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Medical Tourism: Theoretical Considerations

Abstract. Medical tourism is no longer perceived as just a new socio-economic trend. Nowadays, various needs and reasons for travelling for health purposes can be realised in many different forms of tourism – to which the author draws attention by attempting to systematize the terminology of medical tourism. Too often this term is used synonymously with such concepts as health tourism, wellness tourism, and sanatorium tourism.

Keywords: medical tourism, medical tourist, health tourism

1. Introduction

In the last two decades, medical tourism has been recognized as the new socio-economic trend in the world [Connell 2006: 1093-1100; Hancock 2006: VII; MacReady 2007: 1849-1850] that was initially associated with traveling to another country but only in relation to the treatment or procedure [Bookman & Bookman 2007: 42; Leahy 2008: 260-261]. Medical tourism is often characterized as the phenomenon of the 21st century [Bookman & Bookman 2007: 45], a form of transnational health care [Botterill, Pennings & Mainil 2013: 15], kind of offshore medical service [Liberska 2012: 5-11] and one of the effects of globalization [Juszczak 2012: 14], industrialization and the development of mass culture [Connell 2006: 17].

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In the opinion of the author of this article, medical tourism is a form of traveling outside the usual place of residence, motivated mainly by the wish to improve health and body aesthetics; for rehabilitation or psycho-physical renewal under the care of specialists in clinics or hospitals; and it is combined with a wide range of leisure activities offered in a destination or its region [Rab-Przybyłowicz 2014: 24].¹

In recent years, a dense Internet network has connected even the most remote places in the world. T. Friedman [2006: 6-9] well stated that “the world has flattened” and on the global economic playfield, all major players are now able to connect, compete and collaborate online in a manner unseen before. Medical services, like any other goods, have become the subject of international exchange. Having online access makes it easier to find entities treating rare diseases; and doctors can easily exchange information, compare methods, experiences and results of different treatments. Patients cease to be helpless. Knowing their needs and rights, they can actively seek specialists who will be able to help them (following the introduction of cross-border health care in Europe), thus becoming a part of transnational health care.

This article aims to systematize the terminology of medical tourism, due to the fact that this term is often used synonymously with such concepts as health tourism or spa and wellness tourism. It will also endeavor to characterize different forms of medical tourism and draw attention to the specific situation of foreign residents, temporarily living (for several months) in the country for professional/educational reasons; being qualified as medical tourists. Therefore the role of scientists and researchers has become important in the process of analyzing changes in medical tourism.

2. Medical tourism as a form of health tourism

Fighting the negative effects of aging, taking care of physical condition and appearance as well as a holistic approach to health and mental strength, have become global values that play an increasingly important role. Healthy lifestyle once created and popularized by the media, draws into its orbit more and more people from around the world. Their increased activity to achieve healthy lifestyle is evident, for example, in combining multiple travel goals into one single trip. As a result, these tourists are often classified as participants of many forms of tourism, creating a real distortion of the real number of visitors to a country or

¹ However, the trip should include at least one night stay and cannot be longer than 12 months.

region. This stems mostly from the lack of knowledge of forms and divisions in tourism and tourist classification methods for statistical purposes.

The discussion that took place during the 9th National Conference on Health Economy in Rostock (Germany) in 2013, attempted to find a new definition for health tourism²: “health tourism is the branch of health and tourism economies that contributes to maintaining and restoring health and holistic well-feeling by using medicine-based services.”³ This very balanced and very general definition seems to confirm that health tourism is a quite broad term used to describe both: medical procedures and rehabilitation procedures including spa and wellness treatments. Therefore it applies to any sick person who travels to receive a treatment as well as to a person with difficult to detect condition (between health and illness) who just wants to improve health status. Given that health tourism incorporates several forms of tourism, the author of this article would like to draw attention to the most popular.

Although there are quite obvious differences between them (e.g. place of treatment delivery – wellness tourism; level of invasiveness – medical tourism) and it should not be difficult to make the distinction, however it happens all the time, especially when trying to estimate the value of individual markets.

Wellness tourism is undoubtedly a specific form of health tourism because it is based in health/spa towns and resorts with recognized “spa status” (places and areas exclusively dedicated to overall wellbeing through a wide range of treatments and services). They all have special location, climate and natural resources used in treatments and strictly protected [The Act of 28 July 2005 on Spa treatments, spa protection areas and spa municipalities].

