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EVOLUTION OF MEDICAL TOURISM - CLOSER LOOK AT THE EUROPEAN MARKET

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Evolution of medical tourism - closer look at the European market

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Abstract

Medical tourism, in which people seek medical care or assistance across national borders or from other countries, has grown in popularity around the world. The aim of this paper is to discuss the factors that influence medical tourism in Europe. It looks at a number of driving forces behind such trends, as well as how medical tourism fits into the larger picture of health globalization and patient mobility in the EU. Furthermore, it discusses the appeal of central European regions in light of a newly enacted EU directive.

Keywords: Medical tourism, European Union, healthcare tourism, globalization

1. Introduction

Medical the travel industry supports patient decision, provides customers access to treatment choices not found in their local networks, cultivates global competition landscape and urges high-cost medical care offices to bring down their costs. Also it advances economic and social improvement by building medical services economies in emerging markets.

The globalization of medical services has led to another type of the travel industry that is normally known as health tourism. Inside the health tourism sphere, medical-based traveling is among the quickest developing areas, and many countries are currently making legitimate and commonsense designs to serve it. Medically focused tourism comes from the wider notion of health tourism with specific focus on clinical, surgical, and emergency clinic arrangement (see Figure 1). Some authors have seen health and clinical tourism as a joined notion with various accentuation.

Travel to distant countries for medical purposes is favored by lower transportation rates, higher wages, information and technology transfer, and affordable prices. Medical tourism is one of the world's fastest growing tourism markets, generating \$60 billion in revenue annually (Jones and Keith, 2006; Macready, 2007), and the number of countries providing state-of-the-art medical facilities and services to international tourists is growing. Medical tourism is emerging as an especially lucrative sector for developing countries, and foreign trade in medical services has tremendous economic potential for the global economy (Bookman and Bookman, 2007). In recent years, the medical tourism market in Europe has grown at an unprecedented rate, resulting in new types of medical tourism such as pregnancy tourism, wellness tourism, and dental tourism.

This paper discusses the underlying concept of medical tourism and demand and supply transformation within European Union.

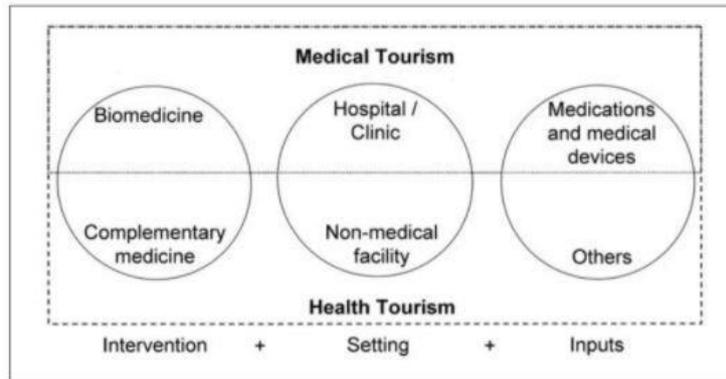


Figure 1: A conceptualization of medical tourism. Source: Carrera (2006).

2. Literature Review

Thinking about last ten years of posted articles and committed literature, there's no longer yet consistent scientific statistics to define, describe or prospect the statistics and records of medical tourism. maximum of publications are medical journals, articles, case research, angle of scientific providers and facilitators, posted shows and results of seminars, meetings or global congresses prepared by medical tourism associations. There are numerous books which trait the concept of this niche tourism, but we nevertheless want extra clinical contributions like statistical, techniques and monetary impact measurements.

In preferred, scientific tourism is taken under consideration as a visit outside character's vicinity of residence for the aim of receiving a scientific treatment, research or therapy, the vacationers utilizing destination's infrastructure, sights and centers. there are numerous definitions of medical tourism, however the main indicates that medical tourism is defined as a sort of fitness tourism, along with health tourism.

