excluding commuter services). It also includes, for example, the activities of the restaurant and leisure industries directly supported by tourists. By 2028, Travel & Tourism will account for 150,139,000 jobs directly, an increase of 2.2% pa over the next ten years.

Graph 3-2: Direct contribution of travel and tourism to employment in the world

Source: World Travel & Tourism Council report 2018
In 2017, the total contribution of Travel & Tourism to employment, including jobs indirectly supported by the Visitor exports generated USD1, 494.2bn (6.5% of total exports). This is forecast to grow by 3.9% in 2018, and grow by 4.1% pa, from 2018-2028, to USD2, 311.4bn in 2028 (6.9% of total). Travel & Tourism investment in 2017 was USD882.4bn, or 4.5% of total investment. It should rise by 4.8% in 2018, and rise by 4.3% pa over the next ten years to USD1, 408.3bn in 2028 (5.1% of total). In 2028 the direct contribution industry on GDP was 9.9% of total employment (313,221,000 jobs). This is expected to rise by 3.0% in 2018 to 322,666,000 jobs and rise by 2.5% pa to 413,556,000 jobs in 2028 (11.6% of total)

The ‘induced’ contribution measures the GDP and jobs supported by the spending of those who are directly or indirectly employed by the Travel & Tourism industry.

The total contribution of Travel & Tourism includes its ‘wider impacts’ (i.e. the indirect and induced impacts) on the economy. The ‘indirect’ contribution includes the GDP and jobs supported by: Travel & Tourism investment spending, Government ‘collective’ spending, which helps Travel & Tourism activity, Domestic purchases of goods and services by the sectors dealing directly with tourists. Travel & Tourism investment spending – an important aspect of both current and future activity that includes investment activity such as the purchase of new aircraft and construction of new hotels.

**Figure 3-1: Direct and indirect Travel and Tourism contribution**

Source: World Travel & Tourism Council report 2018
Government ‘collective’ spending, which helps Travel & Tourism activity in many different ways as it is made on behalf of the ‘community at large’ – e.g. tourism marketing and promotion, aviation, administration, security services, resort area security services, resort area sanitation services, etc. Domestic purchases of goods and services by the sectors dealing directly with tourists – including, for example, purchases of food and cleaning services by hotels, of fuel and catering services by airlines, and IT services by travel agents.

The total contribution of Travel & Tourism to employment includes wider effects from investment, the supply chain and induced income.

Money spent by foreign visitors to a country (or visitor exports) is a key component of the direct contribution of Travel & Tourism. In 2017, the world generated USD1,494.2bn in visitor exports. In 2018, this is expected to grow by 3.9%, and the world is expected to attract 1,395,660,000 international tourist arrivals. By 2028, international tourist arrivals are forecast to total 2,094,210,000, generating expenditure of USD2,311.4bn, an increase of 4.1% pa.

Graph 3-3: visitor exports and international Tourist arrivals in the world

Source: World Travel & Tourism Council report 2018

Travel & Tourism is expected to have attracted capital investment of USD882.4bn in 2017. This is expected to rise by 4.8% in 2018, and rise by 4.3% pa over the next ten years to USD1,408.3bn in 2028. Travel & Tourism’s share of total national investment will rise from 4.5% in 2018 to 5.1% in 2028.
Graph 3-4: Capital investment in travel & tourism in the world

Source: World Travel & Tourism Council report 2018

Leisure travel spending (inbound and domestic) generated 77.5% of direct Travel & Tourism GDP in 2017 (USD4,233.3bn) compared with 22.5% for business travel spending (USD1,230.6bn). Leisure travel spending is expected to grow by 4.1% in 2018 to USD4,407.2bn, and rise by 4.1% pa to USD6,605.3bn in 2028. Business travel spending is expected to grow by 3.8% in 2018 to USD1,276.8bn, and rise by 3.2% pa to USD1,756.1bn in 2028.

Domestic travel spending generated 72.7% of direct Travel & Tourism GDP in 2017 compared with 27.3% for visitor exports (i.e. foreign visitor spending or international tourism receipts). Domestic travel spending is expected to grow by 4.1% in 2018 to USD4,132.4bn, and rise by 3.9% pa to USD6,051.5bn in 2028. Visitor exports are expected to grow by 3.9% in 2018 to USD1,552.6bn, and rise by 4.1% pa to USD2,311.4bn in 2028. Domestic travel spending generated 72.7% of direct Travel & Tourism GDP in 2017 compared with 27.3% for visitor exports (i.e. foreign visitor spending or international tourism receipts). Domestic travel spending is expected to grow by 4.1% in 2018 to USD4,132.4bn, and rise by 3.9% pa to USD6,051.5bn in 2028. Visitor exports are expected to grow by 3.9% in 2018 to USD1,552.6bn, and rise by 4.1% pa to USD2,311.4bn in 2028.
Travel & Tourism is a dynamic engine of economic development and job creation throughout the world. In 2017, Travel & Tourism directly contributed US$2.6 trillion and nearly 119 million jobs worldwide. Taking its wider indirect and induced impacts into account, the sector contributed US$8.3 trillion to the global economy and supported 313 million jobs in 2017. This was equal to 10.4% of the world’s GDP, and approximately 1 in 10 of all jobs.

