

Project Report

**“A Study of Medical Tourism in India”
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In partial fulfilment for the award of the degree of

Master of Business Administration

Submitted by

Sahas Omprakash Tripathi

Under the Guidance of

Dr. Archana Dadhe

**Department of Management Sciences and Research,
G. S. College of Commerce & Economics, Nagpur
NAAC Re-Accredited “A” Grade Autonomous Institution**



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CERTIFICATE

This is to certify that “**Sahas Omprakash Tripathi**” has submitted the project report titled “**A Study of Medical Tourism in India**”, towards partial fulfillment of **MASTER OF BUSINESS ADMINISTRATION** degree examination. This has not been submitted for any other examination and does not form part of any other course undergone by the candidate.

It is further certified that he/she has ingeniously completed his/her project as prescribed by **DMSR- G. S. COLLEGE OF COMMERCE & ECONOMICS, NAGPUR** (NAAC Re-accredited “A” Grade Autonomous Institution) affiliated to Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur.

Dr. Archana Dadhe
(Project Guide)

Dr. Sonali Gadekar
(Co-ordinator)

Place: - Nagpur

Date:

G. S. College Of Commerce & Economics, Nagpur

DECLARATION

I here-by declare that the project with title “**A Study of Medical Tourism in, India**” has been completed by me in partial fulfillment of MASTER OF BUSINESS ADMINISTRATION degree examination as prescribed by **DMSR - G. S. COLLEGE OF COMMERCE & ECONOMICS, NAGPUR** (NAAC Re-accredited “A” Grade Autonomous Institution) affiliated to Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur and this has not been submitted for any other examination and does not form the part of any other course undertaken by me.

Sahas Omprakash Tripathi

Place: Nagpur

Date:

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With immense pride and sense of gratitude, I take this golden opportunity to express my sincere regards to **Dr. N.Y. Khandait, Principal, G. S. College of Commerce & Economics, Nagpur.**

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Sahas Omprakash Tripathi

Place: Nagpur

Date:

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CHAPTER 1

INTRODUCTION

SERVICE SECTOR MANAGEMENT

WHAT ARE SERVICES ?

Services include all economic activities whose output is not a physical product or construction, is generally consumed at the time it is produced and provides added value in forms (such as convenience, timeliness, comfort or health). That is essentially intangible concerns of its first purchaser.

DIFFERENCES BETWEEN SERVICES AND CUSTOMER

SERVICES

Companies like IBM offers repair and maintenance service of equipment, consultancy, training services etc. These services may include a tangible product like a report or train manual. Customer Services , however is the service provided in support of a company's core product –like answering question , taking orders ,dealing with billing issue , handling complaints etc. Typically there is no charge for customer service is essential for building customer relationship .

Customer services are hence different from services provided for sale by a company. Federal Express market and delivers services. It also provides a high level of customer services. Its services are overnight package delivery, and logistics services. Its customer services include well trained staff who can answer all question on telephone, on line tracking of parcels etc.

CONCEPT OF 'SERVICE MARKETING'

The perception of service marketing focuses on selling the services in the best interest of users/customers. Marketing a service is meant marketing something intangible. It is marketing a promise. It is more selling yourself. In the marketing of services, we go through a number of problems directly or indirectly influencing the business index.

The problems like market segmentation, marketing information system, behavioral management are studied minutely which simplify the task of formulating a sound mix for marketing, such as Product mix, Promotion mix, Price mix and the Place mix. It is important to mention that we find "People" an important mix of marketing services.

If we market the services in a right direction, the available opportunities can be capitalized on optimally and also it contributes substantially to the process of development.

In view of the above, we observe the following key points regarding the concept or perception of services marketing:

- It is a managerial process of managing the services.
- It is an organized effort for providing a sound foundation for the development of an organization.
- It is a social process helping an organization to understand the emerging social problem and to take part in the social transformation process to justify its existence in the society.

Service Management is

- 1) To understand the utility the customers receive by consuming or using the service offering of the organization
- 2) To understand how the organization (personnel, technology, physical resources, systems and customers) will be able to produce and deliver this utility
- 3) To understand how the organization should be developed and managed so that the intended quality can be achieved
- 4) To make the organization function so that this quality can be delivered on a continuous basis

REASONS FOR THE GROWTH OF SERVICE INDUSTRY

It is obvious that the growth in the services sector has been substantive. The reasons for this growth are quite a few, some of which are summarized as follows.

□ **Affluence** : - The increase in per capita income from Rupees 238.8 in 1950 to Rupees 11,934.5 in 1998 is an indicator of the increase in general affluence has given rise to service like pest-control, personal security, interior designer, etc.

□ **Leisure time** : - People do get some time to travel and holiday and therefore there is a need for travel agencies, resorts, hotels, and entertainment. There are other's who would like to utilize this time to improve their career prospects and therefore there is a need for adult education/distance learning/part time courses.

- **Life expectancy** : - The health programmes have significantly contributed to an increase in life expectancy given rise to services like old age homes, nursing homes, health care, etc.
- **Working wives** : - As more and more women have started working, the need for day care for children has increased, and so is the care with packed food and home delivery.
- **Product complexity** : - A large no. of products are now being purchased in households which can be serviced only by specialized persons like water purifiers, micro wave ovens, home computers, etc. giving rise to the need for services like after sales service agents for durables, maintenance service providers, etc.
- **Life complexity** : - As the daily routine gets busier, individuals find it difficult to manage things on their own. This leads to an obvious need for tax consultants, legal advisors, property advisers, etc.

- **Resource scarcity and ecology** : - As the natural resources are depleting and need for conservation is increasing, we have seen the coming up of service providers like pollution control agencies, car, pools, water management, etc.
- **New products** : - the development in information technology has given rise to services like PCOs, Pager service providers, Web Shoppe, etc

CONTRIBUTION OF SERVICE INDUSTRY TO INDIAN

ECONOMY AND WORLD ECONOMY

WORLD SCENARIO

- as economy shifts from developing to developed stage, they will show more and more shift toward services
- today, the fastest growing segments of the US economy is services in 1948 54% of the GDP of US was generated by services which is 80% now
- employment in this sector which was 55% in 1950 is now 83%
- the US balance of trade in goods has remained in the red for many years, but there has been a trade surplus in services today service sector dominates the economics of many developed nations. As countries develop the role of agriculture in the economy declines and that of services increase.(china has 50% GDP from service, 35% from industry, and 15%from agriculture)
- during recession it has been seen that service output declines less than industrial output the service employment is less sensitive to business cycle fluctuation

MEDICAL TOURISM

Over five million patients a year travel abroad to seek and consume healthcare that may be too expensive, too delayed, altogether unavailable, or even proscribed in their country of residence (Patients Beyond Borders, 2011; Woodman, 2007). This phenomenon of traveling to foreign countries to obtain medical, dental, surgical, and wellness care is known as “medical tourism,” “health tourism,” or “wellness tourism;” Despite these names, the motivation of this type of traveling is far from recreational (Gatrell, 2011). Medical tourists generally originate from developed countries, and an overwhelming majority of them seek treatments in developing countries. More specifically, the primary flow of medical tourists is from the United States and Western Europe to mainly South and Southeast Asian countries, including India, Thailand, Malaysia, Singapore, and South Korea, and European countries, including Latvia, Czech Republic, and Hungary (Bookman & Bookman, 2007; Hopkins et al., 2010). Brazil, Mexico, Guatemala, Costa Rica, and other Latin American countries also attract medical tourists, particularly from the United States. Several Middle Eastern countries were initially sources of medical tourists, but now these countries attract patients from affluent developed countries.

Medical tourists from developed countries also seek treatment and medical procedures in other developed countries. For example, Canada provides medical treatment to many Americans (Gatrell, 2011). Europeans traveling within Europe for fertility treatment are also common (Shenfield, 2010), largely because 2 some European countries restrict certain fertility procedures, forcing their procurement elsewhere. The European Society for Human Reproduction and Embryology reports that between 20,000 and 25,000 cross-border fertility treatments are carried out each year. Over half of all British women who seek treatment abroad go to the Czech Republic, where it is easier to obtain donated eggs. Many Italians escape legal restrictions at home by traveling to Spain for egg donation and to Switzerland for sperm donation. French women go to Belgium for the latter (Gatrell, 2011).

Some of the most well-traveled medical tourists are from the U.K. Nearly 50,000 U.K. residents seek treatment abroad every year (Lunt et al., 2012). Significant numbers of medical tourists also come from the U.S., many of whom are among the nearly 47 million Americans who lack health insurance and 108 million who lack dental insurance (Warf, 2010). Though the new “Affordable Healthcare for America Act” is expected to reduce the number of uninsured and underinsured Americans, only time will tell how this might impact the number of Americans seeking health care abroad.

Medical tourism is nothing new – it has existed in different forms for centuries (Hancock 2006; Goodrich 1994) – but its frequency has intensified concomitant with contemporary globalization (Horowitz et al., 2007; Hopkins et al., 2010). According to Hancock (2006), “medical tourism is one of the fastestgrowing businesses on earth” (p. vii). Gill and Singh (2011) claim that “More travelers than ever before are now travelingabroad 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 3 implant, and liposuction, just to name a few” (p. 315). Over 50 countries around the world are promoting packages that combine health care along with recreation (Gahlinger, 2008). Gill and Singh (2011) maintain that medical tourism has reformed the health-care industry and has set a new benchmark for many countries. Bothdeveloped and developing countries are considering investing in theirinfrastructures to stay on top of the aggressive competition as well as to arrest the outflow of patients to foreign countries. The emergence of medical tourism has opened opportunities for many relevant businesses and industries both in destination and source countries (Gill & Singh, 2011). Some U.S. companies are promoting medical tourism; in fact, some insurance companies offer discounts to patients willing to go abroad for health care (Pafford, 2009). In 2006, Blue Ridge Paper Products, Inc., a

company based in North Carolina, incentivized its employees to travel to India for non-emergency surgeries (Burkett, 2007). Similarly, a European owned supermarket chain in the U.S. also promoted medical tourism in India among its employees due to the high cost of treatments in the U.S. (Hopkins et al., 2010).

This cycle of savings and incentives benefits the insurance companies, the employers, and the employees. Another benefit of medical tourism is its economic boost to health and tourism sectors (Connell, 2011). MedRetreat, the first medical tourism agency in the United States, assists North Americans seeking any of 183 medical procedures in any of seven countries: India, Thailand, Malaysia, Brazil, Argentina, Turkey, and South Africa (Gill & Singh, 2011). PlanetHospital, a California-based organization, connects patients to international health care providers, nearly two-thirds of whom have either a fellowship with medical societies in the United States or the United Kingdom, or are certified for a particular specialty by a medical board (Herrick, 2007). According to York (2008), as medical tourism becomes more prevalent, “continuing education, credentialing, and certification services may be required to help assure patient safety”.



MEDICAL TOURISM IN INDIA

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. 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. Since the early nineteenth century, when there were no restrictions on travel in Europe, people visited neighboring countries in order to improve their health.

At first, mere traveling was considered to be a good therapy for mental and physical well-being. In the 21st century, relatively low-cost jet travel has taken the industry beyond the wealthy and desperate. Later, mostly wealthy people began traveling to tourist destinations like the Swiss lakes, the Alps and special tuberculosis sanatoriums, where professional and often specialized medical care was offered. In this century, however, medical tourism expanded to

a much larger scale. Thailand, followed by India, Puerto-Rico, Argentina, Cuba and others quickly became the most popular destinations for medical tourists. Complicated surgeries and dental works, kidney dialysis, organ transplantation and sex changes, topped the list of the most popular procedures.

It was estimated that in 2002, six hundred thousand medical tourists came to Bangkok and Phuket medical centers in Thailand, while approximately one hundred and fifty thousand foreign patients visited India during that time. From Neolithic and Bronze age wherein people used to visit neighboring countries for Minerals and Hot Springs , Today we have reached the era where Hospitals are more like Spas and Spas more like hospitals .