The difference among the two types of fitness tourism is within the indisputable reality that medical tourism implies lifestyles of a clinical distress, that need to be investigated, identified and handled by means of clinical strategies, being taken into consideration a reactive kind of a fitness tourism, whilst well being tourism could be a proactive one implying stopping or keeping health the usage of alternative techniques, with out implying specialised clinics, specialized clinical personnel or invasive techniques.

Beside these specific medical tourism services, this section includes: lodging, food and beverage, transportation, enjoyment, consequently the competitive benefit of every destination is based at the creativity manner to mix all those services with the other additives of destinations (landscape, sights, understanding, human resources, marketing etc).

3. Supply and demand drivers of medical tourism

Comprehensive overview of the tourism industry with regards to interaction among suppliers and demand of customers is shown by Heung, Kucukusta, and Song (2010). The Figure 2 shows the theoretical model of supply and demand sides. The latter addresses the components that influence travelers' objective decision as well as clinical treatment alternatives. These are the variables that drive the clinical traveler's choice. The supply side essentially addresses how well an target location is set up to satisfy the needs of these travelers. The supply side takes the infrastructure and superstructure facilities, promotional activities, quality assurance, and communication facilities into account, which makes determines the attractiveness of a medical treatment destination. Finally, some patients travel on their own, a form of patient mobility that is said to raise questions regarding quality, connectivity, equity, and financial viability.

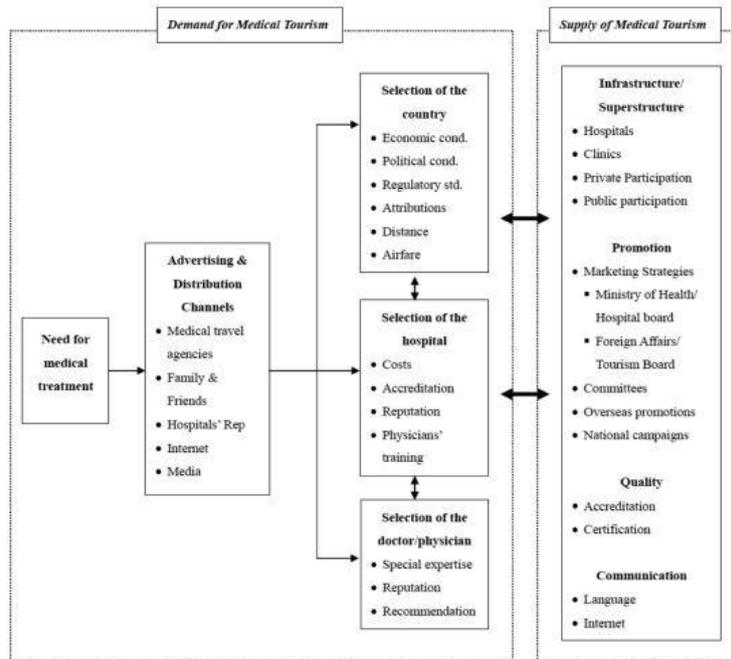


Figure 2: Supply and Demand Model of Medical Tourism. Source: (Heung et al., 2010)

Smith and Forgione (2007) states such factors as costs, healthcare quality, accreditation, and physician expertise are important in medical facility selection, whereas a country's regulatory and economic conditions also affect the country choice. These factors are thus considered to be the main barriers to the development of Hong Kong's medical tourism sector in this study. In addition, Ye et al. (2008) also found pull factors, such as service quality, medical expertise, hospital hardware, and the advertisement of these facilities, to affect medical tourists' motivations.