**Figure 3-2: leisure vs business/domestic vs international**

Travel & Tourism’s impact includes people travelling for both leisure and business, domestically and internationally. In 2017, 77% (a total of US$4.2 trillion) of all travel spend was as a result of leisure travel, compared to 23% from business travel.
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Table 3-2: The economic contribution of travel & tourism growth in the world

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<td>1. Visitor exports</td>
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<td>2. Domestic expenditure (including government individual spending)</td>
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<td>3. Internal tourism consumption (+I +2)</td>
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<td>3.9</td>
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<td>4. Purchases by tourism providers, including imported goods (supply chain)</td>
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<td>5. Direct contribution of Travel &amp; Tourism to GDP (+I +2)</td>
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<td>6. Other final impacts (indirect &amp; induced)</td>
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<td>7. Domestic supply chain</td>
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<td>8. Government collective spending</td>
<td>1.8</td>
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<td>9. Induced</td>
<td>1.0</td>
<td>1.8</td>
<td>3.5</td>
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<td>10. Total contribution of Travel &amp; Tourism to GDP (+I +2)</td>
<td>3.6</td>
<td>3.8</td>
<td>4.0</td>
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<td>11. Employment impacts (100)</td>
<td>4.8</td>
<td>14.8</td>
<td>18.2</td>
<td>21.7</td>
<td>21.9</td>
<td>2.0</td>
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<td>12. Total contribution of Travel &amp; Tourism to employment</td>
<td>2.1</td>
<td>2.4</td>
<td>2.4</td>
<td>3.0</td>
<td>2.4</td>
<td>2.4</td>
<td>3.0</td>
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<td>13. Expenditure on outbound travel</td>
<td>8.1</td>
<td>7.0</td>
<td>9.0</td>
<td>12.0</td>
<td>12.5</td>
<td>4.4</td>
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Source: World Travel & Tourism Council report 2018

3-2-1-Tourism characters:
Tourism calls for coordination and cooperation between travel agents, tour operators, and tourists. Tourism has a few major elements — destinations, attractions, sites, accommodation, and all ancillary services.

Tourism comprises the activities of persons travelling and staying in places outside their usual environment for less than a year and whose main purpose of travel is other than the exercise of an activity remunerated from within the place visited.

There are some terms in travelling and tourism that they help to understand more about characters of tourism such as:

**Travelling:** it is going from the place of residence or work to another distant or a neighboring place by any means of transport. Routine commutation can be termed as travelling.
Tourism: it is travelling with an objective. All tourism necessarily includes travel but all travel does not necessarily include tourism. We can say, travelling is a subset of tourism.

Tourists: Visitors who spend at least one night in the country visited.

Crew members: Foreign air or ship crews docked or in lay over and who used the accommodation establishments of the country visited.

Excursionists: Visitors who do not spend at least one night in the country visited although they might visit the country during one day or more and return to their ship or train to sleep.

Cruise passengers: Normally included in excursionists. Separate classification of these visitors is nevertheless preferable.

Day visitors: Visitors who come and leave the same day.

Crews: Crews who are not residents of the country visited and who stay in the country for the day.

Members of armed forces: When they travel from their country of origin to the duty station and vice versa.

Transit passengers: Who do not leave the transit area of the airport or the port in certain countries, transit may involve a stay of one day or more. In this case they should be included in the visitor statistics.

Purpose of visit: Main purposes of visit as defined by the Rome Conference (1963). There is other division about tourism. Based on the UNWTO definition on tourism, tourism could be categorized as:

Domestic Tourism: Domestic tourism involves trips made by local residents within their own countries.

International Tourism: International Tourism involves trips between 2 countries. To a certain country, visits by residents of that country to another country are her outbound tourism; visits to that country by residents of another country are her inbound tourism.

3-3-Health tourism:

The global growth in the flow of patients and health professionals as well as medical technology, capital funding and regulatory regimes across national borders has given
rise to new patterns of consumption and production of healthcare services over recent decades.

Health tourism has become a common form of vacationing, and covers a broad spectrum of medical services. It mixes leisure, fun and relaxation together with wellness and healthcare. Medical tourism is actually thousands of years old. In ancient Greece, pilgrims and patients came from all over the Mediterranean to the sanctuary of the healing god, Asklepios, at Epidaurus.

From Roman times health resorts have been transforming continuously. Water treatment has been extended by new machines and new treatment methods. One thing remained unchanged—hope in water's curative properties. By 1861, there were major seaside resorts in Britain, indicating a growing demand for vacation travel. The masses of travelers however did not stay overnight at the seaside resorts in Britain, but rather made a one-day excursion to the resorts and back.