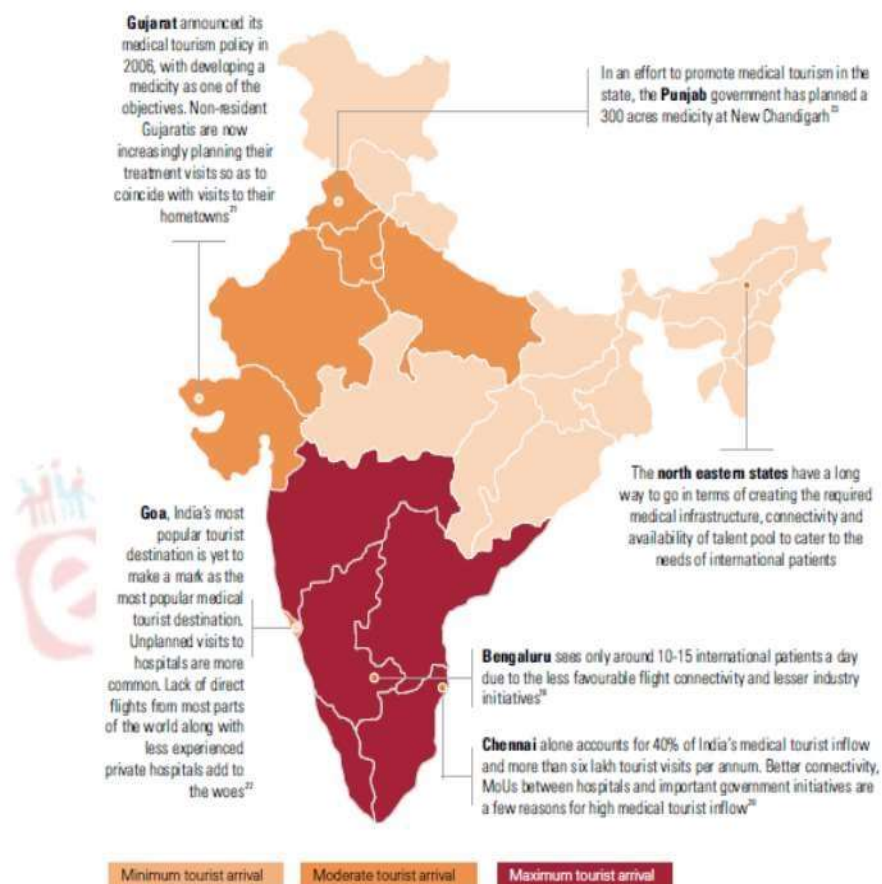
Medical tourism comprises a phenomenon where over five million patients a year are traveling across international borders to obtain various forms of health care. Most of these patients travel from developed countries to developing countries, seeking highly invasive medical treatments to less invasive and recreational medical procedures. By the year 2012, the medical tourism industry generated over \$100 billion with over 50 countries making it a priority in trade for their country. With active government promotions, India has become one of the leading destinations for medical tourism. The objective of this research was to answer the questions: 1) how do the attitudes and behaviors of patients towards the concept of medical tourism influence their decision to become a medical tourist; 2) why do medical tourists seek treatment in India; and 3) what are the issues and challenges they face before coming to India as well as while in India.

Interviews of thirty-four foreign patients were conducted in six sites spread across the South-Indian cities of Bangalore, Hyderabad, and Chennai which revealed useful information in addressing the research objectives.

The three most important reasons that these medical tourists chose India for their treatments were:

- 1) the high quality of the doctors and medical facilities in India
- 2) the affordable cost of treatments
- 3) the availability of specific treatments that might not have been available in their home countries.

The map of India below vividly portrays the prominent medical hubs in the states of India:



Medical tourism (also called medical travel or health tourism) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of traveling to another country to obtain health care. According to Mary Tabacchi, Health Tourism is any kind of travel to make yourself or a member of your family healthier. More recently the phrase "Global Healthcare" has emerged, and may replace the earlier terms. Such services typically include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgeries. The provider and customer use informal channels of communication-connection-contract, with less regulatory or legal oversight to assure quality and less formal recourse to reimbursement or redress, if needed. Leisure aspects typically associated with travel and tourism may be included on such medical travel trips.

Medical Tourism industry according to CII is expected to be worth US\$ 4 billion by 2017. India has a potential to attract 1 million health tourists per annum which will contribute US\$ 5 billion to the economy. Patients from various countries are becoming medical tourists to India for low cost and health restorative alternative treatments. The Medical Tourists undergo health restorative treatments of a combination of Ayurveda, Yoga, acupuncture, herbal oil massage, nature therapies, and some ancient Indian healthcare methods –such as Vedic care, an alternate healthcare service. Cost Advantage is the attractive aspect of Indian modern medicine which is 10-15 times lower than anywhere in the world

Initiatives for Marketing Medical Tourism

To a sub question, ‘Do you participate in any collective effort taken by the Hospitals involved in marketing Medical Tourism’, only 5 (26.32%) from Alternate Medicine and 6 (32.59%) from Modern Medicine respondents answered that they do. This shows the absence of any serious collective effort in Kerala for Medical Tourism. But on asked whether they take any initiative for marketing their service among foreign countries, 11 (57.89%) from Alternate Medicine and 12 (70.59%) from Modern Medicine sector answered that they do. This is an indication that the majority of them have realised the need for marketing Medical Tourism.

Table 4. Initiative for marketing Medical Tourism in foreign countries

Method	Alternate Medicine	Modern Medicine
Tie Ups	4 (21.05%)	1 (5.88%)
Maintenance Of Branch/Reps	1 (5.26%)	2 (11.76%)
Promotion	0	1 (5.88%)
Participation In Fairs	2 (10.52%)	0
Total Active Participation	7 (36.84%)	5 (23.53%)

When it comes to serious marketing efforts, Alternate Medicine is much ahead of Modern Medicine. When 37% of Alternate Medicine sector takes some serious efforts, only 24% of Modern Medicine sector does something about it. It also showed that 63% from Alternate Medicine and 76% from Modern medicine are indifferent to serious marketing efforts. All that they do basically is limited to some tie ups or having some representatives abroad.

Clubbing of Medical Treatment and Tourism

Table 5. Patients visit to other parts of Kerala

Level of Visits	Alternate Medicine	Modern Medicine
Many	9 (47.37%)	5 (29.41%)
A few	9 (47.37%)	8 (47.06%)
Not Known	1 (5.26%)	4 (23.53%)

For the sub question, 'Do you provide any assistance for the patients to club treatment with tour' 12 (63.16%) from Alternate Medicine and 5 (29.41%) from Modern Medicine answered that they provide assistance.

Table 6. Hospitals initiative for Patients Tour

Method	Alternate Medicine	Modern Medicine
Arrange through travel agents	6 (31.58%)	4 (23.53%)
Provide information, guidance	3 (15.79%)	0
Make travel Arrangements	2 (11.05%)	1 (5.88%)
Provide own resorts	1 (5.26%)	0

Examining Tables 5&6 and the above question, we can understand that the Alternate Medicine sector sees the Tourism part of Medical Tourism and takes efforts for its promotion. However, Modern Medicine sector gives very little stress to this area. The main assistance offered is through travel agents and that too by a segment only.

Government Effort for the Promotion of Medical Tourism

For the question, 'Is there any Government effort taken for the promotion of Medical Tourism?' only 8 (47.06%) from Alternate Medicine and 8 (42.11%) from Modern Medicine Sector respondents answered in the affirmative.

Table 7. Evaluation of the role of Government in the promotion of Medical Tourism

Level of Success	Alternate Medicine	Modern Medicine
Successful	3 (15.79%)	0
Satisfactory	5 (26.32%)	5 (29.41%)
Failure	11 (57.89%)	12 (70.59%)

The low key response to the above question and Table 7 shows the lack of appreciation about the role of Government in the promotion of Medical Tourism. While 15.79% of the Alternate Medicine sector says that the Government efforts are successful, nobody in the Modern Medicine feels that the Government efforts are successful. While 57.89% from Alternate Medicine feel that Government efforts are a failure, a much larger segment (70.59%) from Modern Medicine shared this view.

Accreditation of Hospitals

Table 8 shows the level of accreditation of Hospitals engaged in Medical Tourism.

Table 8. Accreditations of Hospitals engaged in Medical Tourism

Sector	ISO 9001:2000	NABH*	ACHSI**	Only for Ayurveda (N=17)	
				Green Leaf	Olive Leaf
Alternate Medicine	3 (15.79%)	-	-	3 (17.65%)	2 (11.76%)
Modern Medicine	7 (41.18%)	5 (29.41%)	2 (11.76%)	-	-

*National Accreditation Board for Hospitals and Health Centres

**Australian Council on Health Care Standards International

The above Table shows the reluctance of the players in Medical Tourism to achieve accreditations for Quality certification. Only 15.79% from Alternate Medicine and 41.18% from Modern Medicine have got ISO Certification. In the Ayurveda segment only 17.65% has Green Leaf and another 11.76% has Olive Leaf accreditation. Modern Medicine sector is more keen (82.35%) about acquiring quality certifications while only 42.1% from Alternate Medicine has got some quality accreditations.

Problems Faced by Medical Tourism

Table 9 displays the response of the participants to the questions about the level of various problems faced by Medical Tourism Industry in Kerala.

Table 9. Problems faced by Medical Tourism

Suggested Problems	Alternate Medicine			Modern Medicine		
	High	Medium	Low	High	Medium	Low
Visa permission restriction /delay despite the new policy	2 (10.53%)	2 (10.53%)	15 (78.95%)	1 (5.88%)	2 (11.76%)	14 (82.35%)
Police reporting: do you face any harassment from police	-	1 (5.26%)	18 (94.74%)	-	-	17 (100%)
Insurance related problems.	3 (15.79%)	2 (10.53%)	14 (73.68%)	-	3 (17.65%)	14 (82.35%)
Risk of legal actions related to Consumer satisfaction:	1 (5.26%)	2 (10.53%)	16 (84.21%)	1 (5.88%)	3 (17.65%)	13 (76.47%)
Getting the incentives relating to Foreign exchange earnings	1 (5.26%)	4 (21.05%)	14 (73.68%)	1 (5.88%)	1 (5.88%)	15 (88.24%)

Table 9 shows the low level of perceived problem areas in Medical Tourism. The general feeling is that the issue of Medical Visas are reasonably fast and without problems. The low level of problems mentioned is perhaps due to the very small number of medical tourists visiting these hospitals presently and most of them coming through references from friends (word of mouth) and hence are fully aware of the limitations and risks as also the advantages associated with treatment in India. But as the scale of operations increase in future more problems relating to insurance, risk of legal actions etc., are likely to arise.

The "M" visa is for nonacademic or vocational studies. M-1 visa holders for technical and vocational programs are not permitted to work during the course of their studies. The M-1 student visa applicants must have evidence that sufficient funds are immediately available to pay all tuition and living costs for the entire period of intended stay.

M1 Student Visa Requirements

You cannot enter as an M1 to just study "generally"; your program must have a goal and you must be involved in a "full course of study". A full course of study means study in a community or junior college, with at least 12 semester or quarter hours. It must be in a school where anyone attending for at least 12 semester or quarter hours is charged full tuition, or considered full-time. The only exception is where you need a smaller course- load to complete your course of study. It can also mean study at a post secondary vocational or business school which grants Associate or other degrees. Alternatively, if a school can demonstrate that its credits are, or have been, accepted unconditionally by at least 3 institutions of higher learning it can qualify. If that is not possible, study in a vocational or nonacademic curriculum, certified by a DSO to require at least 18 hours of weekly attendance or at least 22 clock hours a week (if most of your studies are in a shop or lab). If that is not possible, the last option is study in a vocational or nonacademic high school curriculum which is certified by a DSO to require class attendance for not less than the minimum required for normal progress towards graduation.

Applying for an M1 Visa

Different universities have different admission policies. Your university will inform you what they need from you in order to determine that you are academically eligible. Amongst other requirements, you will need to show the school that you have enough money to support yourself whilst studying without having to work and you may have to show health insurance in order to cover any medical expenses should you need any medical assistance. Always protect yourself by keeping a copy of everything that you fill out and send off.

Once the university has determined that your application is complete and you are academically eligible, they will issue an I-20 form to enable you to apply for your student visa.

Applicants for student visas should generally apply at the U.S. Embassy or Consulate with jurisdiction over their place of permanent residence. [This will normally be your home country, the country in which you live]. Although visa applicants may apply at any U.S.

consular office abroad, it may be more difficult to qualify for the visa outside the country of permanent residence.

When applying at the consulate for your student visa:

1. You will have to pay a non-refundable application fee. This means that if your visa does not get approved, you will not get your money back.
2. All applicants will need to complete and submit DS-160, the online application for a non-immigrant visa.
3. A DS-157 form for all males aged 16-45.
4. A passport valid for travel to the United States and with a validity date at least six months beyond your intended period of stay in the United States. If more than one person is included in the passport, each person desiring a visa must make an application.
5. Photos. You can upload a digital photo that is:
 - In color
 - Sized such that the head is between 1 inch and 1 3/8 inches (22 mm and 35 mm) or 50% and 69% of the image's total height from the bottom of the chin to the top of the head
 - Taken within the last 6 months to reflect your current appearance
 - Taken in front of a plain white or off-white background
 - Taken in full-face view directly facing the camera
 - With a neutral facial expression and both eyes open
 - Taken in clothing that you normally wear on a daily basis

Objectives of the Study

The overall objectives are as follows –

- To study the concept of medical tourism .
- To understand the emerging business of medical tourism.
- To relate the states of India contributing to medical tourism.
- To understand challenges faced in providing services.
- To conduct a survey on how much awareness is prevailing in the society regarding medical tourism.
- Make a comparative study of the participation of medical tourists from different countries
- Find the factors that drive Medical Tourism in India
- Study the marketing efforts and their success for Medical Tourism in India
- Identify the problems faced by Medical Tourism in India
- Make suitable suggestions for improvement of Medical Tourism in India

Need of the Study

This study is focused on understanding the challenges in medical tourism. Medical tourism is a general term that describes patients traveling to obtain health services. The growth of medical tourism is due to a broad range of motivators and increasingly, developing countries are seeking to capitalize on these flows and are linking medical care with actual tourist activities.

This commercial linkage between healthcare and tourism is a rapidly developing and profitable industry that is attracting growing interest amongst health researchers.

This study is specifically for the “Healthcare Sector” for the financial year 2021-2022. Healthcare is the relationship between a doctor and a patient.

In order to study all these factors, research is conducted on how medical tourism works in India.

Limitations of the Study

Every research has its limitations. These limitations can appear due to constraints on methodology or research design. Needless to say, this may impact the whole study or research paper. Most researchers prefer to not discuss their study limitations because they think it may decrease the value of their paper in the eyes of the audience.