4. Development of medical tourism in European common economic area

4.1 Mobility of medical service consumers in Europe

Medical tourism is a part of patient mobility. There are some similarities with patient mobility in Europe and the United States. However, there are some main variations in the European context. Bastinado et al. (2005) classify patient mobility into five groups (see also Rosen Moller et al., 2006)). Firstly, there are the temporary tourists from other countries. Short-term visitor flows have increased dramatically as a result of increased accessibility. As a result of an accident or sickness, people on holiday overseas use emergency care. The European Health Care Card will be used for regular or emergency care by Europeans. Tourists will be able to use health benefits that are paid for in different ways, including private insurances and private donations. Tourists differ from medical tourists in that they do not go overseas solely to undergo medical attention (Carrera and Bridges, 2006). Second group is long-term residents. Mid-life worker mobility and later-life mobility, known as "retirement migration," was promoted by increased income, open borders, and reduced cost and ease of travel. The level of European residents want to retire somewhere within the European Union (Rosenmöller, 2006) has been increasing. Forms of "seaside" retirement or "sunset retirement" emerging in the United Kingdom. In addition to long-term residents, there are others who live in between cities, such as shuttlers, who can prefer to have connections to facilities in their home countries (Lunt. 2008). Health coverage can be provided by the country of residence, the country of birth, private insurance or donations. Countries with shared boundaries can work together to provide a cross-border public services for health care (Rosenmöller, 2006). As an example, Belgium and its border countries have regular cross-border flows. Estonia, Finland and Latvia work also together.

Patients that are sent (or outsourced) for care overseas and those mobile on their own fall into the fourth and fifth categories respectively. The outsourcing that has enabled patients in the southeast of England to undergo care in Brussels, France, and Germany is one of many examples (Glinos et al. 2006).

4.2 Attitude towards medical services within Europe

Medically-driven tourism is a subset of patient migration, and is part of a broader pattern of mobility. There are some similarities with patient mobility in Europe and the United States. The Figure 3 shows the reasons of visiting to another EU country to receive medical treatment. Among all reasons for traveling within EU is to obtain treatment that is absent in home country, followed by people in quest for better quality treatment.

For which of the following reasons would you be willing to travel to another EU country to receive medical treatment?

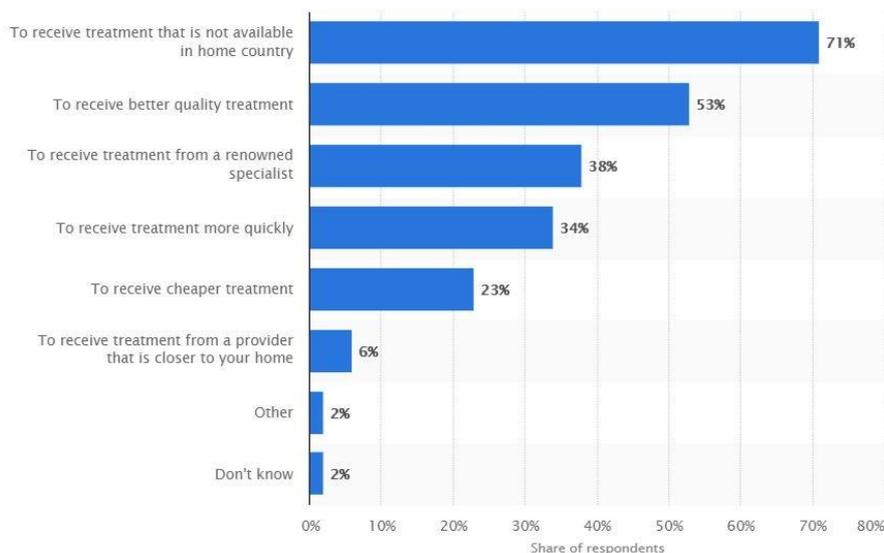


Figure 3: Result of Face-to-face interview. Source: Statista Research Department 2014

Figure 4 shows the desire of group of surveyed 27,868 respondents to visit another EU country for the purpose of receiving clinical treatment in 2014 (pre Brexit). 46 percent would opt out traveling to another country, while 33 percent showed readiness. Another 13 percent were willing to travel conditionally on the sort of treatment.

Would you be willing to travel to another EU country to receive medical treatment?