In Roman Britain, patients took the waters at a shrine at Bath, a practice that continued for 2,000 years. From the 18th century wealthy Europeans travelled to spas from Germany to the Nile. In the 21st century, relatively low-cost jet travel has taken the industry beyond the wealthy and desperate. In the USA and in some European countries the most vital development took place in the years 1918—1939 when the gradual acceptance of the idea of paid holidays as necessary provision for the health and recreation of working people emerged.

In 1861, major seaside resorts in Britain determine one-day excursion to the resorts. It was not until the 19th century that cultural tourism developed into leisure and health tourism. Some English travelers, after visiting the warm lands of the south of Europe, decided to stay there either for the cold season or for the rest of their lives.

Leisure travel was a British invention due to sociological factors. In 19th century, English travelers developed cultural tourism into leisure and health tourism. In 1918—1939 USA and in some European countries emerged Health and recreation of working people. In 20th century, Developed and developing countries started Holistic and wellness tourism e.g. yoga, herbal therapy etc. along with elective treatment.

Now a day, people travel to obtain healthy condition and use traditional treatment with minimum risks. They travel to abroad and enjoy of leisure, visit sight seen and get best traditional treatment.
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With the arrival of globalization and culture of consumerism, people begin to travel to make use of wide variety of alternatives that bring satisfaction and healthy living. Nowadays people are getting more aware of the importance of a good health. They are conscious in maintaining a healthy body, mind and soul. People visit tourism destinations normally for leisure and recreation. The purpose of visiting a tourism destination may vary depending upon the nature and interests of tourists. Hence, tourism destinations design variety of tourism products so as to cater the needs of tourists has different interests. Health tourism is a niche tourism developed by the competing tourism promoting countries in order to attract people travelling with the major purpose of getting a good healthcare and treatment. Health tourism comprises of two terms healthcare and tourism and it involves a combination of resources of healthcare and tourism. A health tourism destination highlights its healthcare resources that give wellness and cure and tourism attractions that give peace of mind and relaxation. Health tourism is becoming a favored form of vacation as it covers a broad spectrum of medical services and mixes leisure, fun and relaxation together with wellness and healthcare. Health tourism is also known as medical tourism, wellness tourism, healthcare travel or medical value travel. Health tourism brings numerous benefits to the parties engaged in it.

The advantages of health tourism can be broadly classified under two heads:

Benefits enjoyed by health tourists such as Health tourists get personalized attention, Potential savings as the cost of treatment in health tourism destination is much less than that of home country. Shorter waiting time, the patient need not wait in a queue for getting treatment and they receive treatment immediately after their arrival and Get high quality treatment at low cost.

Benefits enjoyed by health tourism destinations such as Increase in employment opportunities with simultaneous expansion of tourism, hotel and aviation industry, Avenue of foreign exchange generator, Growth in insurance industry and Increased employment opportunities in healthcare sector.

Some of tourism expert have believed wellness tourism is the other concept of health Tourism while other tourist providers have believed wellness is different of health tourism .wellness tourism is the activities to prevent of disease but health tourism is the activities to cure patients with diversity of method such as Yoga, Ayurveda, surgery and etc. Although today, activities to cure patients in hospitals
with surgery and use medicine are named Medical Tourism. It is the most important part of health tourism in economic effects.

3.4 - Medical Tourism:

Medical tourism is the most important part of health tourism that it increases the benefit and employment in health tourism industry. Medical tourism is a challenging term because it is not defined and applied regularly. Generally speaking, medical tourism is travel across national borders with the aim of improving one's health (Bookman & Bookman, 2007). Although many definitions concur that medical tourism entails medical treatment via travel, there is no consensus over the types of treatments (TRAM, 2006). Bookman (2007) use the term medical tourism and health tourism interchangeably: the sale of high-tech medical care to foreigners has come to be called medical or health tourism.

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

Medical tourism is highly promoted by big corporate hospitals in developing countries by providing high quality medical services at cheaper prices to patients from industrialized nations. Health tourism is projected as a new segment in travel and healthcare business. Globally, medical tourism is said to be US $ 40 billion industry.

The main attractions of health tourism are cost effectiveness and a chance to enjoy the tourist products of health tourism destination during recuperative period. There is luxury medical tourist also who request international five star hotel luxury car and luxury medical service and health care. The report highlights the global medical tourism market in accordance with the treatment type and geography. Based on treatment type, the market is categorized into cosmetic, dental, cardiovascular, orthopedic, neurological, cancer, fertility, and other general treatments. Major
destinations for medical tourism include Thailand, India, South Korea, Barbados, Mexico, Brazil, Japan, Malaysia, Costa Rica, Singapore, Hong Kong, Israel, Iran, South Africa, France, Germany, Turkey, and the UK among others.

Most of these destinations offer specialized treatment for specific medical conditions. For instance, Barbados is known for fertility treatment services while Singapore is famous for stem cell treatment and cancer treatment. Advantages of medical treatment in India include reduced costs, the availability of latest medical technologies and a growing compliance on international quality standards, Doctors trained in western countries including US and UK, as well as English speaking personnel, due to which foreigners are less likely to face language barrier in India.