During conducting my research, I was facing the following limitations –

- Limited number of respondents.
- Time limitation for completing the project.
- The data obtained in some cases may be based.
- Difficulties in communicating with different cities while conducting the survey.
- The information obtained from the consumer based on questionnaire was assumed to be factual.
- Since the survey is based on sampling method it does not disclose the character of entire population.
- The statistics obtained is subject to validation by further studies.

Scope for further studies

This subject needs detailed study and compilation of more accurate statistics.

CHAPTER 2
LITERATURE REVIEW

Literature Review

Medical tourism is a burgeoning industry. According to Hopkins et al. (2010), medical tourism is “a rapidly emerging manifestation of global commercialization of health care” (p. 185). Gupta (2008) writes that “medical tourism is a multi-billion dollar industry promoted by governments and the medical and tourism industries” (p. 4). Although some forms of medical tourism may be centuries old, medical tourism in the twenty-first century is different from any previous characterization. This aim of this chapter is to provide a range of perspectives on historical and contemporary medical tourism as a way of establishing this study’s conceptual framework.

Morphosis of Medical Tourism

Globally and in India Medical tourism has become a multi-billion dollar industry. According to McKinsey and Company, medical tourism was a \$60 billion market in 2006 and they predicted that it could be a \$100 billion industry by 2012 (Hansen, 2008). Despite its recent popularity, medical tourism is thousands of years old (Hancock, 2006). Goodrich (1994) points out that different forms of medical tourism

have existed for centuries. Written records of Greeks traveling to Tell Brak, Syria, for eye treatment date back 5000 years (Gahlinger, 2008). During ancient times, people from afar frequented mineral springs due to their purported healing nature. People traveled for healing from ailments such as skin conditions, arthritis, and muscular injuries. People in ancient times have always gone to rivers such as the Nile, Ganges, Yangtze, and Jordan to be cleansed physically and spiritually (Goodrich, 1994).

Today, many Hindus bathe in the Ganges to be eternally cleansed. The ancient site of Epidauria, Greece, was professed to be the home of Asclepius, the god of health (Gahlinger, 2008). The salt saturated Dead Sea in the Middle East is believed to have skin cleansing properties and has been used as such for many years

(Goodrich, 1994). The ancient Romans and English went to Bath,

England, to bathe in the warm mineral springs (Hembry, 1990). Between the 15th- 17th centuries, Europe's poor

sanitary conditions prompted the rich to seek out medicinal spas, seaside resorts, and mineral springs for health purposes (Cook, 2008). Before the American War of Independence, many Americans traveled to mineral springs, spas, and seaside resorts such as Yellow Springs near Philadelphia, Stafford Springs in Connecticut, and Berkeley Springs in Virginia to benefit from their purported health-enhancing facilities (Goodrich, 1994). In the early 1980s and 1990s, European and Israeli spas

were popular for medical tourism.

Medical tourism today is much more diversified, both technologically and geographically. Medical tourists travel to distant locations around the globe for treatment. Over 50 countries have identified medical tourism as a national industry. In past decades, affluent people from developing countries came to developed areas such as the U.S. and European countries for medical treatment. Most of these patients came to the West to attain highly advanced medical treatments that were not available in their home countries. However, a reversal is taking place. People from developed countries are traveling to developing countries such as India, South Africa, and Thailand to receive medical treatment.

Although many of these patients are traveling to receive highly advanced medical procedures, a significant amount of them are also pursuing more less advanced and holistic types of treatments. According to Johnston et al. (2010), most of the hospitals that promote medical tourism are within lower and middle income countries (LMICs), “where favorable exchange rates have given them a competitive advantage in attracting price-conscious international patients.” Figure 2.1 shows some of the top medical tourism destinations in the world. Although Asian countries are among the most popular medical tourism destinations, Figure 2.1 highlights countries from the Americas, Europe, and Africa as well.



Figure 2.1 Some of the major countries that promote medical tourism

Source: CBC News, 2004

India is at the forefront of the medical tourist industry. With its economic boom starting in the 1990s, India became a destination for outsourcing and not just for information technology (IT) but also medical treatment. Subsequently, medical tourism in India has become a business sector and not just a trend (Schult, 2008). A recent Time magazine article titled “Outsourcing Your Heart” compared the difference in prices of various treatments between the U.S., India, Thailand, and Singapore. All treatments listed in the article were the cheapest in India (Kher, 2006).

Additionally, the governments of many developing countries are now promoting medical tourism. For example, India's 2002 National Health Policy states that:

“To capitalize on the comparative cost advantage enjoyed by domestic health facilities in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as “deemed exports” and will be made eligible for all fiscal incentives extended to export earnings.”

The government of India even introduced the “medical visa” (BBC News, 2005b), which allows foreign patients to get a visa for the duration of their treatment and extend it for up to a year. This is not possible with a regular tourist visa.

Several factors contribute to India's popularity as a medical tourism destination, including the experience and Western training of medical care providers, its large network of private hospitals, and its pharmaceutical industry.

Defining Medical Tourism

Medical tourism is a problematic term because it is not defined and applied consistently. 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). The terms "medical tourism" and "health tourism" will be used interchangeably in this research.

Goodrich and Goodrich (1987) defined health tourism as "the promotion by a tourist destination of its health care facilities and services" (p. 217). Laws (1996) defines health tourism with a broad view: it is "leisure taken away from home, where one of the objectives is to improve one's state of health" (p. 200). Since health is a broader term than medical, some researchers are reluctant to interchange "health tourism" with "medical tourism." Some use "health" synonymously with "wellness," and sometimes "health" is used to mean both medical and wellness, or even a subset of medical tourism or wellness tourism. Bookman and 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's Popularity

Several factors contribute to medical tourism's increasing popularity, and one of the most important is affordability. Table 2.1 illustrates cost differences between treatments in the U.S. versus countries that promote medical tourism. Often, surgeries in developing countries cost only a fraction of what one might pay in the U.S. or U.K. For example, an 87-year old from the U.S. went to India for a complex heart operation, the total cost of which—including airfare, room for 30 days, and food— was \$8000. These cost estimators are very simple to use and a patient can input all the pertinent costs related to medical tourism along with the costs the company estimates. This will give prospective patients a good idea about medical tourism related costs. A primary reason for treatment being so affordable in countries like India may be low labor costs.

Surgery	USA	Colombia	Costa Rica	India	Jordan	Korea	Mexico	Singapore	Thailand
Heart Bypass	\$144,000	\$14,630	\$25,000	\$8,500	\$10,000	\$24,000	\$20,000	\$13,500	\$24,000
Angioplasty	\$57,000	\$7,106	\$13,000	\$8,500	\$5,000	\$19,600	\$16,000	\$7,500	\$7,000
Heart Valve Replacement	\$170,000	\$10,450	\$30,000	\$1,200	\$12,000	\$36,000	\$30,000	\$13,500	\$22,000
Hip Replacement	\$50,000	\$8,360	\$12,500	\$8,000	\$8,000	\$16,450	\$13,125	\$11,100	\$14,000
Hip Resurfacing	\$50,000	\$10,500	\$12,000	\$8,000	\$8,000	\$20,900	\$12,800	\$12,100	\$16,000
Knee Replacement	\$50,000	\$7,106	\$11,500	\$7,000	\$7,000	\$17,800	\$10,650	\$10,800	\$12,000
Spinal Fusion	\$100,000	\$14,500	\$15,000	\$12,000	\$10,000	\$17,350	\$7,000	\$18,300	\$11,000
Dental Implant	\$2,000-10,000	\$1,672	\$1,000	\$700	\$500	\$3400	\$910	\$2,900	\$3,000
Lap Band	\$30,000	\$6,500	\$8,500	\$7,500	\$5,000	\$9,500	\$8,430	\$12,000	\$12,000
Breast Implants	\$10,000	\$2,600	\$3,500	\$4,500	\$3,000	\$11,000	\$8,000	\$5,400	\$3,700
Rhinoplasty	\$8,000	\$1,677	\$5,500	\$3,500	\$2,500	\$4,000	\$4,165	\$2,700	\$3,400
Face Lift	\$15,000	\$3,305	\$5,900	\$7,000	\$3,000	\$3,000	\$7,200	\$4,000	\$6,600
Hysterectomy	\$15,000	\$1,845	\$5,500	\$5,500	\$2,500	\$9,000	\$6,675	\$4,000	\$5,000

Table 2.1 Medical treatment cost comparison Source: Consumerism Commentary Website, 2009(Adapted from the Medical Tourism Association

Medical Tourist Source Countries

Although countries that are medical tourism destinations are easily identifiable, harder to identify are the many source countries of medical tourists. A significant majority of medical tourists are from developed countries such as the U.S., Canada, U.K., Germany, and other Western European countries. Wait times or high cost of treatment are often the drivers. In some cases, certain treatments are unavailable in their country.

In 2006, 500,000 Americans traveled abroad for health care. In 2007, the number increased to 750,000, and by 2012 an estimated six million Americans will be traveling abroad for health care. In 2007, Thailand's Bumrungrad Hospital alone treated 400,000 medical tourists, 80,000 of whom were from the United States (Hansen, 2008). Many Americans are also traveling across the border to Mexico where eye exams, routine checkups, and stomach surgeries are more affordable. Dental treatments and drugs are also much cheaper in Mexico.

In 2009, about 60,000 medical tourists from the U.K. sought treatment abroad. A little over 40% of them traveled abroad for dental procedures while 30% traveled abroad for cosmetic surgery, and 30% traveled abroad for other surgeries and treatments (Pollard, 2010).

Medical tourists are not always from affluent countries. Medical tourists also

travel from developing countries to other developing countries for treatment, often because treatments available in their country are not sufficient or in many cases not available. Medical tourists from several African countries, the Middle East, and South Asian countries like Bangladesh and Nepal frequently travel to India for various treatments.

Why Medical Tourists Seek Treatment in India

Reason for going to India for treatment	1 st most importance	2 nd most importance	3 rd most importance	Total
High quality of doctors and facilities	12	7	3	22
Cost	6	10	3	19
Availability of specific treatments	6	4	5	15
Pain alleviation	3	1	2	6
Superior customer service	1	2	3	6
Personal recommendations	2	0	1	3
Family presence in India	0	3	0	3
Online research	1	1	1	3

Top three reasons listed by patients for their travel to India for treatment

The second half of the survey contained several qualitative and open-ended questions that addressed the second research question: Why do medical tourists seek treatment in India? What are the issues and challenges they face before coming to India as well as while in India and what is the patients' level of knowledge on the topic? Open-ended questions asked the patients to more extensively share their opinions and thoughts on various issues regarding medical tourism, allowing the respondents to go beyond numeric answers. I asked the patients to list the three primary reasons (from most important to least important) they chose India for medical treatment. Most patients provided three reasons, but a few gave only one reason and two gave no reasons

High quality of doctors and facilities

Twelve out of the 32 respondents said that the most important factor was the expertise of the doctor and the medical facilities in India. They believed that they were going to see the best doctor, in the best facilities. Another seven patients listed the above reason as the second most important reason while three patients listed it as the third most important reason for their decision. Overall, 22 patients listed the competence of the doctor and the superiority of the facilities as one of three reasons that helped them make up their mind to come to India for treatment.

One patient said, "Treatment here is professional, honorable, very much from the heart." Added another patient, "The doctors were amazing, the hospital clean, and the staff talented and friendly." Another patient discussed how wonderful the entire staff was and how kind and attentive they were.

Cost

Six respondents listed cost as the most important reason they chose India for treatment. Ten patients listed cost as the second most important reason for their decision, and three patients listed it as the third most important reason. Overall, 19 patients listed cost as one of three reasons they chose India for medical treatment.

CHAPTER 3
RESEARCH METHODOLOGY

Hypothesis

In Statistics, a hypothesis is defined as a formal statement, which gives the explanation about the relationship between the two or more variables of the specified population. It helps the researcher to translate the given problem to a clear explanation for the outcome of the study. It clearly explains and predicts the expected outcome.

It indicates the types of experimental design and directs the study of the research process.

A hypothesis is used in an experiment to define the relationship between two variables. The purpose of a hypothesis is to find the answer to a question. A formalized hypothesis will force us to think about what results we should look for in an experiment.

The first variable is called the **independent variable**. This is the part of the experiment that can be changed and tested. The **independent variable** happens first and can be considered the cause of any changes in the outcome.

The outcome is called the dependent variable. The independent variable in our previous example is not studying for a test. The dependent variable that you are using to measure outcome is your test score.

It indicates the types of experimental design and directs the study of the research process.

- 1) **Null Hypothesis:** People are not aware about medical tourism & has no significant impact upon them.
- 2) **Alternative Hypothesis:** People are aware about medical tourism & has significant impact upon them.

Research Design

(Methods, Techniques of Data Collection)

A research design is a step-by-step approach used by a researcher to conduct a scientific study. It includes various methods and techniques to conduct research so that a research problem can be handled efficiently.

A researcher has a series of questions that he [needs](#) to find answers by conducting research. Research method provides a logical sequence to conduct experiments so that all questions can be assessed in proper order. An impactful research design makes sure the least bias in the data collected and increases trust in analyzed research information. A research design which leaves the least margin of errors can be considered the best research design.