This form of tourism is dedicated to the treatment and prevention of various diseases by improving overall health [Kurek 2007: 279]. The distinction between health tourism and wellness tourism is necessary, due to the fact that wellness tourism can take place not only in recognized spa towns but also those places with facilities for the effective implementation of health services. It applies to towns or resorts with unique climate properties or natural beauty that can promote human health and well-being. This strongly leads to the conclusion that wellness tourism is included in health tourism [Szromek 2008: 32]. Another equally popular form of health tourism is spa tourism. It was commercialized in the USA in

² Health tourism is a conscious and voluntary decision to travel outside the usual place of residence in order to regenerate the body and improve physical and mental health during the leisure [Wolski 1970; Medlik 1995; Gaworecki 2010].

³ The discussion took place among 600 invited experts in the fields such as science, economics and politics (delegates came from EU partner countries, Switzerland, the United Arab Emirates (UAE) and Jordan Konferenzbericht 9. Nationale Branchenkonferenz Gesundheitswirtschaft, pp. 12-13 (PDF). BioCon Valley, prof. Horst Klinkmann, www.bioconvalley.org/fileadmin/user_upload/Downloads/Branchenkonferenzen/Konferenzbericht_web2013.pdf [access: 15.08.2016].

the 90s of the last century although its origin goes back to ancient times, backed up by beliefs in the healing powers of mineral waters (*sanus per aquam, salus per aquam or sanitas per aquam* – meaning health through water).⁴ Bathing rituals can be seen in many cultures around the world [Boruszczak 2010].

British scientists M. Cohen and G. Bodeker [2008: 4] describe the spa industry as a phenomenon that binds many cultures: Asian tradition of kindness, European achievements in the field of medicine, American commercialization and widespread consumerism; and the cult of beauty combined with a unique holistic approach to therapy and spiritual practices. Spa as a product has linked many industries such as cosmetic, hospitality, tourism, construction, architecture and conventional medicine, massage and fitness.

Wellness (wellbeing) therapies that are most frequently offered in spa facilities assist healthy people in fighting the physical and mental health problems. Therapies include a variety of ways to combat stress, detoxify to release toxins; oxygen therapies and weight loss treatments. They can also be described as prophylactic treatments, which is probably the reason the wellness industry, is regarded as an ally of conventional medicine [Rab-Przybyłowicz 2008: 316-324].

While the sanatoriums/health resorts are typically located in towns with spa status, the spa and wellness centers are very often established wherever there is a large concentration of potential customers: in the city centers or outskirts, in hotels (from 3 to 5 star), holiday destinations and leisure centers. The main priority of treatments in health services is their effectiveness; while in spa services other factors such as atmosphere, ambience and physical environment play a very important role in creating the spa experience [Boruszczak 2010: 115-116]. Health tourism with a focus on good health, general wellbeing and its pursuit incorporates many treatments and forms of leisure activities that are advantageous to health [Lewandowska 2007: 18]. The main motives for traveling in health tourism are:

- recuperation after diseases or injuries,
- necessity to offset the negative effects of stress,
- struggling with addiction,
- decision to undergo medical treatment in calming and relaxing surroundings, not resembling (typically negatively associated) hospital-like environment; and taking advantage of lower price for the same treatment in different markets,
- trend to use the increasingly diverse and unconventional preventive health care offers,

⁴ The German scientist W. Berg [2008: 356] opposes the interpretation of the origin of the term spa as a Latin acronym of *sanus per aquam*, stating that the word spa comes from the name of a town in Belgium, which became popular already in the 14th century for its baths; and that the English started to apply this term to describe resorts using healing properties of water.

– boredom with traditional tourist offers especially evident among wealthy, middle-aged and well traveled people [Łęcka 2003: 175].

Therefore, the motivating factors behind making decision to travel for health benefits can be present in almost every form of tourism. Under this assumption, “health tourism” is a collective term. Figure 1. demonstrates the division of health tourism and shows that one single travel can combine many forms of tourism: spa & wellness, medical (minimally invasive surgery), dental or recreation and shopping.

Our lives move at such a fast pace that leaves most people feeling rushed. We are always in a hurry and complain about lacking time. The adverse consequences of civilization are multiple and the need to fight them will increase health tourism trend. Advancement in technology and scores of cool gadgets (smartphones, tablets, laptops) will only support the trend by streamlining travel planning and preparations. Mobile internet empowers people, giving them access not only to the tourist information and guides but also to the directories of hospitals, clinics and other patient services allowing for more spontaneous and personalized travel options. Traveling becomes infinitely more tailored and customized.

