

MEDICAL TOURISM IN INDIA- A BIRD'S EYE VIEW

Dr. Ratinder Kaur¹,

¹Assistant Professor, School of Management Studies, Punjabi University, Patiala

Jiwanjot Kaur Hira²

²Research Scholar, Department of Commerce, Punjabi University, Patiala

Email: jiwanjotkaurhira@gmail.com

ABSTRACT

Medical tourism has become a buzz word. Along with treatment of people it brings so many bounties for the host country in form of increased GDP, employment, and Foreign exchange etc. This paper deals with the various factors that facilitate the growth of Medical tourism in India and the hindrances that it faces. This paper contributes to the sparse literature that exists on Medical tourism in the Indian context.

KEYWORDS

Tourism, Medical Tourism, Bird's eye view, Challenges, India

INTRODUCTION

Medical Tourism means a process where people travel to other country medical, dental or surgical treatments which are unaffordable or unavailable in their own country. The term tourism is attached in order to suggest combining health care service with travel leisurely. It includes, Outbound (patients travelling to abroad for treatments), Inbound (foreign patients coming to the developing as well as developed countries) and Inbound (patients travelling with in own country for medical care and treatments) (Gupta & Das, 2012). Initially public hospitals like AIIMs (All India Institute of Medical Sciences) were preferred by medical tourists but now after strengthening of the facilities in private hospitals are flourishing in this niche market (Sharma et al., 2015).

Now, India is home to internationally accredited multi super-specialty hospitals with talented doctors combined with advanced amenities, hygienic environment, sophisticated care etc. With the usage of robotic surgery and radio surgery cancer treatment the success rate is very high as compared to other countries of the world (Gupta & Das, 2012).

Indian Brand Equity Foundation (IBEF) stated that Indian health sector is expected to become a US \$ 280 billion industry by 2020 with spending on health estimated to grow 14 percent annually. The medical tourism in India is experiencing high growth and this manifestation of health care is known as medical travel, health tourism or medical tourism (Hopkins et al. 2010). This paper is divided into four parts wherein the first part deals with the introduction, followed by the review of literature, the third part deals with the objectives and the remaining talks about the various factors that augment the growth of Medical Tourism in India and the various challenges faced by it.

DEFINING MEDICAL TOURISM

Medical tourism refers to the cross border healthcare pushed by low cost, minimum waiting period or because of services unavailable in their own country (Hopkins et al., 2010). When international patients move across the boundaries for the medical and health services, it is referred to as Medical Tourism (Sharma et al., 2015). Medical tourism often called "international medical travel" in which individuals intentionally travel to another country for medical care (Johnson et al., 2015). According to World Tourism Organisation, Medical Tourism comprises of medical care, sickness and well-being, rehabilitation and recuperation (Swain and Sahu 2008).

REVIEW OF LITERATURE

Gupta (2008) in their study discussed the various promotional policies by the government with regards to Medical tourism and discussed the concept of price advantage created by the tax payers of India but being eroded away to the benefit of the tourists. Upadhyay (2011) carried out a study aimed at comparing India as a medical tourism destination at the global level and enlisting various reasons like low cost, high quality, availability of skilled manpower, positive reputation in the advanced healthcare segment and the varied portfolio offerings like Yoga, Unani, Homeopathy etc., responsible for the competitive edge India possesses.

Gan and Song (2012) did an analytical study on Medical tourism in India and South Korea and discussed the strengths, weaknesses, opportunities and threats. The strengths were lesser waiting time, accreditation by international agencies, and upgraded technology whereas, poor infrastructure, internal disparity in prices, poor accountability were put forth as the weaknesses. The study revealed that risk involved in Medical treatment and travel, resource constraints and economic downturn as the threats to Medical tourism while greater growth potential, consistent

foreign exchange earnings, strategic partnerships and support by the government and MNC's were the opportunities for Medical tourism in India and South Korea.