Medical Tourism has become one of the latest trends in the tourism industry which has been and has the potential to continue growing exponentially every year. More travelers than ever before are now travelling abroad to get high quality medical treatments for less cost.

Medical tourism has reformed the traditional health-care industry and has set a new benchmark for every country around the globe. More travelers than ever before are now travelling abroad to get high quality medical treatments for less cost, which includes treatments such as general surgery, transplant surgery, cancer treatment, stem cell therapies, dental implant, facial implant, and liposuction, just to name a few. Both developed and developing countries are considering investing their infrastructures in this infant industry to stay on top of the aggressive competition.

Medical tourism as a niche market has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense. This new trend of medical tourism is different from the traditional model.

In the traditional model, patients travelled from less developed nations towards more developed nations where treatment quality would be much advance and significantly better. However, in the current medical tourism model, there is a flow of patients in both directions, i.e. from developed to developing and ties for many businesses. A report by Deloitte Center for Health Solutions estimates that by 2017, about 15.8 million US patients will receive care outside of USA, resulting in a potential “opportunity cost” to US clinics of about $373 billion.
Cost is one of the foremost determinants for patients seeking care from hospitals in foreign countries. Often, surgeries in developing countries will cost just a fraction of what one might pay in the USA or the UK. Along with cost savings, a patient can expect state-of-the-art technology that is same or even better than western standards. As an example, India is one of the developing countries that have “capitalizing on its low costs and highly trained doctors to appeal to these medical tourists”.

There are various reasons due to which foreign hospitals charge less for treatments: lower labor costs, little to no third party involvement, transparency in package pricing, limited collaborations between health care facilities and physicians, and lower costs of malpractice litigations. Also, price differential wars have resulted in immense competition among developing countries. India has significantly succeeded in capturing this segment of tourist because it has developed the capability to offer “bypass operations for about a sixth of cost in Malaysia”. Along with the cost of treatments, medical tourists are seeking out for countries that have significantly less currency fluctuations. After Thailand’s currency collapse in 1997, the Thai government focused its resources to attract medical tourist, especially for plastic surgery, to yield higher revenues. When medical tourism was flourishing as an industry, dollar was relatively weak to other foreign currencies. However, the absolute differential in medical prices has been so large that adverse exchange rates have not been a major consideration for medical tourists from the US.

Although cost is main the determinant of decision making to travel aboard, but having to wait for longer periods to get a treatment in developed countries is making this transition happen quickly. Even for the countries where government health-care system is in place, like Britain and Canada, patients are reconsidering to get their treatments from their home countries. Also, it gives the opportunity for developed countries to “clear their backlog by sending patients to foreign countries for expedient care, at low cost, without expanding local capacity”.

In 2005, the waiting times for hip and knee replacement were 21.8 and 28.3 weeks, respectively, in British Columbia, Canada, in contrast to service within a few days of referral in most medical tourism destinations.

Moreover, cost can be of significant importance to those who do not have insurance. According to Sharon Reier (2004), about 38 percent of the uninsured and
one quarter of those with insurance would travel abroad for care only if savings exceeds $10,000. A research conducted by Oxford Analytic discovered that more than 45 million US citizens do not have health coverage and those who do they are not very satisfied with health-care services.

Another rationale for Americans to leave their comfort zone and travel to foreign countries is quality of healthcare. Many potential patients might think that cultural differences, mainly language and background, will make it difficult for them to communicate with their foreign health care service providers. However, the cultural barriers are reduced by having educated and English speaking staff physicians and nurses. American Medical Association (AMA) introduced set of guidelines for medical tourism that included proper follow-up care, letting the

Patients know about their legal rights, informed risks for surgical procedures, and information on long flights and vacation activities.

People are realizing that they can save money by combining health needs along with vacation desires. Several companies are emerging that provide bundled packages which include air fare costs, accommodations from airport to hotels, cost of surgery, room and board expenses in hotels, and local sightseeing costs. Often times, the surgeries are not very intrusive and has fast recovery time. “The principal hospital group in Singapore, Raffles, arranges airport transfers, books relatives into hotels and helps to arrange local tours”. This shows that tourism industry along with needs of patients from developing countries resulted in creation of medical tourism.

The issue of privacy makes medical tourism more popular because no one prefers to be on the headlines of media. “Some medical procedures, such as sex changes, have become small but significant parts of medical tourism, especially in Thailand, where recuperation and the consolidation of a new identity may be better experienced at a distance from standard daily life”.

Some procedures are not approved by the US government that makes developing countries an attractive opportunity to acquire such treatments. Lee goes about explaining the importance of governmental support to enhance tourism industry especially for developing country. For example, Singapore Tourism Board (STB) launched two marketing campaigns: “Singapore Medicine’ in 2003 and ‘Uniquely Singapore’ in 2005 that anticipated S$30 billion earnings and attracting 17 million
visitors by the year 2015. Another type of procedure that might not be offered in countries like Britain and US is abortion.