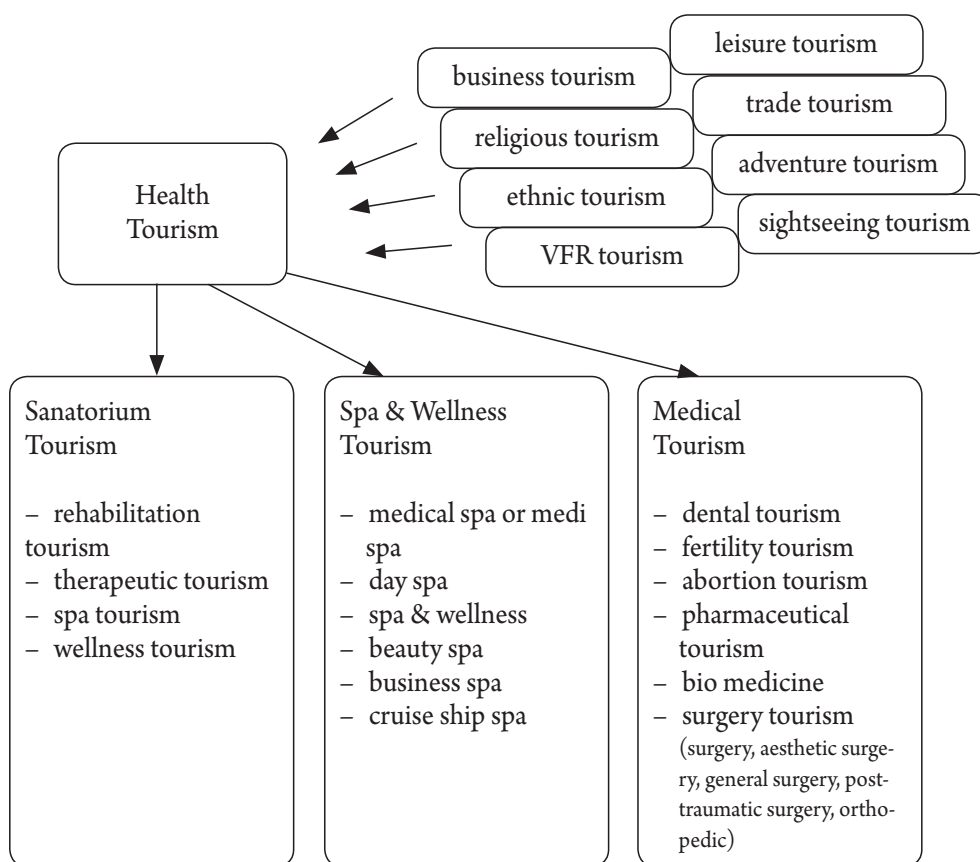


Figure 1. Health tourism – category

Source: Rab-Przybyłowicz 2014: 21.

More than a decade ago J. Henderson [2004: 113] made an attempt to systematize medical/ health travel into three slightly different terms:

- spa and other alternative therapies (wellness, yoga, beauty treatments),
- plastic surgery (aesthetic surgery),
- medical tourism (heart surgery, transplants, cancer treatment, etc.).

She concluded that in both: the local and global tourism, medical tourism is an important component of health tourism [Lubowicki-Vikuk 2012: 566]. As we know it is not always easy to find the right treatment or treatment centre; or to make a decision which treatment or service to take, especially when looking at a wide range of proposals from different tourist destinations. The offer that the patient may decide to take relays often on the professional opinion of people involved in the making of the travel arrangements. These specialists are often referred to as: medical travel agents, medical travel brokers, medical travel representatives, international patient coordinators, medical travel facilitators,⁵ medical consultants, medical concierge care managers, or simply facilitators or providers. The above mentioned terminologies are used to emphasize the importance of individual agencies or persons involved in organizing the entire or part of medical travel, including accommodation, transport from/to the airport or hotel and clinic; and other services such as hospital visits to oversee the treatment or even letting patients make the use of a mobile phone etc. Unfortunately too often these people have no medical training. They do not always fully understand the procedures a foreign patient will need to undergo, so instead of anticipating patient's needs they are waiting for his instructions.

3. The specificity of medical tourism

As described in the previous chapter, health has been one of the earliest motivation for travel. Individuals have traveled abroad for health benefits since ancient times. Health tourism, as early as the 19th century was mainly associated with 'trips to the waters' and other natural resources, and to spa towns specializing in the rehabilitation and treatment of certain diseases due to their unique climate or natural environment.

In the 20th century a slow and uneven growth of different economies deepened the postwar socio-economic gap even more. In the literature from 1970s-1990s, we can find information about wealthy residents of rich countries, where certain treatments for complex medical conditions were unobtainable, making individual trips abroad to international medical centers with better facilities and highly trained medical staff, in order to save lives or improve health.