Gupta and Das (2012) examined the market size and the trends of major Asian destinations for Medical tourism i.e. Thailand, India, Singapore, Malaysia and also discussed the various major advantages available to various medical tourists like comparative treatment cost, numerous tourist destinations, latest skill and technology. Kaur et al. (2012) studied the growth and opportunities of Health tourism in India and discussed about the evolution of Medical tourism. The study also highlighted the competencies of India in terms of Medical tourism and also threw light on the efforts of the states like West Bengal, Gujarat, Karnataka, Maharashtra, and Kerala in promotion of Health tourism. Amutha(2013) discussed about the booming Medical tourism industry at the world level as well as on India level. Additionally, the study also emphasized on the support of the government as well as private health care service providers to promote Medical tourism. The extant literature by and large does not deal with the factors affecting and the numerous challenges faced by Medical tourism in India.

Against the backdrop of the given literature, this paper aims to fulfil the following objectives-

- (i) To trace the inception and genesis of Medical tourism
- (ii) To study the various factors responsible for growth and development of Medical tourism in India
- (iii) To study the challenges faced by Medical tourism in India

The genesis and inception of Medical Tourism is definitely not of recent origin. The initial recorded evidence of Medical Tourism is about the Greek pilgrims who traveled to the small territory in the Sardonian Gulf known as Epidauria as this territory was famous the sanctuary known for its healing god called Asklepios. Simply put, Epidauria was the first Medical Tourism destination. Around 3000 BC, people who had eye ailments traveled to a pilgrimage site called Brak in Syria where deities were known to perform miracles (Swain and Sahu, 2008). It is known from history that in the seventeenth century, the elite and wealthy people from Europe traveled towards the Nile River for the spas and specialty hospitals situated there (Burkett, 2007).

As per GATS (General Agreement on Trade and Services), Medical tourism is considered as the second mode of trade in health services (Sharma et al., 2015). Specialized doctors' team, world class level treatments, world-famous tourist destinations etc. Are the factors which made

India the favorite destination for health care services (Malakar, 2015). Medical Tourism is supported with regards to "medical diplomacy" as it improves the bilateral as well as multi-lateral relationships with other countries (Reddy & Qadeer, 2017). India segments the care of international patients as an "export" product and hospitals gets advantage of low corporate taxes, limited tariffs on imported medical devices like diagnostic imaging systems, special economic zones etc. Medical brokers and tourism companies advertises the services globally to coordinate travel to lower priced health care facilities and arrange transportation, accommodations as well as treatments at a very affordable fees which contributed a lot in the rise of medical tourism. Internet, economy air travel and inexpensive telecommunications considered as a promoter of the Medical tourism market (Turner, 2010).

With the provision of world class medical care, medical tourism offers better value for money and business opportunity in the market. Packages of air travel, accommodation, surgery expenses etc. offered by travel industries makes the patient to save as much as 80% of the cost as compared to other developed nations (Reddy & Qadeer, 2017). Medical tourism is the solution to the high priced medical treatment as patients can reduce the "out of the pocket" cost by comparing it with the low-cost medical services offered globally. Patients who are uninsured as well as underinsured and those with limited financial resources boost the medical tourist market (Turner, 2010). However, there is a concern of disturbance in the equilibrium of demand and supply of healthcare and international patients leads to the problem of "crowding out" which affects the health services of the local population as health care becomes less accessible to local patients. In order to upgrade the old facilities and constructing new hospitals and clinics in India huge private and public investments have been done (Turner, 2007).

Globalization increased the cross-border medical tourism and patients are availing the health care services in India on Competitive basis combined with recreational facility during and after treatment (Debata et al. 2013). The rise of medical tourism is still on its starting phase. Mostly patients are coming from the other developing countries of Asia and Africa where quality health services are hard to avail. The patients from the industrialized and developed nations are rare not because of the distance but because of the image of India with regards to poverty and poor hygiene which discourages influx of patients (Bedge, 2008). Yoga and meditation centres has attracted medical tourists ever since the onset of yoga somewhere 5,000 years ago which made India as the world's popular hub for health care facilities (Connell, 2006). Ancient Indian therapy like meditation, Yoga, Ayurveda and other wellness systems attracts the patients from

abroad to India (Gupta & Das, 2012). The medical tourism boosted after liberalization, privatization and globalization but the real growth of medical tourism was noticed after 1996 (Malakar, 2015).