This study is a Descriptive research which is **quantitative in nature** as it attempts to collect information and statistically analyze it. Descriptive research is a powerful research tool that permits a researcher to collect data and describe the demographics of the same with the help of statistical analysis. Thus, it is a quantitative research method.

DESCRIPTIVE DESIGN

This type of research design is used to describe the characteristics of a population or phenomena being researched. This study provides the answer to “what” and does not provide the answers to “how”, “when”, and “why”. Descriptive research does not require an internal validity to describe the characteristics of a population. This type of research is used to calculate frequencies, averages, and statistic of data.

ADVANTAGES OF USING DESCRIPTIVE RESEARCH DESIGN

- This approach gathers a large amount of data for the study.
- With the help of this study rich data can be yielded for future references.
- A more focused study can be developed by using the limitations of the study as a useful tool.
- The descriptive design gives a general overview of the study which is helpful to determine useful pointers for which variables are worth studying.

DISADVANTAGES OF USING DESCRIPTIVE RESEARCH

DESIGN

- This study entirely depends on the instrumentation for observation and measurement.
- The outcome of a descriptive design can't be used to disprove a hypothesis.
- Outcomes of descriptive designs can't be replicated as outcomes of this design is collected using the observational method.

This study is Descriptive research which is **quantitative in nature** as it attempts to collect information and statistically analyze it. Descriptive research is a powerful research tool that permits a researcher to collect data and describe the demographics of the same with the help of statistical analysis. Thus, it is a quantitative research method.

Source of the Data

Data is the backbone of any data analysis work which is carried on in the research process. Data analysis and interpretation work purely on the collection of various data from the sources.

Data is called the unorganized statistical facts and figures that are collected from the respective sources. The researcher or analysts do the work of data collection for gathering information. The sources of data can be different depending on the need for the data for the research work.

The type of data also impacts the collection of data. All data is categorized into forms: primary and secondary data. Both types of data are gathered from different sources of data. The sources are reliable and are widely used for gathering specific information about the research work.

Primary data –

- Primary data means first-hand information collected by an investigator.
- It is collected for the first time.
- It is original and more reliable.
- For example, the population census conducted by the government of India after every ten years is primary data.
- questionnaire related to “study regarding awareness of medical tourism”

Methods of Collecting Primary Data

- Direct personal investigation
- Indirect oral investigation
- Information through correspondents
- Telephonic interview
- Mailed questionnaire
- The questionnaire filled by enumerators

Secondary data – online websites, literature reviews and official websites of medical tourism.

- Secondary data refers to second-hand information.
- It is not originally collected and rather obtained from already published or unpublished sources.
- For example, the address of a person taken from the telephone directory or the phone number of a company taken from Just Dial are secondary data.

Methods of Collecting Primary Data

- Collecting information available on the internet
- Collecting data available in government and non-government agencies
- Accessing public libraries.
- Using data from educational institutions
- Using sources of commercial information.

For my research I collected the by following methods -

- Primary data - questionnaire related to “how medical tourism works in India”
 - **Sampling Methodology:** - The sampling methodology used is convenient sampling.
 - **Sampling Size** – a survey was conducted via providing an online questionnaire to 45 respondents
- Secondary data – online websites, literature reviews and official websites of wikipedia.
 - **Sampling Methodology:** - The sampling methodology used is convenient sampling.

SAMPLING PLAN

Sampling unit –

The sampling unit is the entity to which we have to follow during the whole research study. In the context of the project study, the sampling unit primarily consist of individuals.

Sampling size –

It plays an important role in the research. Samples are representatives of the whole population. This refers to the number of items to be selected from the universe to constitute a sample. In the context of the project study, 45 respondents are chosen keeping in view the above constraints. Attempts have been made to see that samples are chosen from different strata.

Sampling method –

There are various methods of sampling in the context of my project study I have selected non probability sampling method. And under that, I have taken convenience sampling. Under this I prepared a simple questionnaire to collect the information.

CHAPTER 4
DATA COLLECTION

Data collection method is done basically in three ways: Observation method, survey method , and questionnaire. And in the context of my project study, I have selected questionnaire method to collect the data.

Questionnaire is as an instrument for research, which consists of a list of questions, along with the choice of answers, printed or typed in a sequence on a form used for acquiring specific information from the respondents.

In general, questionnaires are delivered to the persons concerned either by post or mail, requesting them to answer the questions and return it.

Informants are expected to read and understand the questions and reply in the space provided in the questionnaire itself.

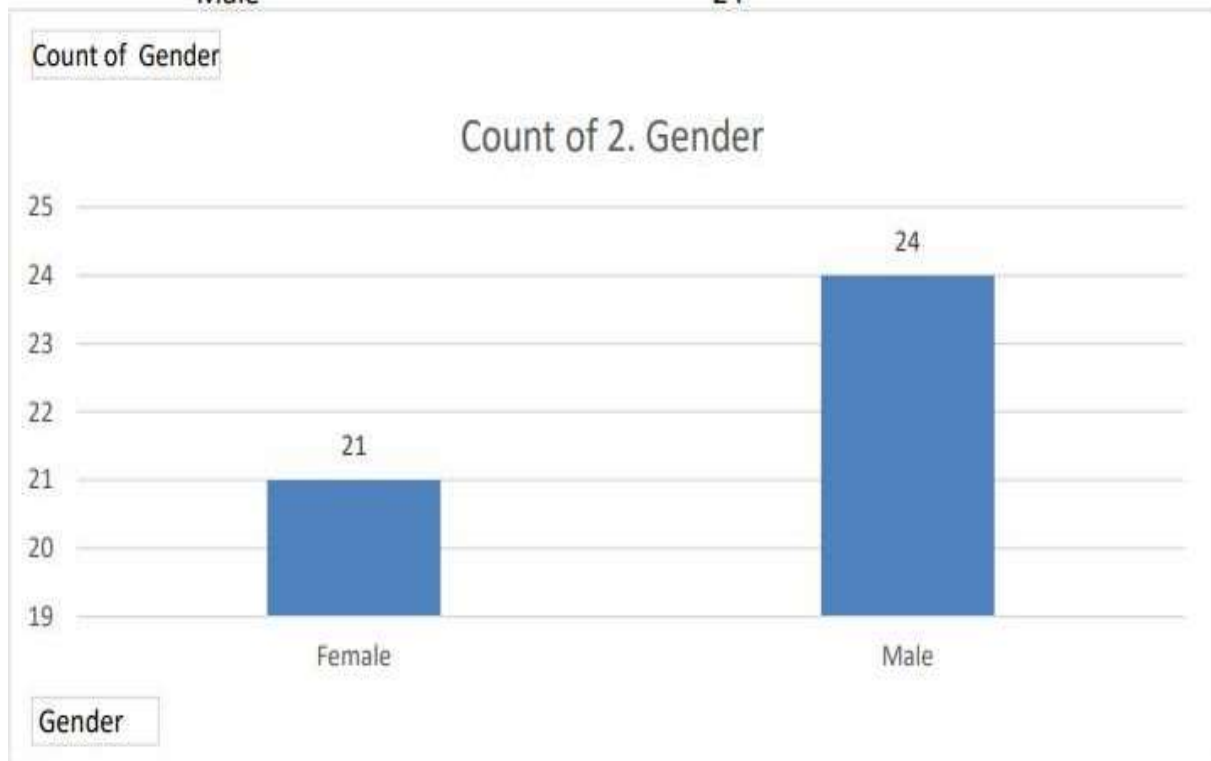
The questionnaire is prepared in such a way that it translates the required information into a series of questions, that informants can and will answer.

CHAPTER 5
ANALYSIS AND INTERPRETATION OF DATA

Primary Data

- Gender

Gender	Count of Gender
Female	21
Male	24

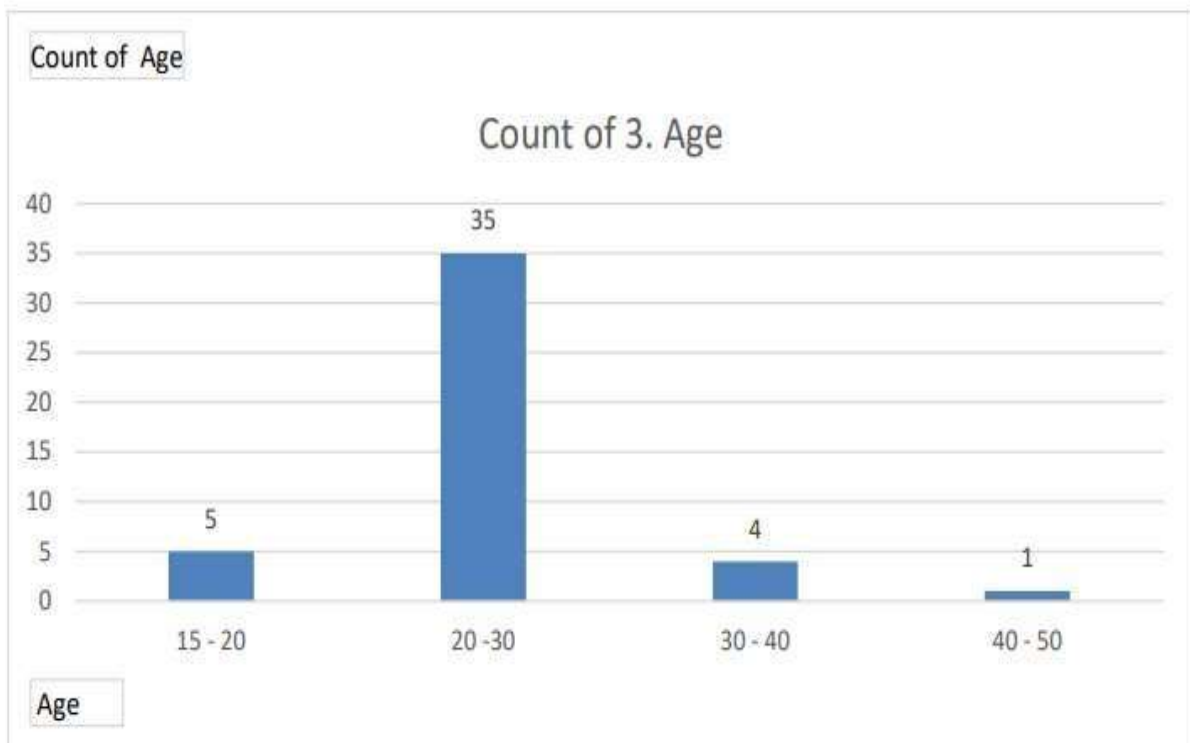


Interpretation –

Amongst The Total Respondents,
21 were Females And 24 were Males.

- Age

Age	Count of Age
15 - 20	5
20 -30	35
30 - 40	4
40 - 50	1

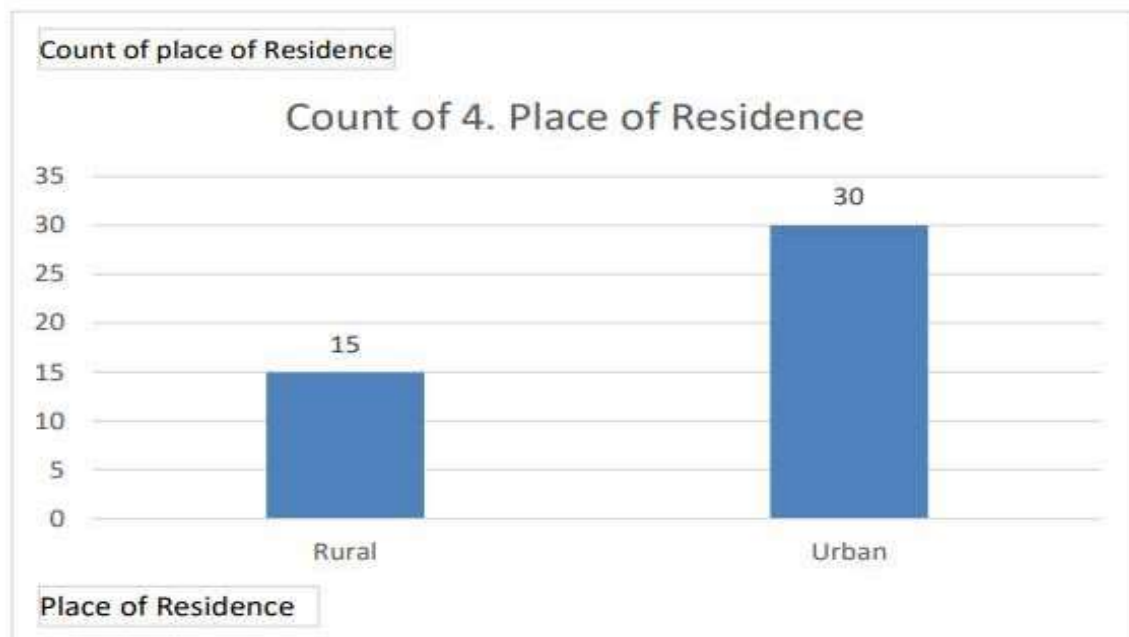


Interpretation –

The Maximum Respondents Are Between the Age Group Of 21-30 Years.