⁵ www.mtqua.org/2011/08/19/medical-travel-facilitator/ [access: 16.08.2016].

The liberalization of international trade, international business development and reduction of barriers affecting the movement of goods and capital; and finally the development of technical means of communication – the Internet [Winiarski 2006: 177] in the late 1990s, contributed to the acceleration of globalization processes. In parallel with these activities, we saw establishment of international organizations (United Nations, European Union) that do have a major (and growing) influence on governments of many countries and their citizens' rights.

All those changes have enabled the creation of global supply chain that affects business activities (including medical) and contributes to changes in the organization and management of healthcare facilities in many countries. However, the initial costs of establishing highly specialized medical service (equipment and supplies) require large capital investment. Consequently this contributes to a significant increase in the price and negatively impacts access to health services [Liberska 2012: 5-11]. High cost of medical services in the developed countries, growing demand for specialized health care due to aging population and the need to care for a large group of chronically ill people, had lead to cost-cutting efforts and transferring many business functions and medical procedures to low-cost countries. Medical services, like other goods, became the subject of international exchange [Liberska 2012: 5-11]. Medical tourism has become a part of global trend to look for better choices and more affordable medicine for those in need [Woodman 2014: XIV].

The key feature of the new 21st century style medical tourism is the shift towards patients from richer, more developed nations traveling to less developed countries to access health services, largely driven by the low-cost of treatments and helped by cheap flights and the Internet access to information. India is a country which has been a pioneer in medical tourism and has now become one of world's fastest growing markets for medical tourism [Kyoung-Hee & Levy 2010: 378]; closely followed by other Asian countries: Thailand, Singapore and Malaysia. They offer the most popular around the world medical services in dentistry, aesthetic medicine, plastic surgery, surgery or infertility treatment and even the most complex surgical procedures, such as heart surgery or organ transplants.

However, it should be noted, that if not for the development of the Internet, as a universal source of data and knowledge, and reduced travel costs (development of low-cost airlines) medical tourism may not have developed at such a short time and on such a scale – hence the creation of medical tourism industry.

The main determinants for medical tourism are:

- the desire to save money- having option for the same treatment at a similar or higher levels but at a more affordable price, offered in another country,
- poor access to specialists and long waiting time for treatments and other related procedures,
- lack of sufficient financial resources for treatment in patient's own country,

- lack of insurance covering the costs of treatment in patient's own country,
- lack of legalization of some medical treatments (abortion, in vitro),
- the inability to cure the disease in patient's own country (some types of cancer, neurological diseases etc),
- lack of centers specializing in the treatment of certain tropical diseases or bacterial infections, acquired while traveling abroad,
- innovative methods of treatment used by medical centers located outside the country, giving hope for reducing symptoms; or increase the abilities of people especially after accidents,
- taking advantage of medical package offers at a fixed price with a guarantee of post-care,
- the ability to benefit from the EU cross-border directive which stipulates that the EU citizens can be reimbursed for medical services, which they have obtained in another member state, provided that the same service is covered by the health insurance in their own country.⁶

The impact of patient mobility on the national healthcare systems may be dissimilar in different member states or between regions within a member state; and it depends on factors such as geographical location, language barriers, and location of the hospitals in the border regions, population or the member state's health care budget.

D. Botterill, G. Pennings and T. Mainil [2013: 13] proposed a new definition of transnational health care. The authors argue that medical tourism is based on fees and commissions charged for services and those are received by local communities/entrepreneurs as invisible exports. In the case of patients benefiting from cross-border health care based on the use of public health system where patients eventually pay the difference in price for medical services – a term transnational health care includes both segments of patients – medical tourists and patients under the EU directive. D. Bonerill, G. Pennings and T. Mainil concluded that in the past, the tourists/ pilgrims traveled “to the waters” and natural resources in search for the cure of many ailments. The 21st century pilgrims go to spas and wellness centers, and following their medical broker/agent' recommendation, take advantage of other services that are no longer just about improving

⁶ Cross-border directive is addressed especially to people with rare diseases who have trouble finding specialist care in their country of residence. The impact of patient mobility on national healthcare systems may be different in different Member States or between regions within a Member State and is dependent on factors such as geographical location, language barriers, location of hospitals in the border regions, population, size of the budget allocated to healthcare. The exclusions from the directive: organ transplants, long-term care, vaccinations. The EU Senate in report on patients' rights in cross-border healthcare, called the European Parliament for a simplification of the rules of treatment abroad; Brussels, 19 January 2011, www.senat.gov.pl/download/gfx/senat/pl/defaultopisy/294/3/1/004 [access: 16.08.2016].

health and wellbeing but bordering on medical treatments. That is one of the reasons why the boundary between health tourism and medical tourism becomes blurry and unclear. The healthcare system that binds these two fields is becoming more flexible by permitting patients to make their own choices and to enjoy more accessible and higher quality medical care based upon such aspects as politics, management or business in medicine.