Medical visas facilitate the clients from abroad to stay in India for extended time period of treatments and recovery (Turner, 2010). Hospitals like Apollo hospital group accredited and certified by the international agencies like (JCI) Joint Commission International, ICRA, CRISIL etc. on the basis of parameters like standard of treatment, infrastructure and facilities provided (Reddy & Qadeer, 2017). No monitoring and regulatory framework yet exists which can govern and regulate the medical tourism industry to look up to ethical concerns and fraudulent accreditations (Cohen, 2010). Strong and robust redressal and legal provisions are required to protect the interest of patients so that if the clients are harmed while receiving care they won't find any problem in obtaining legal redress (Turner, 2007).

Government of India's national health policy recognizes the international patient's care and treatment as an "export" (Turner, 2007). Excellent quality standards and facilities with the world's most talented doctors having good communication skills promote Medical Tourism in India. Major advantages like lesser waiting time, latest technology, fluency in English language, tourist destinations etc. provide India a strategic position to get benefit from medical tourism sector (Gupta & Das, 2012). Speedy surgery and timely medical options attracts the clients to take up the medical care outside across the borders (Turner, 2010). The growing software industry contributing in the fastest growing information technology in the area of healthcare delivery. Telemedicine ensures the care of the patient after the completion of the procedure even after the patient returns to his or her home country (Bhaidkar and Goswami, 2017). The Government also shows supports to Medical tourism by providing special tax concessions to the medical tourism providers and offices promoting the medical tourism (Connell, 2011).

Advertisements under the slogan of "Incredible India" about medical tourism on the international platform catch attention of various foreigners. Along with this, cover stories of patients in magazines and websites provide an impetus to Medical tourism. Kiosks at airports offering pickups, easy bank transactions, airline booking, and arrangement of medical visas by the government etc. gives convenience to patients from abroad. Warm and homely feeling ensured to the patients as well as accompanying kin with soft decor, deep sofas, huge paintings, sculptures, filtered air etc. which attracts the attention and profitability (Reddy & Qadeer, 2017). Yoga, naturopathy, Ayurveda and a couple of 'pathies' supports the spiritual and mental well-

being of foreign patients which attracts the medical tourists. Kerala has become another name for Ayurveda in India and clients who do not want an emergency medical treatments are preferring Kerala for better health management (Kaur et al., 2007).

Another positive factor for Indian Medical tourism is that countries with well-placed government health care facilities like Canada and Britain also sends patients to foreign countries to clear their backlog with minimum cost. Privacy of patients and keeping the patients away from the headlines of media related to medical treatments is the another factor for attraction as patients personal records cannot be checked by third parties unlike the USA (Gill & Singh, 2011). Medical tourism can be regarded as a blessing as with the rise of medical tourism culture, around 120 medical professionals have returned and are now working in India due to presence of attractive opportunities provided by large hospital chains such as the Apollo hospital. (Connell, 2011).

Along with the promoting factors, there are various stumbling blocks in the way of Medical Tourism in India, various health researchers are pointing out that poor people in India have no access to doctors in India as they are occupied treating the rich which shows the ethical issues in terms of equity as well as equality. Though private hospitals have installed free beds for medical care of poor people but unfortunately it has become the victim of favoritism and nepotism as it is argued that patients are the relatives of hospital staff, ministers etc. Increase support of medical tourism at the national level like land, supportive tax provisions, and intense promotion may lead to reduction in the resources allocated to healthcare at the primary level (Connell, 2011). There is very little follow up care as patients move to their home country or shifts attention to the vacation part of the trip after few days stay at the hospital and the ultimate medical care is in the home country of the patient (Bhangale, 2008).

CONCLUSION

There are various factors like affordability, lesser waiting time, limited cost, fluent English, world famous tourist destination, latest technology etc., that pull various Medical tourists to India, however challenges like favoritism, nepotism, low doctor to patient ratio, ethical concerns, fraudulent accreditation etc. continue to plague its growth and development. Therefore, the government must take further steps and install an effective mechanism for the promotion of medical tourism so that the benefits of it can be enhanced and the shortcomings can be eliminated.

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