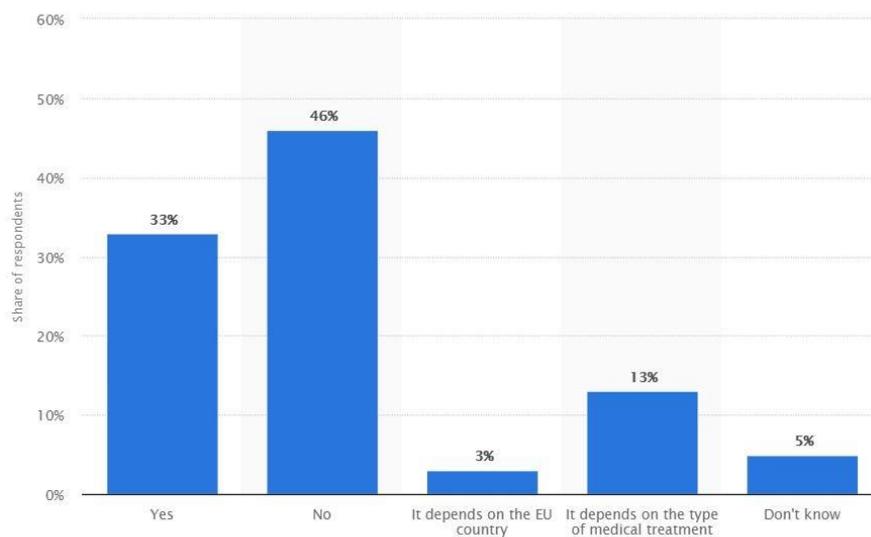


Figure 4: Result of Face-to-face interview. Source: Statista Research Department 2014

5. European medical tourism market - Case of Slovakia

New developments in the medical tourism industry also had a legal impact in the European Union. The United Kingdom, Germany, France, Italy and Spain were so far most popular destinations in Europe. Nevertheless, a new European Directive on Cross-Border Healthcare was adopted in 2014, ensuring that all EU residents had free access to medical services in the community space. Following this mandate, a new public-pay medical tourism industry emerged and newly joined central European countries such as Hungary, Poland, the Czech Republic, Romania and Latvia, becoming common locations for Western Europeans eager to exercise their right to cross-border care. The ability to undergo specialized services that are not available in their home countries, the high quality and lower cost of those treatments, and the ability to balance them with a vacation for rest and rehabilitation in the destination country are among the key reasons why these patients would prefer to travel abroad. Provided patients get reimbursed for the medical treatment or assistance in other EU countries, consumption of such service become more attractive. Value of reimbursement for medical procedures conducted in Slovakia amounted to over 390 thousand euros in 2015 (See Figure 6).

Slovakia provides high-quality, low-cost medical and dental care, but few people are aware of this, apart from a few small medical tourism companies that promote the country in a low-key manner. Medical tourism is becoming more common among local physicians, dentists, and hospitals. However, most Slovak hospitals and clinics make no effort to attract foreign patients. According to some physicians, the majority of so-called medical tourism consists of only foreigners who reside in the region, business or vacation travelers. "The incentive of an individual for medical tourism is always financial," says Renáta Mihályová of Medissimo, a hospital in Bratislava. Slovakia's low prices make it an accessible destination for a wide variety of people. Medissimo is a medical center in Slovakia that serves both visitors and expats from the diplomatic and business communities. It receives patients from the United States, India, Spain, Germany, and Sweden, many of which are of Slovak descent. Patients seeking plastic surgery from nearby countries have been a new trend." LK (stav Lekárskej Kozmetiky) is a specialist center for fitness, fashion, and anti-aging procedures that is seeing a rise in the number of Austrian patients, as well as Slovaks living abroad on a long-term basis, especially in England, France, and Italy. Hungarians aren't regular visitors since there are several similar centers in Hungary's north, as well as in Budapest.