On the other hand, some authors [Woodman 2014: XIV; Henderson 2004: 113] believe that, in order to describe certain types of medical travel, a more accurate term “health tourism” should be used in view of the fact, that patients are more likely to travel to improve their overall health, have diagnostic tests or dental treatments, rather than undergo a complicated invasive procedure. But at the same time by using the term “medical tourism,” the medical operators/companies are sending a message to their market, “we understand your needs, we know how to take care of you, and you are not alone” [Woodman 2014: XIV].

The definition of medical tourism [MacReady 2007: 1849-1850; Connell 2006: 1093-1100; Hancock 2006: VII; Leahy 2008: 260-261; Bookman & Bookman 2007: 45; Botterill, Pennings & Mainil 2013: 15] varies in the literature and it is inconsistent. Some authors see it in the context of alternative low-cost offers directed at patients seeking savings [Leahy 2008: 260-261; Bookman 2007: 42], or as a trend of socio-economic development where it is easy for the Internet users to find a particular medical entity that offers a specific medical service [Botterill, Pennings & Mainil 2013: 15; Liberska 2012: 5-11; MacReady 2007: 1849-1850; Juszcak 2012: 14]; while others view medical tourism as a very general concept of medical travel during which the patient voluntarily uses medical services [Cormany 2010: 709-716].

There are many contradictions that surround medical tourism. Minimally invasive procedures can be performed in spas, hotels or resorts and this fact makes, many scientists and researchers of medical tourism, question where exactly the line between health tourism and medical tourism should be drawn; especially that in some countries the concept of health tourism is seen differently [Carrera & Lunt 2010: 469-84]. N. Lunt et al. [2011] suggest that medical tourism is distinguished from health tourism by virtue of the differences with regard to the types of intervention, setting and inputs (Fig. 2).

It should be emphasized that there are many factors that influence patients' choice of additional offers while traveling for medical reasons. The obvious are: the patient's general health, the invasiveness of surgery or the patient's financial situation. It seems that equally important is also the length of stay, the frequency of patient's return to a destination, the attractiveness of a city/town or region and information about local attractions and events received in advance. Understanding and recognizing the needs and motives of people traveling around the world is becoming more complex and will require detailed research.

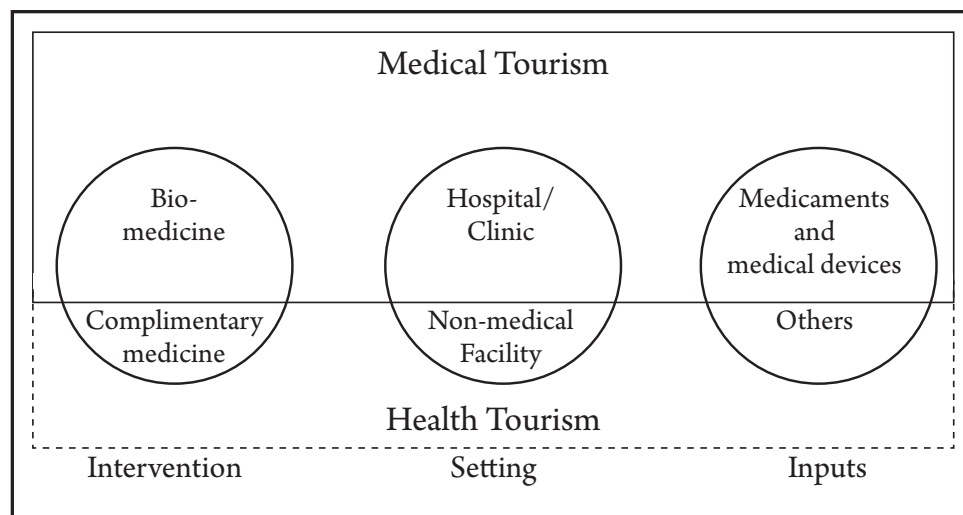


Figure 2. Health and Medical Tourism

Source: Lunt et al. 2011: 7.