However, countries such as India have fewer regulations that are seen as attractive options for couples who would prefer to get an abortion. Also, procedure such as “stem cell therapy for heart failure, unobtainable by many patients in industrialized countries, is available in the medical tourism marketplace”.

According to Weaver, credit card companies like Visa is promoting the universal use of its cards with the catchphrase “It’s everywhere you want to be”. The use of credit cards provides the travelers with less concerns about arranging the money instantaneously, and hence give them more freedom and mobility to use the credit cards as needed in near future.

The quality of health care is very important determinant right after price because people have this perception that if something is offered of lower cost, so they might not receive better quality. In order to address this problem, developing countries are hiring physicians that have internationally respected credentials as well as training from developed countries like US, Australia, Canada or Europe.

At present there are more than 1037 hospitals in the world that are accredited by the Joint Commission International (JCI), and 20 hospitals that are accredited by the International Standards Organization (ISO). Moreover, some foreign hospitals are managed by affiliated US health care facilities like Cleveland Clinic and JohnsHopkins International. JCI-accredited Wockhardt hospitals offer open heart surgeries for $8,500 in India, as compared to $100,000 in the US and $28,000 in the UK.

There is a lack of communication between institutes from both developing and developed countries. As a result, if a person seeks medical treatment in developing country like India, then there is no way that US insurance company could communicate and arrange payment for the treatment considering that the procedure is covered in the US.

A lack of insurance portability discourages prospective clients to obtain treatment in developing country. Among other procedures, cosmetic surgeries are not covered by insurance. On the other hand, since 2006, there have been attempts made by the West Virginia legislation to provide financial rebates to state employees who seek health care at medical tourism destinations “including first-class flights for
patients and a companion, plus recovery in a four-star hotel and other incentives like bonuses and sick leave”.

The lenient terms of litigation and poor justice system in developing countries makes it difficult for patients to earn their rights of undertaking legal proceedings.

Medical tourism is a fast-growing industry, with an increasing number of patients seeking affordable or specialized treatment outside their home countries. Asia is one of the leading regions in the world for medical tourism and has developed a niche for affordable and high quality healthcare, particularly in markets such as Thailand, India and Singapore which account for 90 percent of medical tourism in Asia.

This region is also a popular Wellness Tourism destination for travelers seeking a holiday that combines yoga, meditation, spa treatments or other wellness-related pursuits. According to a study by the Global Wellness Summit, wellness tourism is projected to grow 9.1 per cent annually through 2017 which is nearly 50 per cent higher than that of overall global tourism.

The medical tourism market in Asia is anticipated to post a Compound Annual Growth Rate (CAGR) of around 22% during 2014 to 2018, according to a report by RNCOS2. Healthcare providers in the region are actively moving towards digitization of clinical data to ensure patient safety and care, and to streamline workflow systems for international patients.

**Figure 3-3: Medical tourism destinations**
The global flow of patients across borders has changed the patterns of demand and supply of Healthcare services over the recent decades. This phenomenon is often described as medical tourism or medical travel. The global medical tourism industry is forecasted to generate revenue between USD 38 to USD 55 billion annually. While the definition of medical tourism is frequently contested by scholars and medical tourism enthusiasts, Musa et al. (p. 630) defined precisely the phenomenon as “All the activities related to travel and hosting a tourist who stays at least one night at the destination region, for the purpose of maintaining, improving or restoring health through medical intervention”. The medical intervention may cover a wide range of medical services such as dental, cosmetic, fertility and elective procedures. The movement of these services further accelerates Medical tourists are motivated to seek healthcare outside their area of residence by many factors, including cost, time, regulation, medical preferences and availability, quality, leisure tourism and information availability. Hospitality and tourism companies, as well as local governments and destination marketers, are positioning themselves to capture share in the global medical tourism market. In Asia, the main players include Malaysia, Thailand, India and Singapore, where these destinations are expected to control at least 80% of the Asian market share by 2015.

Hence a patient who wants special services and wants the best facilities will be ready to pay a higher price. But high price may be a major concern for people from under developed nations who cannot afford to take treatment in developed nations. Hence they look forward to developing nations where the cost is comparatively much lesser and the quality is good. The Table 3-3 shows the differences in costs of various treatments between USA and few medical service provider countries.
Medical tourism providers have a decisive role in attracting and retaining medical tourists. The satisfaction of medical tourists has a good and good service to medical tourism. Medical tourism has many factors, including insurance, brokers, Travel agency, Medical tourism company, hospitals, Medical center, media, conference, website, accommodation, catering and financial product. Have a very important role in the development of medical tourism.

3-4-1-Medical tourism category:
In a McKinsey study by Ehrbeck, Guevara, and Mango (2008), the medical tourists are classified on the basis of reasons for choosing medical tourism and quality of care chosen by the patients. They have also specified the share of these categories in medical tourism industry. Figure 3-21 shows that most of the patients look for advanced treatments and better quality. This is followed by patients who do not want to wait for treatment and the least share is of patients looking for low cost.