- **Place of Residence**

Place of Residence	Count of place of Residence
Rural	15
Urban	30

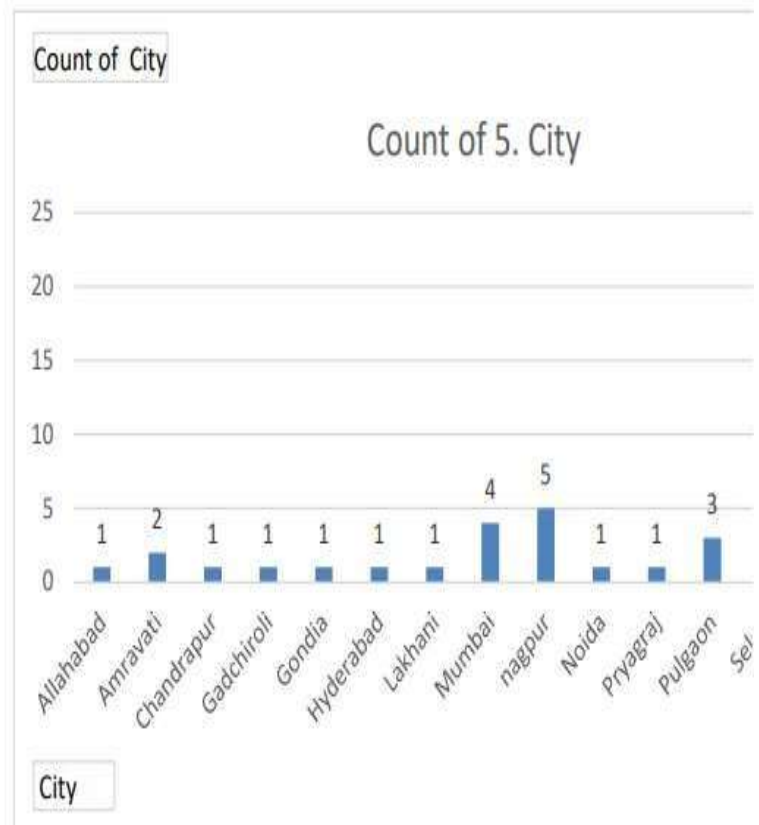


Interpretation –

Amongst The Total Respondents,
The majority was located in Urban is 30 and in Rural 15.

- **City**

City	Count of City
Allahabad	1
Amravati	2
Chandrapur	1
Gadchiroli	1
Gondia	1
Hyderabad	1
Lakhani	1
Mumbai	4
nagpur	5
Noida	1
Pryagraj	1
Pulgaon	3
Seloo	1
Sewagram	1
Wardha	21



Interpretation –

Amongst The Total Respondents,
The majority was located in Nagpur. And rest are from
Amravati, Chandrapur, Pulgaon etc

- **Occupation**

Occupation	Count of Occupation
Employed	15
Self-employed	7
Student	23

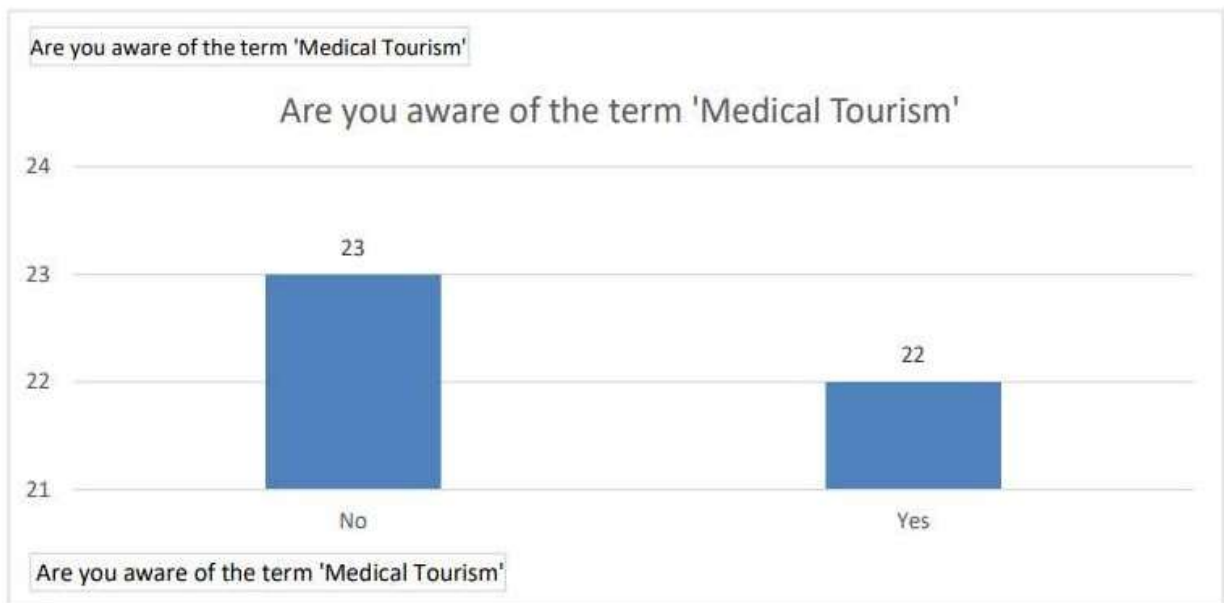


Interpretation –

Amongst The Total Respondents,
 The majority was of Student with a weightage of 21,
 Followed by self-employed class of 7,
 Employed class 15.

Q. Are you aware of term 'Medical Tourism'

Are you aware of the term 'Medical Tourism'	Are you aware of the term 'Medical Tourism'
No	23
Yes	22

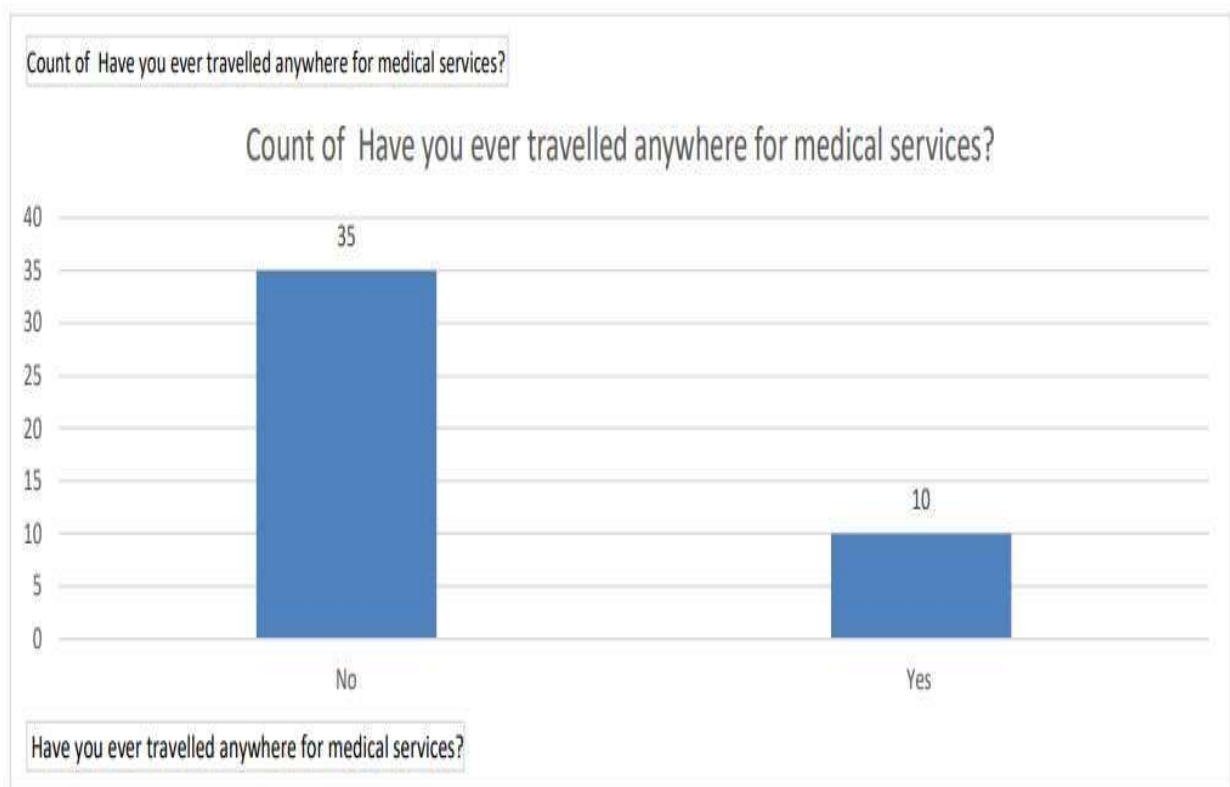


Interpretation –

Amongst The Total Respondents of 45,
The majority was Not aware i.e. 23 rest 22 are aware of medical tourism

O. Have you travelled anywhere for medical services

Have you ever travelled anywhere for medical services?	Count of Have you ever travelled anywhere for medical services?
No	35
Yes	10

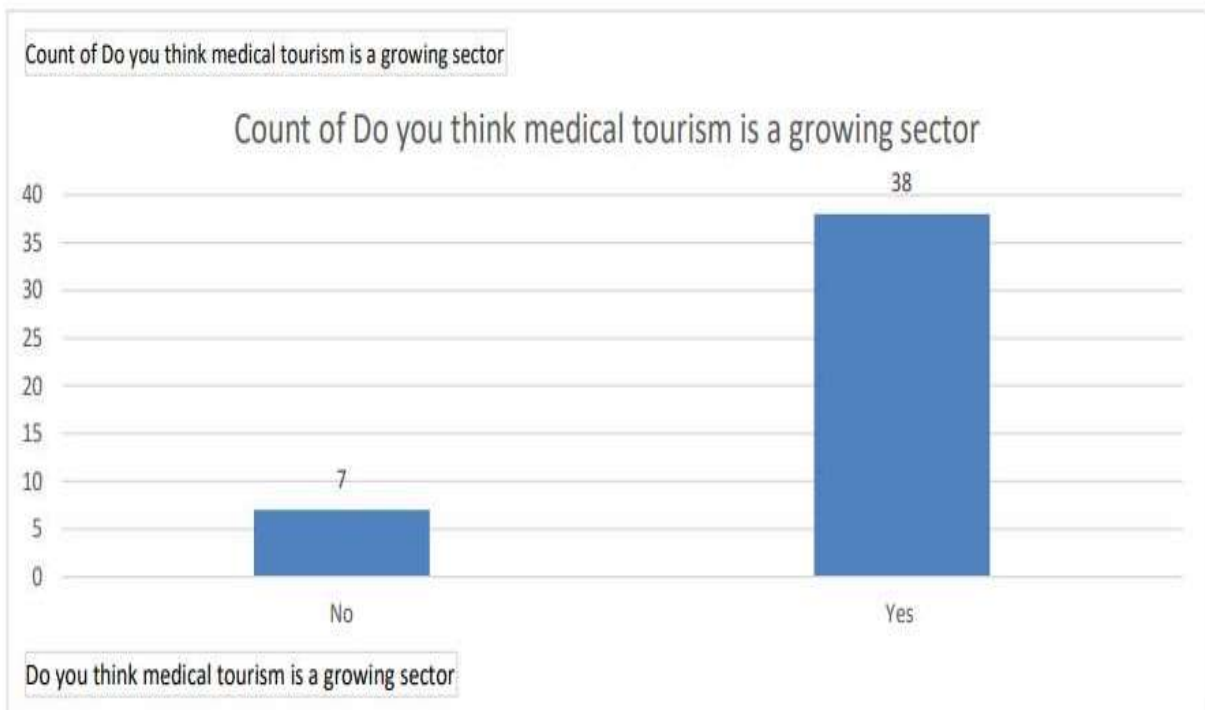


Interpretation –

Amongst The Total Respondents of 45,
The majority was not travelled i.e. 35 and rest of 10 had travelled somewhere

O. Do you think medical tourism is a growing sector

Do you think medical tourism is a growing sector	Count of Do you think medical tourism is a growing sector
No	7
Yes	38



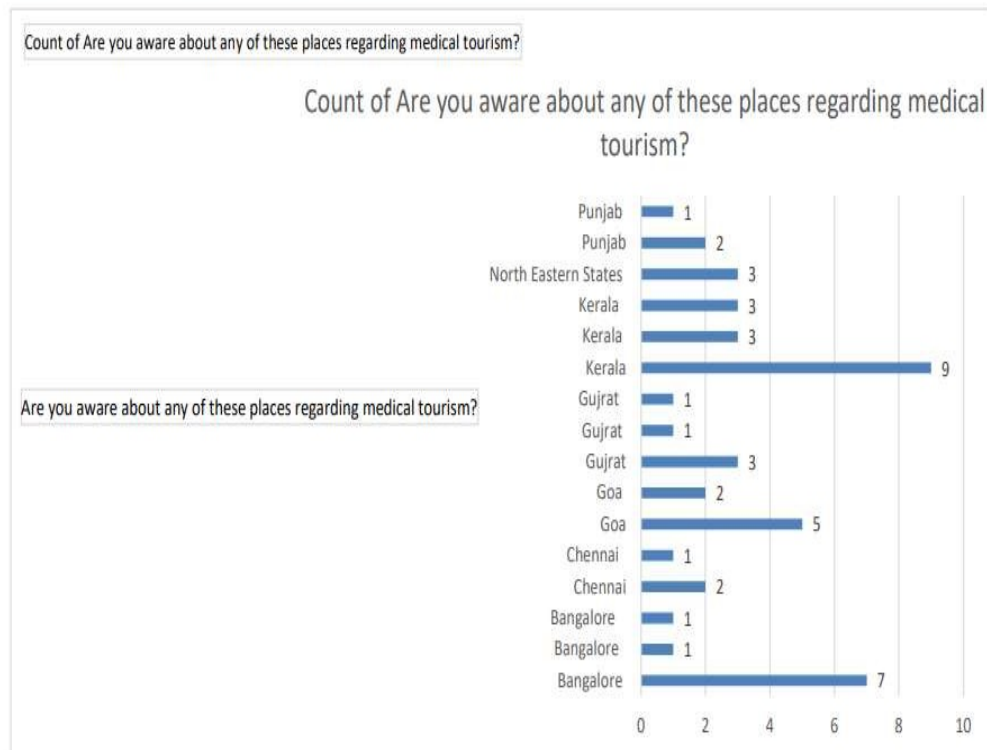
Interpretation –

Amongst The Total Respondents of 45,
The majority of 38 thinks that medical tourism is growing sector rest 7 dint think that

Q. Are you aware any of these places regarding medical tourism

Are you aware about any of these places regarding medical tourism? Count of Are you aware about any of these places regarding medical tourism?