It has been noticed that the domestic medical tourists are increasing their mobility. More and more domestic medical tourists decide on treatments in their own country due to the likelihood of unexpected costs during foreign travels as well as the language and other barriers (cultural, religious). Medical Tourism Association (MTA) has issued a following definition: domestic medical tourism is when people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care.⁷ This definition of domestic medical tourism issued by the MTA seems to be closing the endless discussion on the existence of domestic travel for medical purpose, because for some authors the lack of definition existing in the foreign literature is synonymous with the absence of this form of tourism in the tourism market. It should also be noted that medical tourism follows the same rules that are relevant to general tourism, where clear distinction between

⁷ Medical Tourism is where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care. "Domestic Medical Tourism" is where people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care. Medical tourism FAQ's, *What is Medical Tourism?*, www.medicaltourismassociation.com/en/medical-tourism-faq-s.html [access: 16.08.2016].

domestic and international tourism is always applied. Consequently it is not justified for medical tourism to be excluded from the related standards.

In Poland, the domestic medical tourism market is constantly growing due to a very long waiting period to see a specialist and uneven distribution of highly specialized medical centers dedicated to rehabilitation or treatment of specific diseases; or performing complicated medical procedures such as thyroid surgery, heart surgery, varicose vein surgery or breast reduction [Lubowiecki-Vikuk & Rab-Przybyłowicz 2015]. They are the reasons why Polish patients are prepared to travel long distances or take up the offers from private medical entities. The health seeking behavior of Polish patients is often caused by the long queues for diagnostic. Patients also search for less expensive offers. These are usually available from some medical entities that have purchased medical equipment using the EU funds; and being located in small towns do not always have the sufficient number of patients that would allow to cover the equipment operating costs. Therefore, diagnostic, treatment or teeth whitening procedures attractively priced and packaged can be even found on popular sites such as Groupon 1. It is worth noticing that more and more Polish people choose to have dental treatments, surgeries or aesthetic medicine procedures while holidaying in their own country – as confirmed by national research carried out in 2016 by the author.

4. Forms of medical tourism

In broader terms, medical tourism can be regarded as a form of diasporic tourism, when people travel individually or with a group of friends or relatives to their native country to use the health care which they trust and respect [Connell 2010: 161]. Some people travel to search for cultural roots and refresh their memories, others travel to their own country because they do not have medical insurance that would cover the medical costs in a country where they currently live; or because they do not speak the language. In those cases taking advantage of medical care back in home country seems to be a natural option. Polish people, who have permanently emigrated abroad, behave in exactly the same manner. They return to “their” doctors and arrange the next appointments well in advance. According to the research this type of clientele is highly valued by the medical entities. The most positive quality is their great understanding of medical procedures as well as the lack of hassle and appreciation of the investment incurred by clinics/hospitals in improving medical facilities and their functionality.⁸ Similar confidence is displayed by the Indian people living in the UK or the Turks living in Germany.

⁸ Nationwide research of author, conducted in 2016.

In narrow terms, the literature highlights several terms [Lubowiecki-Vikuk 2015], recognizing the motives for traveling outside the usual place of residence:

- surgical tourism term was coined to describe the practice of traveling outside the usual place of residence to take advantage of various types of surgical procedures. Its main driving force is the availability of the procedures [Evans 2008: 1089-1095];

- pharmaceutical tourism – traveling to another country in order to buy cheaper or otherwise unavailable medicine [Lubowiecki-Vikuk & Mucha 2015: 147-156];

- dental tourism – the most popular in the world, travel in search for cheaper dental/implant services;

- fertility tourism or reproductive tourism is the practice of traveling to another country for fertility treatments [Deomampo 2013: 514-537]. The main reasons are: lower prices for treatment, in vitro fertilization and other regulations concerning embryo freezing and testing to eliminate certain diseases or genetic defects.

The forms of medical tourism with much controversy from the ethical and emotional point of view are:

- transplant tourism – sometimes referred to as medical imperialism. It typically relates to the practice of traveling outside the country of residence to obtain organ transplantation. Every year, thousands of wealthy patients from Western Europe, the USA, the Arab countries, Japan and Israel travel to China, India and Pakistan to buy body parts: kidney, heart or lung. Organs collected from a living donor work better than those from the posthumous harvesting. WHO condemns human organs trafficking. The Istanbul Declaration of 2008 was signed by nearly 100 countries [Piaseczny 2012: 12];

- suicide tourism or euthanasia tourism is a term used to describe the act of traveling to a country with legislation allowing physician-assisted suicide for terminally ill patients.⁹ Many controversies are created by the fact that some organizations help the chronically depressed or mentally ill but non-terminal patients end their life;

- abortion tourism is traveling from countries with strict abortion laws (Ireland, Poland) to the countries with more liberal abortion laws (the Czech Republic, Lithuania, Germany, Slovakia, Sweden, United Kingdom).¹⁰

An important development in medical tourism is the advancement of telemedicine defined as an innovative form of medical services and health care. The

⁹ *Swiss voters back assisted suicide*, BBC News, 15.05.2011, www.bbc.com/news/world-europe-13405376 [access: 18.08.2016].