Cosmetic surgery draws patients from the United Kingdom, France, and Italy. In addition to personal recommendations, most people discover it by looking online and comparing what is available and the price

with other countries as well as their own. In Slovakia, dental care costs between a third to a quarter of what it costs in Western Europe. Most dentists use high-quality supplies and facilities, but their prices are equivalent to those of other nations, but dentists and nurses in Slovakia are paid considerably less than in Western Europe. Slovakia, on the other hand, isn't typically thought of as a dental tourism destination. What may be keeping the nation back is that, while it may compete on price and cost, it lacks the quality and availability of accommodation, restaurants, tourism, languages, and marketing that other European countries have. They may be capable of dealing with tourists, but they are not prepared to deal with medical tourism.

6. Research methodology

6.1 Research goal

The purpose of our research is to find out how our people, our compatriots today are aware of medical services, how satisfied they are with the quality of medical services in our country. If they are not satisfied, then what exactly is the problem. And to what extent they are going to leave their home countries in order to receive medical services. And what compels them to do this. What factors influence this. And to what extent they are generally ready to fly abroad in such a difficult period.

6.2 Sample and data collection

We designed a structured online questionnaire via Google Forms.

The study used a cross-sectional study design ("Doing Quantitative Research in Education with SPSS | SAGE Publications Ltd, n.d."). If the researcher wants to know at what level the participant prefers something, it is better to use Likert scales. On the Likert scale, there are 5 out of 11 responses ranging from negative to positive. 6 out of 11 were multiple choice questions. Participants completed all questionnaires anonymously using a Google form. All respondents answered and the results were included in the analysis.

6.3 Used method

If the aim of the research is to test theories, explain events, or discover influencing variables, a quantitative approach is preferable, but if the research area is new or previously established theories are not used, a qualitative approach is preferable (Creswell 2003; Robson 2011). This article presents a quantitative analysis.

The study used a descriptive research method (Likert scale and multiple-choice survey) to analyze the level of satisfaction of the population with health services and whether they agree or disagree with the statements made. The main purpose of the descriptive analysis was to systematically describe the characteristics of the interests of a given population (Wanitcharoen, 2018). The study was conducted using the popular questionnaire method in the social sciences. The survey design is subject to change and thus can be presented in several forms and is characterized by data collection using standard telephone interview forms (Conducting Quantitative Research in Education with SPSS | SAGE Publications Ltd, n.d.)

7. Result and Discussion

Result

Table 1

Variable	Category	Distribution	Valid Percent	Cumulative percent
Gender	female	30	68,2	68,2
	male	14	31,8	100
Age	18-20	10	22,7	22,7
	21-23	19	43,2	65,9
	24-26	9	20,5	86,4
	Above 26	6	13,6	100

It indicates that Respondent`s average age was 21-23 It is about 43,2% of validity

Table 2

What is your place of residence?			
	Distribution	Valid percent	Cumulative percent
Uzbekistan	16	76,2	76.2
United States	1	4,6	80.8
Afghanistan	1	4,8	85.6
Argentina	1	4,8	90.4
Sweden	1	4,8	95.2
Canada	1	4,8	100
Total	21	100	100

As regards Respondent`s preference to place of residence, it includes from Uzbekistan to Canada. Most of the Valid percent is Uzbekistan with 76,2%, other countries are the same percentage with 4,8 % except United States(4,6)

Table 3

Are you satisfied with services provided by hospitals in your country?			
	Frequency	Valid percent	Cumulative percent
Yes	16	36,4	36.3
Neutral	23	52,3	88.6
No	11	11,4	100

When it comes to respondent`s satisfaction of services which provided in hospital in their country show that Neutral is the highest percent at 52,3%

Table 4

Do hospitals follow hygienic standards?