Bangalore
Bangalore
Bangalore
Chennai
Chennai
Goa
Goa
Gujrat
Gujrat
Gujrat
Kerala
Kerala
Kerala
Kerala
North Eastern States
Punjab
Punjab

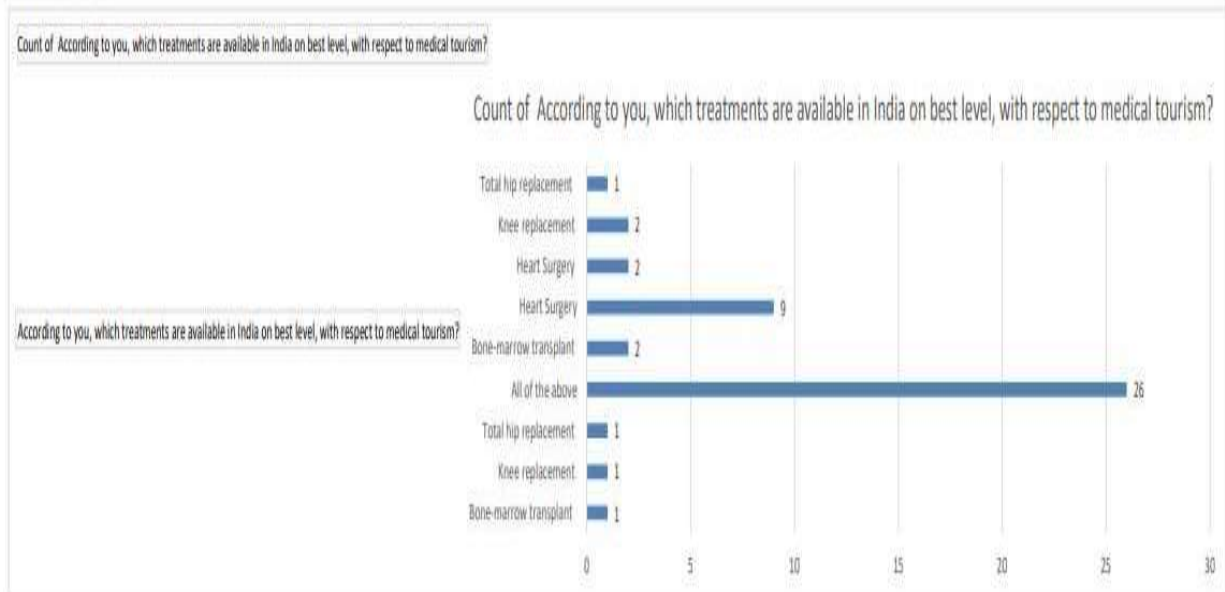


Interpretation –

Amongst The Total Respondents of 45,
The majority places known by people is kerala by 9 people, followed by Bangalore 7, then Goa 5, then other places

O. According to you. Which treatments are available in India with respect to medical tourism

According to you, which treatments are available in India on best level, with respect to medical tourism?	Count of According to you, which treatments are available in India on best level, with respect to medical tourism?
Bone-marrow transplant	1
Knee replacement	1
Total hip replacement	1
All of the above	26
Bone-marrow transplant	2
Heart Surgery	9
Heart Surgery	2
Knee replacement	2
Total hip replacement	1

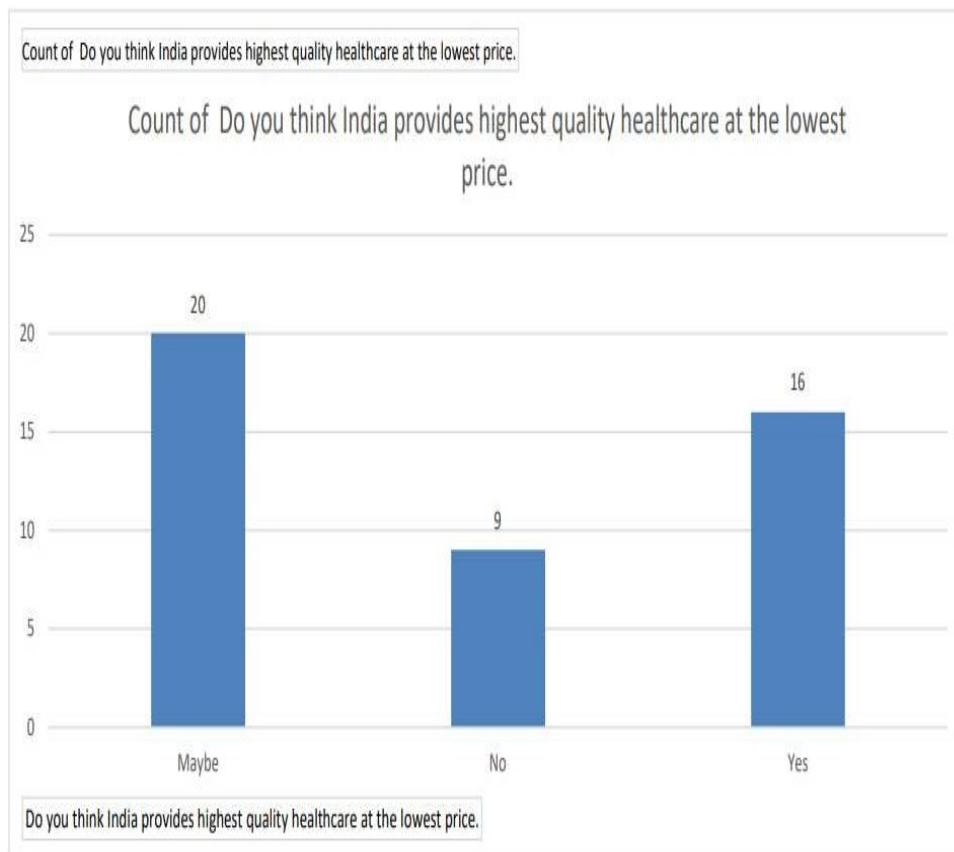


Interpretation –

Amongst The Total Respondents of 45,
The majority of people which is 28 are known most places, rest people knows
some other surgeries

O. Do you think India provides highest quality healthcare at the lowest price

Do you think India provides highest quality healthcare at the lowest price.	Count of Do you think India provides highest quality healthcare at the lowest price.
Maybe	20
No	9
Yes	16

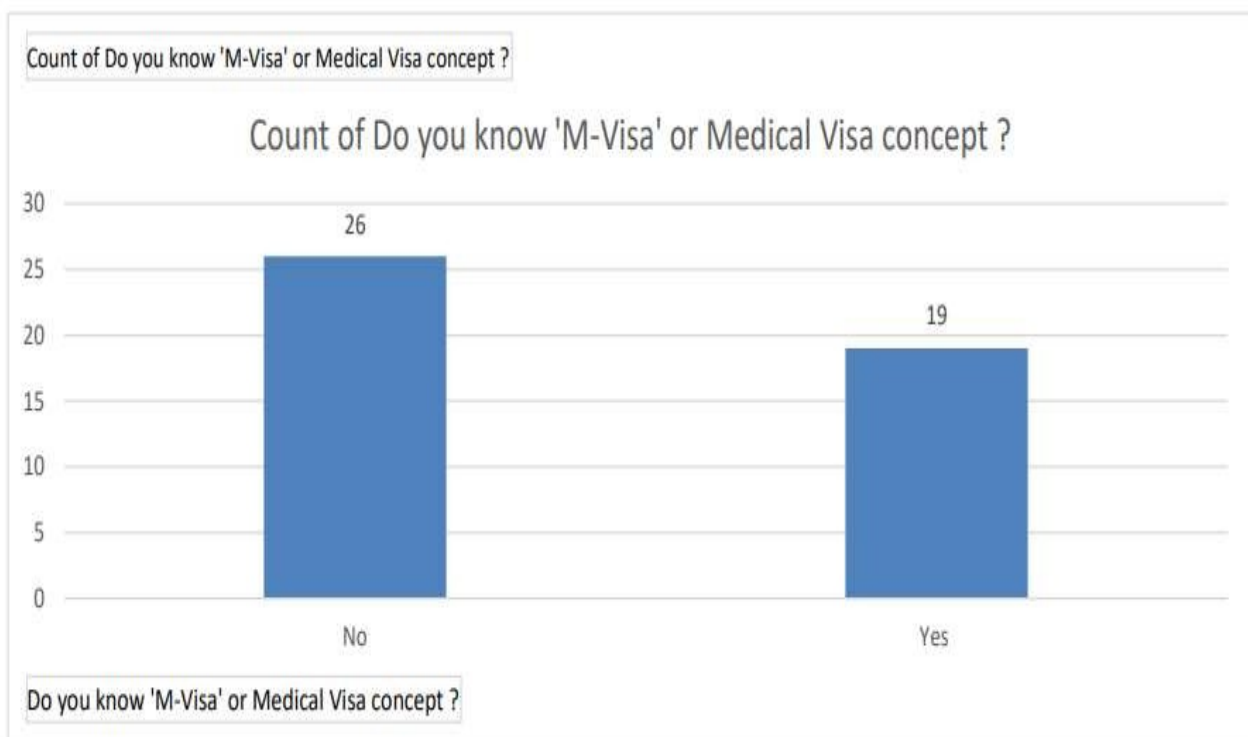


Interpretation –

Amongst The Total Respondents of 45,
The majority of 20 people thinks India maybe provides highest quality
healthcare at the lowest price ,rest 16 thinks yes and 9 thinks no.

Q. Do you know 'M-Visa' or Medical Visa concept

Do you know 'M-Visa' or Medical Visa concept ?	Count of Do you know 'M-Visa' or Medical Visa concept ?
No	26
Yes	19

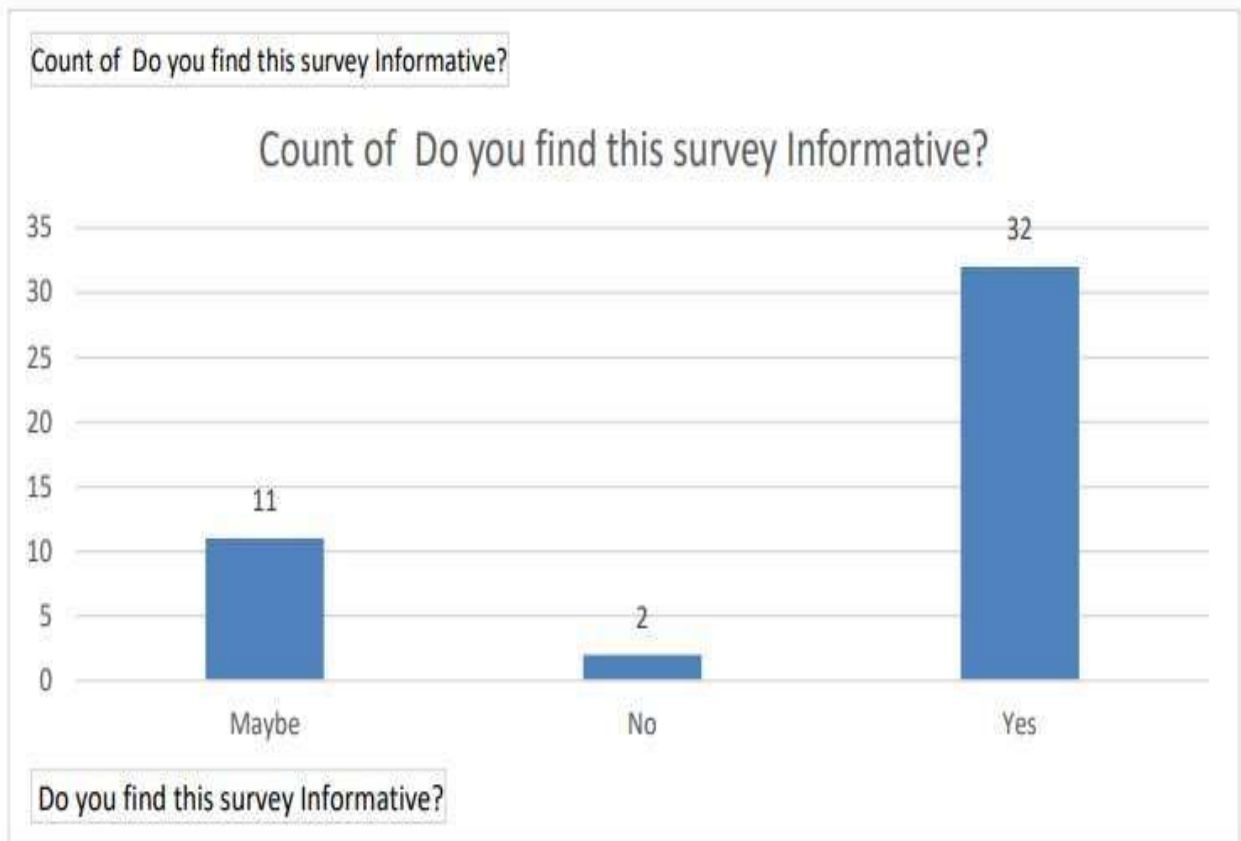


Interpretation –

Amongst The Total Respondents of 45,
The majority of 26 people don't have any idea about m-visa and rest of 19
have some ideas