While the Mckinsey model classified medical tourists based on reasons for choosing medical tourism, a new model of classification is presented by the researcher which offers clarity in understanding the different motivations and compulsions of medical tourists which leads to medical tourism.

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**Table 3-3: Cost comparison between India, USA, Thailand and Singapore(Approximated figures in US$)**

<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>
</tbody>
</table>

Source: International figures based on hospital quotes in named countries
(Source: http://www.docstoc.com/docs/12163631/MEDICAL-TOURISM/P/36)
According to this model, the medical tourists can be classified into four broad categories based on the motivations and compulsions of choosing medical tourism. It is one of medical tourism classification:

1. Affordability: This category includes the patients who cannot afford the treatment in their own country. As in USA, the cost of treatment is so high that if a person is not insured, he cannot afford to pay from his own pocket. This forces them to look for a country with low cost of quality treatment. Also, there could be procedures not covered under insurance. Some people may prefer to get treatment at a lower cost and save money. Medical tourism destinations provide quality treatment at a considerable low cost. So, Affordability can be both a compulsive and motivational factor.

2. Adjournment: There are the patients who have long waiting queues in their home country and they want an early treatment as they are not able to bear the pain. In countries like UK, where they have a National health system, there is a waiting time given to patients and they have to wait for their turn. If the patient is not in a position to wait, he will look for alternatives like medical tourism.

3. Availability: This is a category of patients who do not have the availability of a particular treatment in their own country or want to have better quality treatment. For this, they are ready to travel across nations. Many patients from African countries visit nearby countries like India and Singapore if a particular scan is not available in
their country or an advance laparoscopic surgery is not widely practiced in their home country. So this factor can be either a compulsion or motivation for travel.

4. Add-ons: This category includes patients who want to combine healthcare with a vacation or a trip back home. They want to enjoy the post treatment time enjoying the culture or exotic places of a different country. It also includes patients choosing medical tourism for any other reason which is an added advantage, confidentiality, legal regulations or superior treatment experience.

Medical tourists find hospitals via different ways and decide to travel for medical treatment to other countries, but often they go through a distinct process for obtaining medical treatment at the destination of medical tourism. This process examines the status of the patient by the physician in the patient's home city and doctor's recommendation; surgery begins and goes through some of the following:

**Figure 3-4: International Patient Flow and Medical Tourism Process**

Source: www.sciencedirect.com

Medical tourism involves various stakeholders as shown in Figure 3-5 which directly or indirectly affect medical tourism industry.
3-4-2-History of Medical tourism:

With many of the earliest civilizations, medical tourism manifested as trips to sacred temple baths and hot springs. Written historical accounts of Mesopotamian, Indian, Egyptian, and Chinese cultures clearly document bathing and healing complexes erected around therapeutic springs. As far back as the Bronze Age (2000 B.C.), hill tribes near present-day St.

In 4000 B.C., the Sumerians constructed the earliest known health complexes alongside mineral water springs that included elevated temples and flowing pools. Although many post-Sumerian civilizations probably understood and appreciated the healing effects of mineral-rich water, it was the Greeks who first laid the foundation for comprehensive health care systems and medical tourism networks.

Earliest medical tourism centers are built by Greeks, ancient Romans, Persians, Arabs, Europeans and Indians.

Greek Medical Tourism: The Asclepia Temples (built in honor of the Greek god, Asclepius) were some of the earliest healing centers where patients from around the region congregated for therapeutic purposes. The numerous Asclepia Temples that were constructed during this time were usually established in prime “healthful” locations, often near mineral springs. Most temple complexes also included snake nurseries where serpents were farmed for mystic, healing rituals. At Epidaurus, the longest preserved of the Asclepia Temples, the complex included bathing springs, a dream temple, gymnasium, palaestra (exercise area), and a snake farm large enough to supply nearby villages. Patients at the temple were attended to by a retinue of priests,
stretcher carriers, and caretakers, before finally being granted an “appointment” with
the mighty head priest. During the early days of the Roman Empire, Thermae could
hardly have been considered medical tourism spots since most visitors were within
one day’s journey. But as the empire slowly expanded during its 1,000 year reign,
pilgrims, diplomats, beggars, and kings from all corners of the "known" world flocked
to the Mediterranean to seek medical counsel and health treatments. And as a result of
active trade with many parts of Persia, Africa, and Asia, these Roman baths
necessarily expanded the healing arts. Ayurvedic massage, Chinese medicine, and
various aspects of Buddhist spiritual healing became common features at some
Roman Thermae.