	Distribution	Valid percent	Cumulative percent
Yes	25	56,8	56.8
Neutral	15	34,1	90.9
No	4	9,1	100

When responders were asked about hygienic standards of hospital, the top of answers was Yes with Valid percent 56,8%

Table 5

Are you aware of medical college?			
	Distribution	Valid percent	Cumulative percent
Yes	28	63,6	63.6
No	16	36,4	100

Awareness of Respondents about medical college on the other hand, valid percent of Yes is 63,6 %

Table 6

Are the services in hospitals affordable?			
	Frequency	Valid percent	Cumulative percent
Yes	22	50	50
Neutral	15	34,1	84,1
No	7	15,9	100

When it comes to the affordability of the services in hospital, highest valid percent was Yes on 50%

Table 7

How often do you use medical services in a year?			
	Frequency	Valid percent	Cumulative percent
Never	7	15,9	15,9
Once	21	47,7	63,6
Twice	12	27,3	90,9
Four times	4	9,1	100
More than 4 times	0	0	100

Regarding to the answerer`s usage medical services in a year when asked From "Never to More than 4 times", "Once" was 47,7% that shows biggest one on Valid percent.

Table 8

. How do you evaluate the performance of medical services in hospitals in your country of residence?			
	Frequency	Valid percent	Cumulative percent
High	8	18.2	18.2
Medium	26	59.1	77.3

Low	9	20,5	97,8
Poor	1	2,3	100

According to the replier`s grading of the performance of medical services in hospitals in their country of residence, between "High and Poor" level Medium consists of top grade with 59.1% on Valid percent.

Table 9

. How frequently do you travel abroad in a year?			
	Frequency	Valid percent	Cumulative percent
1-2 times	36	81,8	81,8
3-4 times	1	2,3	84,1
5-6 times	4	9,1	93,2
more than 6 times	3	6,8	100

Table 9 shows Validity of " how often Respondents travel abroad once a year they asked, 1-2 times is highest with 81,8%

Table 10

Do you have a desire of travelling to Europe?			
	Frequency	Valid percent	Cumulative percent
Yes	37	84,1	84,1
Neutral	3	6,8	90,9
No	4	9,1	100

According to Table 10th, people's preference to visit to Europe contains three categories that are Yes, Neutral and No most choosen one is "Yes" at 84,1%

Table 11

Have you traveled abroad for medical purposes in the past?			
	Frequency	Valid percent	Cumulative percent
Yes	17	77,3	77,3
No	5	22,7	100

In the last Table as you can see that traveling abroad for the goals of medical also shows 77,3% a lot Valid percent

8. Conclusion

Medical tourism involves patients travelling to other countries seeking medical treatment or assistance. It also includes the consumption of services associated with tourism such as transport, accommodation and hospitality. Health-care services are facing new obstacles and opportunities as a result of major economic, societal, legal, and political shifts that have arisen in recent decades. Medical tourism, or the use of international health care, is one example of such a practice that has gotten a lot of coverage in the media but has yet to be investigated by scholars.

This is particularly important when considering the European Union's politico-economic structure. This article adds to the body of information on medical tourism in general and European medical tourism especially. Medical tourism is a feature not only of consumerism but also of citizenship in the European context. Indeed, when pursuing medical treatment overseas, European medical visitors use both their purchasing power and citizenship rights as part of being in EU, separating themselves from their American counterparts, who mainly use their market sovereignty rights. The "medical tourism paradox"—that patients prefer medical services at home but are likely to travel internationally under particular circumstances, with specific preferences and boundary conditions—remains to be thoroughly investigated in Europe as it is in the United States in terms of the reasons that fuel medical tourism. The combination of quality care and low service cost makes central European countries very competitive in attracting overseas travelers from EU for medical check-ups and dental services, with an increasing focus on health and wellness. Affordability and cost effectiveness, high quality healthcare, immediate service, travel opportunities, anonymity have been seen as main considerations for individuals seeking treatment abroad.

9. Acknowledgement

I am indebted to Percivil Carrera and Neil Lunt for their research on this area.