¹⁰ According to the final judgment of the European Court of Human Rights from 1992 both: organizing abortion tourism, as well as the use of this service is legal but performing abortion is illegal and it is regulated by the laws of individual country.

telemedicine industry, which uses communication technology to deliver health services from a distance, includes both preventive and curative aspects and covers a wide range of services. Doctors can communicate with patients or between themselves, order prescriptions and offer other health services. Medical assistance can be provided on international level – the doctor and patient are in different countries, as well as in domestic situations when both the doctor and patient are in the same country.¹¹

Medical tourism combined with telemedicine services can provide a significant competitive advantage especially when it comes to patients who arrive from abroad to undergo treatments. Upon returning home after the procedure, the patient's convalescence can be still monitored by doctors who performed surgery. In addition, telemedicine can contribute to reducing inequalities in access to health arising from the geographical differences, also on the local level.

Definition of selected telemedicine services:

- teleconsultations – is obtaining professional opinion of doctors who are not physically present at the patient's location. Doctors can provide medical advice, diagnosis, treatment, issue prescriptions or referrals; or any other decision-making activities related to the delivery of health care service;

- teleradiology – is the practice of having medical images interpreted (read) by a radiologist who is not present at the site the images were generated [Official Journal of the European Union 2008].

In some Asian countries like India, Thailand or Malaysia – medical centers have already been specializing in teleradiology and medical tourism for many years. In those countries, there are many highly qualified professionals educated in the US or the UK. In recent years India has made offshore outsourcing one of the important elements of the country's development and now it has the greatest comparative advantage in providing many professional medical services. About 80% of offshore medical services come to India from the United States. Nearly half of the US hospitals have transferred various services related to health care to India [Liberska 2012: 5-11]. Telemedicine provides continuous monitoring of patients' health (especially those from abroad), breaks down geographical barriers and eliminates the need for patients to be present at the next medical appointment, which greatly reduces the overall cost of medical travels.

5. Medical tourist

Medical tourism is a growing phenomenon with policy implications for health systems, particularly in destination countries. Using exact terminology is impor-

¹¹ www.telemedycynapolska.pl/firma/relacje-inwestorskie/rynek [access: 18.08.2016].

tant for the correct information on the extent of medical tourism and for its balanced assessment. In many countries around the world, the term medical tourist is applied by hospitals/clinics to all foreign patients who made use of medical service in a calendar year¹² without verifying the length and purpose of their stay in a country. It affects the data associated with medical tourism. A certain percentage of so-called foreign patients may actually reside in a country for more than 12 months. They could be students, employees of foreign corporations, embassies and consulates; foreign army soldiers or other seasonal workers and they should not be included in the statistics concerning the number of tourists using medical services. People who are traveling outside their usual place of residence to take advantage of medical or paramedical treatments and tourist activities [Rab-Przybyłowicz 2014: 19] have been described in the literature as medical tourists, global health travelers, mobile patients or medical travelers. In addition, the following terms are also used: client, tourist, consumer, patient, tourist-patient or more precisely medical tourist, medical traveler [Bookman & Bookman 2007: 45-47], global health traveler [Cormany & Baloglu 2011: 709-716] or medical refugee [Milstein & Smith 2006: 1637-1640], and even biotechnology pilgrims [Song 2010: 384-402]. The terminology is constantly expanding.

N. Lunt and P. Carrera [2010: 27] limited the definition of medical tourist to patients who travel voluntary and not least because their financial situation has changed or the healthcare system forces them to do so. K. Pollard goes even further describing medical tourist as a person who during the holidays decides to have a minimally invasive procedures or dental services. E. Cohen [2008: 227] suggested four types of medical tourists:

- medicated tourist receives medical treatment for sudden illness or accident occurring while in the host country,
- medical tourist proper is an individual without any ties to the host country who travels for medical treatment (unrelated to the trip),
- vacationing patient is an individual who visits the host country to receive medical treatment or for rehabilitation after medical procedure but makes use of holidaying opportunities, especially during the convalescence period,
- mere patient visits the host country solely to receive medical treatment, and does not make use of any holidaying opportunities.