Persian, Arabian, and Islamic Medical Tourism: Early Islamic civilization,
known for its many contributions in the fields of medicine and healing, had a well-
established health care system in place for foreigners. The old Iran had famous
scientists and practitioners who provided new methods for treating patients at that
time. The most important of these, Abu Ali Sina is a famous Iranian physician who, in
his famous book Ghanun, described the various ways of treating severe illnesses of
that period. And now some of them are used in traditional Iranian medicine. At that
time, he founded a hospital and healed many patients from all over the world.
Probably the most famous medical tourism facility was Mansuri Hospital in Cairo
(erected: 1248 AD). With a total in-patient capacity of 8,000 people, Mansuri
Hospital was not only the largest hospital of the time, but it was also the most
advanced health care facility that the world had ever seen. The complex included
separate wards for women, a pharmacy, a library, and numerous lecture halls. There
were also facilities for surgery and separate departments for eye diseases. No patient
was to be turned away on account of race or religion, and no limits were imposed on a
patient’s stay in the hospital.

There are also numerous accounts of welfare-driven hospitals in Baghdad and
Syria that catered to weary travelers from abroad. Accommodations at these health
care facilities, or Bimaristans(hospitals) as they were known locally, were far from
crammed. 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.
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.

Indian Medical Tourism Some might have difficulty categorizing yoga retreats, Buddhist pilgrimages, and meditation centers as medical tourism, but the unbelievable reach of India’s healing arts is not to be ignored. Ever since yoga’s birth more than 5,000 years ago, India has enjoyed a constant influx of medical travelers and spiritual students hoping to master and benefit from this most fundamental and revered branch of alternative medicine. When Buddhism came along roughly 2,500 years later, this only added fuel to the fire and helped position India as the epicenter of Eastern cultural, spiritual, and medicinal progress. Although Western clinical medicine eventually eclipsed India’s spiritually centered healing arts, the region has remained a veritable mecca for all practitioners of alternative medicine. In the 1960s, India received a new boost of support when the “New Age” movement began in the US. India once again became the destination of choice for thousands of Western pilgrims. What started as a flower child movement has developed into a full-fledged health tourism industry, drawing les Bohemes and Manhattan socialites in equal measure? This mass influx of medical tourists was furthered helped by India’s deep commitment to technology and health care infrastructure. Not only is India one of the world’s oldest medical tourism destinations, but it is also one of the most popular ones as well.

Around the time Illustrious patients included Peter the Great and Victor Hugo. The word “spa,” from the Roman “Salude per aqua” (health through waters) was considered, and it applied to any health and wellness resorts that didn’t practice conventional clinical medicine. Until mid – 1990s, affluent people from developing countries travel to industrialized countries for medical treatment. During 1990s cosmetic surgery became a trend and people began to travel to countries such as Argentina, Brazil and Israel for cheap cosmetic procedures. Now people from developed countries seek healthcare in developing countries that offer high quality treatment at low cost. Countries offering medical tourism in Asia are Thailand, Malaysia, Singapore, and India.
3-4-3-Medical tourism characters:

Today, medical tourism as one of the most important types of tourism that has many currency exchanges in the world and it is developing on a daily basis, it has unique characteristics and features that make patients from their country travel to other countries for treatment, and have a relatively long time for medical tourism, and at the same time visit the attractions of the area. The most important characteristics of the medical tourism include the following:

1- Cost: US costs vary based on location, materials and equipment used, and individual requirements of patients. Figures are averages and reflect more common incidence of cost. International estimates include all treatment related costs but exclude travel and accommodation. Figures are averages and reflect more common incidence of cost. All figures are in US dollars. This cost differential and the associated value for money makes it possible for the patients to have access to world class medical facilities in foreign destinations. Lower cost becomes an important factor in choosing medical facilities if the treatment requires longer duration of hospitalization and use of recuperative therapies post treatment.

2- Less Waiting Time In many European countries like United Kingdom, Spain and Italy; and Canada, the health system is governed by Universal Healthcare. It is a system where the healthcare is funded by the Government either fully or partially. Different models are adopted by different countries for providing such care. It could be a combination of public and private contributions or it could also be a completely public funded healthcare system like the NHS (National Health Service) for England. The NHS provides easily accessible, free healthcare to all residents, depending upon the need and urgency of treatment. It is not related to the capacity of the resident to pay. Due to this, patients have to wait for their turn to obtain healthcare. They even have to wait for a specialist’s appointment. Sometimes the patient is not able to bear the pain or wants early treatment and relief. In USA, some war veterans who get free treatment under Veterans Administration Act have to wait for treatment due to long queues. In UK, the fertility treatment may take a long time and if the waiting period is also very high, it may result in loss of important fertility time period in couples (Graham, 2005). Some other established procedures may have a waiting time of two years also. Patients feel it is better to pay from their pocket and get relief from pain, frustration and anxiety. Hence they look for overseas medical treatment. In medical
service provider countries, there is less or no waiting period. The patient can take an appointment from a specialist easily and gets quick treatment.