Graphical Illustrations

Index rating of medical tourism in selected countries of Europe in 2016

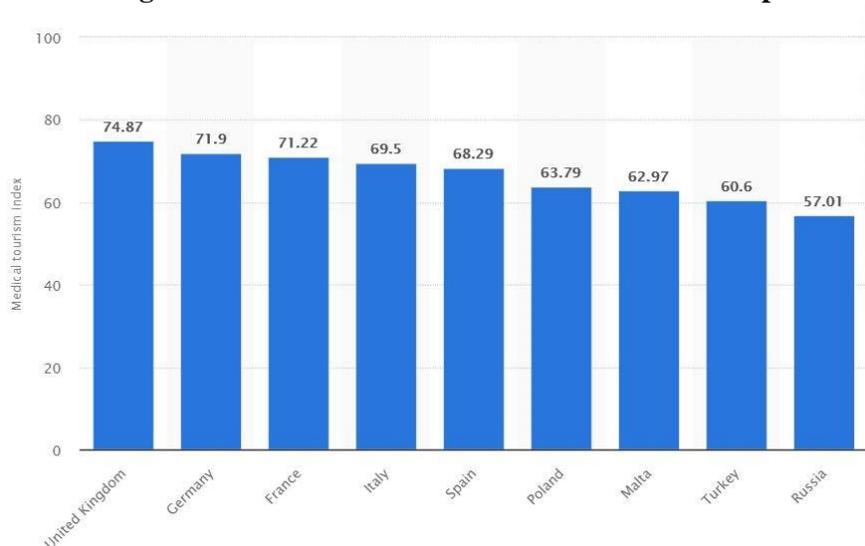


Figure 5: Result of Face-to-face interview. Source: Statista Research Department 2016

Value of reimbursement for medical procedures conducted in other countries in the European Union in 2015

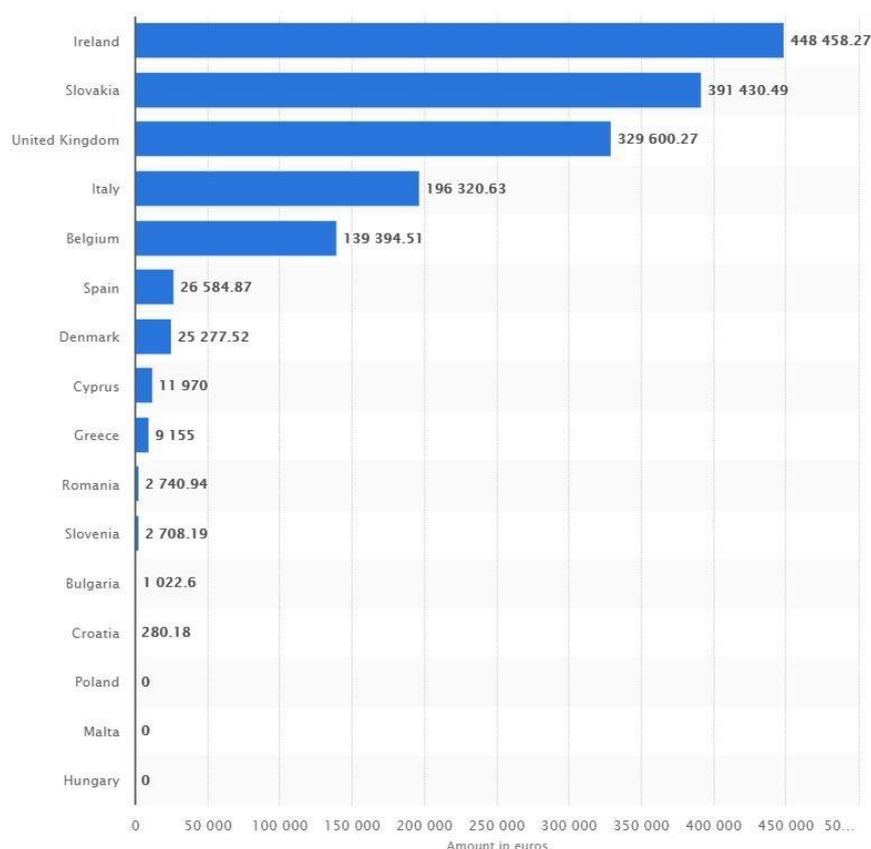


Figure 6: By country (in euros). Source: Statista Research Department 2015

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