Q. Do you find this survey informative

Do you find this survey Informative?	Count of Do you find this survey Informative?
Maybe	11
No	2
Yes	32

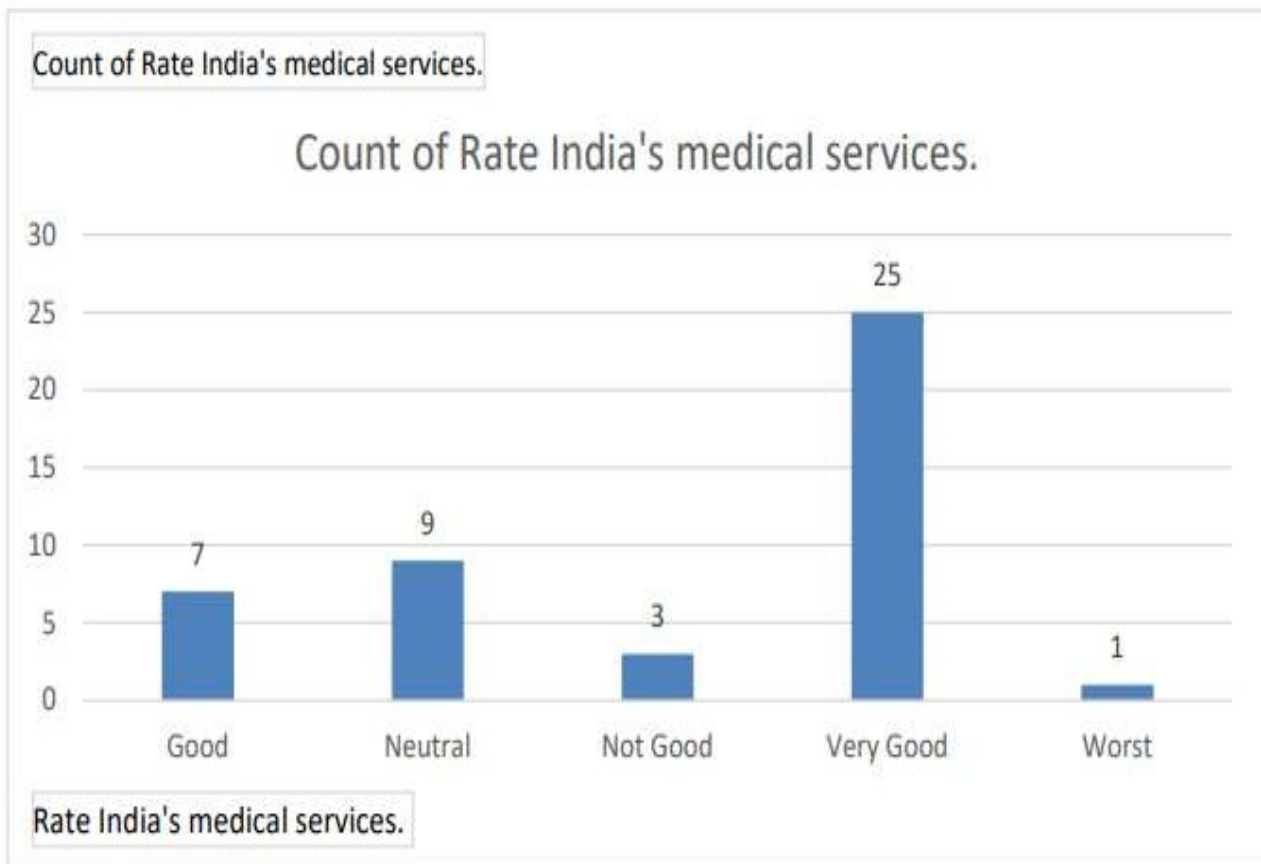


Interpretation –

Amongst The Total Respondents of 45,
The majority of 32 people find this survey informative, rest of 11 thinks
maybe and 2 find survey not informative.

O. Rate India's medical services

Rate India's medical services.	Count of Rate India's medical services.
Good	7
Neutral	9
Not Good	3
Very Good	25
Worst	1



Interpretation –

Amongst The Total Respondents of 45,
 The majority of 25 people rates this survey very good, followed by 9 people
 neutral, then 7 people finds this survey goods , 3 people thinks not good.

Secondary Data

Link: <https://academic.oup.com/heapol/article/25/3/248/599687>

Article: Health Policy and Planning, Volume 25, Issue 3, May 2010

Globalization of health services

Globally there has been tremendous growth in the health service sector, catalyzed by inadequate national public health services, the spiralling cost of health services and the availability of cheaper alternatives in developing economies. This has led to the globalization of health care worldwide, illustrated by growing cross-border delivery of health services that is estimated to be in excess of US\$140 billion (World Trade Organization 2001).

In India, health care is one of the largest sectors, in terms of revenue and employment, and this sector is expanding rapidly. During the 1990s, the Indian health care sector grew at a compound annual rate of 16%. Today the total value of the sector is more than US\$34 billion. By 2012, India's health care sector is projected to grow to nearly US\$40 billion (PricewaterhouseCoopers 2007). A major proportion of this growth is predicted to be attributable to the growth in the business of medical tourism.

Medical tourism in India has gained momentum over the past few years. According to the Confederation of Indian Industries (CII), approximately 150 000 patients arrived in India in 2005 from across the globe for medical treatment, and this is expected to increase by 15% each year (Confederation of Indian Industries and McKinsey & Co. 2002). The medical tourism market in India was estimated at US\$333 million in 2004 and has grown by about 25%. It is predicted to become a US\$2 billion a year business opportunity by 2012 (Ernst & Young 2006).

Expansion of medical tourism in India

There are several characteristics that make India an appealing destination for visitors seeking health services. These include its well-trained health practitioners, a large populace of good English-speaking medical staff, a good mix of allopathic and alternative systems of medicine, the availability of super-specialty centres, use of technologically advanced diagnostic equipment, and finally and more importantly, the availability of these premium services at competitive cost.

The costs of comparable treatment in India are on average one-eighth to one-fifth of those in the West. For instance, a cardiac procedure that costs anywhere between US\$40000–60 000 in the United States is priced at US\$30 000 in Singapore, US\$12 000–15 000 in Thailand and only US\$3000–6000 in India. Likewise, the associated costs of surgery are also low (Ernst & Young 2006). A study by the India Brand Equity Foundation (IBEF) in 2004 showed that India is more cost-competitive than other leading medical tourism destinations like Thailand (India Brand Equity Foundation 2005).

Health services in India have the additional advantage of providing a good mix of allopathic and alternative systems of medicine. For instance, while New Delhi has emerged as a prime destination for cardiac care, Chennai has established a niche for quality eye care, and Kerala and Karnataka have emerged as hubs for state-of-the-art Ayurvedic healing.

The opportunity for profit in this sector has encouraged several large corporations and several non-resident Indians (NRIs) to invest money in setting up super-specialty hospitals (Ministry of Health and Family Welfare 2005). These facilities now dominate the upper end of the private sector and cater predominantly to medical tourists and affluent sections of the society.

Even the Government of India has responded promptly to tap the potential of this sector. In its effort to capitalize on this opportunity the Government has undertaken measures to promote India as a 'global health destination' (Chinai and Goswami 2007). The National Health Policy 2002 strongly encourages medical facilities to provide services to users from overseas (Ministry of Health and Family Welfare 2002). The Indian

Ministry of Tourism has started a new category of visas for medical tourists called the 'M' or medical visas. Efforts are underway to improve the airport infrastructure to ensure smooth arrival and departure of health tourists. A brochure of the ministry predicts a 'phenomenal expansion' of the Indian health care industry in the coming years (Chinai and Goswami 2007).

If the present trend continues, trade in health services will become one of the biggest sectors in India. However, the growth of this sector could pose a potential threat to the already crippled public health system in India.

Potential threats due to medical tourism

Greater inequity in the health system

The private sector in India has a dominant presence. It accounts for 82% of outpatient visits, 58% of inpatient expenditure, and 40% of births in institutions (Sengupta and Nundy 2005). A study conducted by global accounting and consulting firm Ernst & Young and the Federation of Indian Chamber of Commerce (FICCI) shows that private hospitals in India earned approximately US\$15.5 billion in fiscal year 2006 and revenues from the sector are expected to rise to US\$32.5 billion in 2012, which represents an annual revenue growth rate of about 19% a year (FICCI and Ernst & Young 2008).

The prospects of medical tourism have stimulated further growth in this sector by introducing an increasing number of joint ventures and collaborative endeavours. In India, several specialty corporate hospitals are being built in collaboration between Indian and foreign companies, including a US\$40 million cardiac centre, set up under a consortium including Australia, Canada and India. On the positive side, such partnerships and collaborations have helped to improve service facilities and introduce superior management techniques and information systems (Chanda 2002).

However, the potential for earning revenue through medical tourism could become an important argument for private hospitals to demand greater subsidies from the government in the long run. This could potentially lead to a situation where specialty corporate hospitals are established using public funds and subsidies, thus diverting resources from the public health system and exacerbating the disparities in a two-tiered

health care system with a corporate segment and a public-sector segment, the former concentrating on high-level technology and services which do not address broader social needs. The two-tiered system may also cause 'cream skinning', whereby those who need less but can pay more are served at the expense of the poor and more deserving (Chanda 2002).

Increased shortages of skilled health professionals

An important reason for poor service delivery in the public sector is the shortage of trained and skilled health personnel. According to the recently released Planning Commission report, India is short of a phenomenal 600 000 doctors, 1 million nurses and 200 000 dental surgeons (Planning Commission, Government of India 2008).

The availability of medical specialists in local Community Health Centres (CHCs), compared with the number of approved posts, is also worrying. The existing CHCs have a high shortfall of specialist manpower, such as obstetricians and gynaecologists (56%), paediatricians (67%), surgeons (56%) and medical specialists (59%) (Satpathy and Venkatesh 2006).

While the public sector is encumbered with staff and resource shortages, it has been estimated that over 75% of the human resources and advanced medical technology, 68% of the estimated 15 097 hospitals and 37% of 623 819 total beds in the country are in the private sector (Ministry of Health and Family Welfare 2005). These figures suggest that the private sector is the prime employer of health personnel predominantly trained in public health institutes. Further growth in this sector due to medical tourism could aggravate the internal 'brain drain', as better-quality health care professionals flow from the public health care segment to the corporate segment, with its better pay and superior infrastructure (Chanda 2002).

Quality of care and accreditation issues

Medical tourism has raised concerns regarding the quality of care in destination countries and this is one of the main arguments of the opponents of medical tourism. To counter this, several initiatives have been taken by the private sector in India with support from the government. The Government and CII have taken the lead in the process of national accreditation and licensing for the private sector. The Joint Commission International (JCI) has accredited 13 institutions in India, all of them being in the private sector.¹

In contrast, even though quality of health services is an important cause of under-utilization of public health facilities, it remains inadequately addressed. As per estimates by the National Sample Survey Organization (NSSO), between 1995–96 and 2004 the utilization of government sources of treatment increased from 19% to 22% in rural India but declined from 20% to 19% in urban India. For in-patient hospital treatment, the decline in utilization of government sources was from 43.8% to 41.7% in rural areas and from 43% to 38.2% in urban areas (NSSO 2006). Considering these trends, if remedial steps are not taken by the government to improve the quality of services in the resource-starved public health facilities, further declines in utilization can be expected and further disparities in a two-tiered health system.

Unregulated growth of the private sector

The government is expected to play an important role in regulating the private sector. However, in India, state interventions have been minimal (Bhat 1999). There is no policy framework to have a common set of regulations for the private health care sector. The implementation and enforcement of the existing regulations has been weak, and many of these regulations have not been updated and hence have lost their relevance. There are no institutional mechanisms within the government to address private sector issues. Moreover, there has been considerable resistance from various constituents of the private health care sector to accept in principle the applicability of certain regulations to their profession (Bhat 1999).

In India, the private sector has already received considerable subsidies in the form of land, reduced import duties for medical equipment, etc. Medical tourism could further

legitimize their demands and put pressure on the government to subsidize them even more. This is worrying because the scarce resources available for health will go into subsidizing the private sector.

Increased cost of medical treatment

In India, currently over 80% of health care expenditure is borne by patients through out-of-pocket expenditure. It has been predicted that one effect of the increase in medical tourists would be a rise in the overall cost of health care in the country (Ministry of Health and Family Welfare 2005). In recent years, several studies have indicated the rising nature of medical costs. According to NSSO survey estimates, between 1995–6 and 2004 medical costs increased by 55.67 and 77.28%, respectively, for government and private sources in rural India. In urban India, the corresponding increases were, respectively, 76.6 and 116.2% (NSSO 2006).