E. Cohen [2008: 227] defended his typology of medical tourist, claiming that the authors of many publications, somewhat mindlessly recognize both vacationing patient and mere patient as medical tourists, while their stay in the host country differs considerably in motivations and abilities to take advantage of al-

¹² According to the World Tourism Organization tourism comprises the activities of persons traveling to and staying in places outside their usual environment for no more than one consecutive year for leisure, business and other purposes. The travel must occur for any purpose different from being remunerated from within the place visited [*Terminologia turystyczna...* 1995: 5-7].

ternative offers. It's hard not to agree with Cohen's arguments; even comparing a patient who stays in hospital after an invasive surgery and then returns home with a patient who, after having e.g. laser treatment, dental treatment or Botox injections, can still enjoy tourist attractions, regardless of the season. But many authors from around the world, including the author of this article, agree that certain conditions must be met before the trip can be qualified as medical tourism. A trip abroad must be voluntary and must be organized without a pressure from the state healthcare organization or insurer [Lunt et al. 2011: 2].

In Europe, especially in the context of the EU directive on patients' rights in cross-border health care, a mere patient who crosses the border to receive one day treatment is described as: mobile patient or medical mobility patient.

Most Polish patients, who are enjoying benefits of the EU directive, travel mainly to the Czech Republic and Germany for cataract treatment. Considerable difference in cost has contributed to a sharp increase in the supply of this treatment in clinics located in Czech border towns. To attract Polish patients, they often include extra options (stay in hotels with spa, free tickets for the caves or vineyards etc.) in the basic price of the surgery.

Many of clinic/hospitals employ services of specialized brokers, who on the patients' behalf apply to the National Health Fund for surgery cost reimbursement, or even represent patients' interest in courts, if a conflict arises, to receive a refund of costs. The medical mobility of Polish patients is also affected by the lack of foreign language skills, which is especially evident in the older generation. If the help of Polish-speaking guides/carers or Polish speaking hospital staff (doctors, nurses) is available, it considerably speeds up the decision to travel in search for more effective treatments, especially for rare diseases.

The author has purposely brought up the example of Polish patients seeking cataract treatment in the Czech Republic (within the framework of the EU directive), because in her opinion, without knowing each patient's individual history (place of stay and activities, the length of stay-one day or longer) it is hard to classify whether those patients were mobile patients or vacationing patients. Without a doubt, the scientists have started playing an important role in observing new phenomena occurring in the market, trying to examine them, and draw the right conclusions.

T. Coles and D. Timothy [2004: 14] so rightly pointed out, that people throughout the world, feel reluctant to share information about the precise objective of their travels. They would rather prefer to be statistically classified as migrants, pilgrims, regular tourists or corporate employees, than to reveal their medical plans. There could be many reasons: from the fear of being refused by the airlines after admitting to having an invasive surgery, to simple unwillingness to share personal information with people who are not directly involved in said medical travel.

6. Conclusions

Given the number of countries (about 50) with medical entities involved in the promotion of medical tourism, we have to emphasize the importance of ability to transfer customers' attention to other aspects of traveling and have them recognized as memorable, worth positive recommendation and subsequent returns. This opens up new possibilities for many other branches of science to play an increasingly important role in attracting medical tourists: psychology, ethics, philosophy, sociology, economic psychology, or behavioral economics. G. Kołodko [2013: 16-17] wrote that the world changes and people look forward to new experiences. Customer experience is becoming the new competitive battleground and leading source of distinction in the market. Medical tourism has a huge interdisciplinary potential but it requires skills to research and analyze the observed phenomena. Gaining the cooperation between research institutions from one continent would systematize medical tourism and reduce information dissonance.

Only extensive research conducted using the same terminology, scientific methods and interpretation of law, would allow for comprehensive view of medical tourism market in the region/continent. A wide-ranging qualitative and quantitative market research can be the basis for building a completely new plan for medical tourism development.

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Turystyka medyczna – rozważania teoretyczne

Streszczenie. Turystyka medyczna przestała być postrzegana wyłącznie jako nowy trend społeczno-gospodarczy. Motywy podejmowania podróży w celach zdrowotnych mogą być jednocześnie realizowane w wielu formach turystyki – na które autor zwraca uwagę podejmując próbę usystematyzowania terminologii związanej z turystką medyczną, której nazwa zbyt często używana jest synonimicznie do takich pojęć jak turysta zdrowotna, turystyka spa i wellness, turystyka uzdrowiskowa.

Słowa kluczowe: turystyka medyczna, turysta medyczny, turystyka zdrowotna