3-Availability of Treatment and Extensive Treatment Options In less developed countries such as Tanzania, the health infrastructure is poorly developed. But the diseases like Malaria and HIV infections are common. Healthcare is available but it is based on one’s income and accessibility. There is a shortage of healthcare staff, medical supplies and equipment. This increases the cost of healthcare too. In countries such as Mauritius, people want advance technologies and less invasive techniques for treatment. Sometimes, procedures such as stem cell therapy and test tube baby may be unavailable in few countries but may be much more available in the medical tourism marketplace. People from various African nations such as Nigeria, Tanzania and Mauritius choose medical tourism because the kind and quality of treatment or diagnosis they want is not widely available in their country. They find developing nations like India less costly, accessible and friendly (Chaudhary, Prakash, Tyagi&Devrath, 2014).

4-Regulations in Home Country There are instances when a particular diagnosis and treatment is not legally permitted in some countries. For example, sex change operations, baby gender determination, egg donation, sperm donation, abortions, stem cell treatment, etc. are not permitted in many countries. Hence the patients have no choice but to choose another country where these are permitted. Israel is a popular choice for fertility treatments and In Vitro Fertilization (IVF) procedures. India is a preferred choice for surrogacy. There is an option of suicide clinic in Switzerland for assisted suicide or Euthanasia.

5. Privacy and Confidentiality another reason why people travel abroad for treatment is for privacy and confidentiality. People opting for bariatric surgery for reduction of fat, cosmetic surgery or plastic surgery want to stay away from their home. It is easier for them to go on a vacation and return home with a new looks. Celebrities also prefer visiting another country for such procedures due to this reason. Through medical tourism it is possible for them to stay away from the limelight.

6-Combination with Vacation A patient may not be in a physical and mental state to enjoy a vacation. But once the treatment is over, especially if the surgery is minor or if a recuperative stay is required, medical tourists prefer to enjoy the country as tourists also. There are many countries which people want to visit in their lives but are
not able to. Some of these countries are exotic vacation spots too. While travelling to another country for treatment, it is also possible to visit the famous places and monuments of that country. So it becomes a dual benefit for the medical tourists. Hence the medical tourism provider countries are also promoting their tourists spots and adding to the collateral revenues of the country.

7. Quality Treatment and Care: The medical tourism destination hospitals build their brands by providing best quality treatment and care to foreign travelers. VIP lounges, deluxe hospital rooms, affiliations with hotels for special discounted rates and low cost meal plans are provided by hospitals. The patients can take direct phone numbers of doctors and communicate with them. Some treatments like hip resurfacing which was now allowed till recently in USA can be done in Asian countries where it is a routine procedure and hence superior.

3.4.4 JCI Accreditation:

Joint Commission International (JCI) is a not-for-profit organization dedicated to improving the quality and safety of patient care around the world. One way medical experts improve global health care is by accrediting the small number of hospitals and health care organizations that are capable of meeting world demanding standards.

The Joint Commission launched its international accreditation program in 1999 in response to increased interest in accreditation and quality improvement worldwide. Its standards are based on international consensus standards and set uniform, achievable expectations for structures, processes and outcomes for hospitals.

JCI accreditation can help international health tourism organizations, public health agencies; health ministries and others evaluate, improve and demonstrate the quality of patient care in their nations.

Each year hundreds of the world’s most prestigious and recognized hospitals undergo JCI’s comprehensive on-site survey and evaluation process to determine if they meet world demanding quality and patient safety standards. Only those that do are awarded JCI Gold Seal of Approval and join the rest of JCI accredited organizations all sharing a commitment to achieving the highest quality, patient-safe care possible.

Each hospital and health care organization that applies for JCI accreditation takes about two years to prepare. During this time, the entire organization works
together to develop and implement the new high quality and patient-safe policies, practices, and procedures that are required to meet world standards.

During JCI on-site evaluation, a team of expert JCI physicians, nurses, and health care administrators visits the organization and evaluates more than a thousand measurable elements. Through interviews with staff, patients, and leadership, along with physical inspections and reviews of records, JCI team survey touches every part of the organization and provides a complete evaluation of the effectiveness of the organization's patient safety and quality system.

JCI accredits hospitals and academic medical centers. It also accredits clinics, laboratories, ambulance services and emergency transport organizations, home care, long term care, and primary care facilities.

Accreditation is a long-term process that demands commitment. There is a great deal of preparatory work leading up to a survey and then subsequent performance and improvement work is done to ensure those accreditation standards are maintained. Organizations that achieve and maintain JCI accreditation are dedicated to providing their patients the best level of care possible.

There are 1037 hospitals and medical center with JCI accreditation in the world. Medical tourists usually note and choose hospitals with JCI because they know about high quality and patient-safe policies in that hospitals so it is very important for all hospitals and medical center to attract Medical tourists in the world.

3-4-5-Concluding Remark:
In present chapter, concept of Tourism, Health Tourism and Medical Tourism are discussed in global perspective. History of Medical Tourism, Tourism characters, Medical Tourism characters, Medical Tourism category and the importance of JCI accreditation have been explained.

In the next chapter the same concepts of Tourism will be discussed in Indian perspective. Medical Tourism facilities in NCR and Medical Tourism market in India are also a part of the chapter four.