In India, the private sector caters for 80% of the health needs of the population. The establishment of state of the art health facilities within this sector, combined with increased disparity in the quality of services provided in the two sectors, will further increase the dependence on the private sector and hence expenditure on medical treatment.

The way ahead

The current demand for health and wellness services has generated a global market in health services. In India, the private sector has responded promptly to this demand, which is evident from the recent increase in the number of super-specialty centres offering services to medical tourists. Even the government has initiated measures to encourage the growth of medical tourism but these have mainly benefitted the private sector.

There are several factors that have favoured India as a hub for health-related services. However, as outlined above, this growth could pose a potential threat to the public health system in India. To counteract this threat and to ensure that medical tourism has a favourable impact on the public health system, certain measures will need to be taken.

Equitable growth of public and private sectors

At present the gains from trade in health services have been restricted to the private sector. Within this sector, this has led to increased investments resulting in improved health care infrastructure and technologies, and provision of expensive and specialized services. At present, the benefits from this growth have bypassed the public health sector. As stated above, there are sufficient reasons to believe that if the present trend continues the services within the public health sector could deteriorate further.

To ensure a more equitable distribution of the gains, investments in the public health system will have to be increased. The government will have to undertake initiatives to improve the infrastructure, quality and efficiency of the public health sector. The initiatives and budgetary reallocation under the aegis of the National Rural Health Mission (NRHM) is a step in the right direction. There is also a need to regulate the growth within the private sector. This will not only help to maintain a standardized quality of services but also ensure maximum utilization of the scarce resources available for health.

It will also be worthwhile to consider mechanisms to divert revenue generated from trade in health services to develop the public health care sector. Taxes collected from foreign-owned commercial hospitals, for example, could be reinvested in the public health system (Chanda 2002).

Address the availability of skilled health professionals

The mal-distribution of human resources between private and public sectors is a concern. In order to overcome this, the root causes have to be addressed. The public sector will have to resolve issues related to employee dissatisfaction and provide better incentives to retain staff by improving working conditions and facilities and by providing opportunities for professional development. Further, capacity has to be built to increase the number of trained health professionals.

Reduce variation or gaps in quality of care provided in public and private sectors

There is a need to institute a common minimum standard of care for both the public and private sectors. This will help improve the uptake of services in the public sector and reduce dependence on the private sector. The formulation of the Indian Public Health Standards under the NRHM is laudable. However, to achieve the established standards, there is a need to increase the availability and quality of human and physical resources by increasing expenditure on health care and allocating it efficiently.

The country also needs to develop and implement a system of national accreditation and licensing for both public and private sector health facilities. In this regard, the Indian Medical Association and Medical Council of India could play a pivotal role, working in conjunction with the Joint Commission International (JCI).

Establish links between the public and private sectors

Efforts will have to be made to establish, reactivate or strengthen mechanisms that can facilitate linkages between the public and private sectors. It is important to establish these linkages, since this could potentially help augment the financial capacity of the public health sector, improve the overall availability and quality of services for the public at large, and reduce the disparity in standards and working conditions between the two segments. The linkages could be established through professional exchanges; cooperation in training; use of facilities; telemedicine; sharing of information and research; and by providing complementary or specialized treatments (Chanda 2002).

Another means of forming linkages would be to cross-subsidize the public and private health care sectors, by transferring tax revenues from the latter or by providing some services free or at subsidized rates in high-quality corporate hospitals. Such provisions, however, would need to be monitored (Chanda 2002).

Thus, India has the potential to become a 'global health destination'. However, this status will only be meaningful if the opportunities provided by medical tourism can also be utilized to improve the access, delivery and quality of services in the public health system.

Hypothesis Testing

- 1) **(H0) Null Hypothesis:** The response received implies that the society is not aware about medical tourism in India & its benefits.
- 2) **(H1) Alternative Hypothesis:** The response received implies that the people are aware about medical tourism in India & its benefits.

Among all the 45 respondents, 23 respondents are aware of term 'Medical Tourism' and rest didn't know about it. Amongst them, 25 rated medical tourism in the category of 'Good'.

This decision was made on sub categories like

- The Treatments available in India
- Providing higher quality of treatment at lower price
- The Awareness of this term, etc

Also, when asked about 'Medical Tourism'; nearly 23 respondents are aware about them.

Also, there are few benefits of medical tourism, which are known by them.

23 respondents are truly aware that these techniques have certain health benefits. Therefore, the null hypothesis is rejected and the alternate hypothesis is accepted.

CHAPTER 6
CONCLUISON

CONCLUSION

The concept of medical tourism is appealing to anyone who is interested in high quality and affordable healthcare. The medical tourism phenomenon is gaining popularity and the number of people going abroad for treatment increases rapidly every year.

With many medical tourism benefits, advancements in technology and improvements in healthcare standards within developing countries, it is likely that the advantages of medical tourism will provide a striking economical solution to many healthcare problems.

These days, a growing number of people are discovering the benefits of medical tourism. In the USA and throughout the Western world, it is becoming common knowledge that medical tourism offers a cheaper option for receiving medical treatment without compromising on quality.

This article will outline the benefits and advantages of medical tourism, the reasons why people go abroad for treatment and basically, what medical tourism is all about.

Medical Tourism at a Glance

In general, medical tourism is the act of going overseas to obtain medical, cosmetic or dental treatment in another country. Medical tourism is also regarded as Health Tourism, Medical Travel or Global Healthcare. Over the past five years, many travel agencies specializing in medical tourism have been offering packages to people who want to receive medical treatments abroad.

More people are opting to receive medical treatment abroad rather than in their own countries because:

Certain medical services are not available in their country of residence. Their

health insurance does not cover the full cost of a procedure.

Most people are unwilling to compromise their health just because the treatment costs are too high.

Why People Go Abroad for Treatment

The popularity of obtaining medical treatment overseas is influenced by several factors. People seek medical treatment abroad because:

- The costs of healthcare in developed nations have increased exceedingly.
- Nowadays, international travel is trouble-free and reasonably priced.
- Global standards of care and technological advancements in healthcare are rapidly improving all over the world.
- Improved communication opportunities make it easier to find and contact medical centers overseas.

Another factor to consider is health insurance. People without health insurance, or with a limited insurance policy, are more likely to seek other options such as medical tourism. As the price of healthcare services increase, the range of treatments and procedures that the health insurance policies cover decreases. The deductibles from a person's health insurance may turn out to be more expensive than the price of going overseas for treatment. This is why people who simply cannot afford health insurance, choose traveling abroad as a legitimate alternative.

The Benefits of Medical Tourism

Affordability and Cost-effectiveness

The low cost of medical procedures, is the number one reason why people go offshore for medical treatments. The savings range between 30% and 80% of the cost that you would normally pay in the USA.

Due to the low prices of medical procedures and surgery abroad, some people worry that medical tourism might be fraud or a scam. The main reason behind the low prices of medical treatments abroad is the low cost of labor in the popular medical tourism destinations.

Although the treatments are cheap, in most cases surgical procedures are performed by well trained experts who are using top notch technology. In addition, the lower costs of malpractice, insurance and administration also contribute to the low prices of overseas medical procedures.

High-Quality Healthcare

Many of the doctors and surgeons that offer healthcare services to international patients are trained and certified in Western countries, such as United States and Great Britain.

Medical centers all over the world have acquired accreditation from well known international organizations such as JCI, JCAHO and ISO to express their dedication to excellence.

Some institutes and medical centers are members of the NIH (National Institutes of Health), which is a federal agency that gives leadership and financial support to researchers in the field of medicine and health.

Immediate Service

Another advantage of medical tourism is the immediate access to health care services. For those who have come from countries with public health care systems, medical tourism offers them the chance to be placed on the priority list. When dealing with matters of health, waiting is not always an option.

Improved Flight and Communication Services

Most procedures performed abroad can be scheduled via the internet or by phone. People have the flexibility to book flights and schedule surgery procedures from the comfort of their own home. This eliminates the inconvenience of going to the hospital or clinic for evaluations and assessments. The only time a person has to leave their house is on the day or week of the surgery, or procedure.

Travel Opportunities

Even though medical tourism is about obtaining medical care, a side benefit of medical tourism is having the opportunity to travel to another country. For some medical tourists, especially those seeking dental care, cosmetic care or wellness treatments, these can enjoy the opportunity to travel overseas in addition to receiving less expensive healthcare.

Emerging Trends In The Medical Tourism Industry



As the medical tourism industry booms, it's not a shock that the trends in medical tourism are constantly changing. India is one of the countries that is emerging as a top choice for medical tourists seeking more affordable, oftentimes life-saving treatments. These are treatments they simply can't afford in their home countries. Other people choose to become medical tourists to places such as India for procedures that insurances in Western countries refuse to cover. Some of these procedures include plastic or cosmetic procedures to improve their physical looks as well as their mental perception of themselves. Emerging trends in medical tourism, and trends in medical tourism in India are quite an interesting topic to research, and even more interesting to understand as more and more medical tourists flock to developing countries to have their medical needs met.

Medical tourism has turned into a \$5.5 billion market annually in India as of 2015. The industry continues to grow in leaps and bounds and is continuing to surpass expectations set for sales each year. By 2020 it is estimated that India will be taking in \$7-8 billion annually from medical tourists procedures performed there each year. The way medical tourism is thriving in India, many believe those numbers will be reached sooner!

1. DIVERSIFICATION OF PROCEDURES:

The term "healthcare" has taken on a more broad meaning than ever before as the medical tourism industry booms. In the words of medical tourism, "healthcare" is considered any procedure that someone travels abroad to receive. These procedures come in many different forms. Some of the ones are cosmetic/plastic surgeries, and others are lifesaving procedures such as organ transplants, cardiac surgeries, or bariatric operations. People travel to places like India to receive cosmetic surgeries such as breast augmentations, rhinoplasty, and bariatric procedures.

As medical tourism industries grow the popularity of constantly in-demand procedures grows as well. There are more and more high-revenue "health cities" have popped up all around the world as from Chennai to Sao Paulo. These cities also provide some hospitality and caring people to help you recover as well. India, which is one of the leading medical tourist countries in South East Asia estimates about 75-80% of its healthcare revenue is currently coming from investments in the private sectors. Cities around Asia have also become the leaders in medical tourism industry, courtesy of their high level of hospitality standards, and also their low priced treatments that make healthcare more affordable in most of Asia as compared to the rest of the Western world. These countries are able to help meet the needs of an increasing number of tourists due to improved infrastructure and newer, more modern Westernized healthcare facilities that help provide alternate treatment to those who cannot afford treatments in the West. New countries are continuing to crop up in the world of medical tourist destinations as

developing countries advance to provide rivaling technologies to those of the West at only a fraction of the cost.

Many medical tourists are people aged between 45-70, and are from places where healthcare costs have exploded in recent years. This includes people from Europe, Australia, Canada, New Zealand, and the US. More knowledgeable healthcare professionals abroad are helping treat Westerners traveling to developing countries to seek affordable treatment.

The main thing controlling the growth of the Asian (and worldwide) market is the devaluing of the American dollar. Political unrest ebbs and flows the tourism into these countries, but despite the changing value of the dollar Asia seems to be carving out a niche as a leading medical tourists destination, and India has well carved out its place among the leaders in that Asian medical tourism movement.

2. GROWING CONTRIBUTIONS FROM THE PRIVATE SECTOR:

Private sector health care is causing “health cities” such as Chennai, Bangkok, Kuala Lumpur, or Sao Paolo to boom around the globe. These hospitals offer many services under one roof and provide a hospitable atmosphere to attract patients from various Western countries. India is the leader of these medical tourist countries in Southeast Asia as they have about 75-80% of the private sector businesses and investments within all of Asia in their borders.

3. GROWING NUMBER OF PARTICIPATING COUNTRIES:

More and more countries in Asia are investing in the medical tourism industry. India is currently the leader in medical tourism in Asia. Improved infrastructure and more well-trained doctors are pushing this change along with rising healthcare costs in the West forcing people to seek treatments elsewhere. Other countries all over the world are also popping up as medical tourist destinations as well.

Current trends in medical tourism are seeing countries such as Egypt and South Africa are also leading the way with international tourism. The Cayman Islands, Costa Rica, Brazil, Chile, and Ecuador are becoming premiere locations for international medical tourists as more affordable prices pop up around the world.

4. DEMOGRAPHIC SHIFT IN DEVELOPED COUNTRIES:

Trends in the medical tourism industry have seen healthcare costs running rampant in many Western nations, and this is leaving people to go to developing countries like Thailand, India, Singapore, or Costa Rica to seek treatment. Most medical tourists hail from places like Australia, New Zealand, Canada, the US, or the UK. More countries are modernizing medicine at more reasonable costs than the Western

countries, and therefore people are left flocking there for treatments. This brings excellent revenue to the countries that are adopting more diversified medical practices that Western tourists are able to benefit from. Travelers also gain to save \$1000s even after traveling half way around the world as healthcare is that much more reasonably priced around the rest of the world than it is in the Western world.

5. BABY BOOMER TRENDS:

The latest movement in medical tourists are people that are being called the “baby boom” of medical tourism. This movement is well underway. Hopeful parents are traveling abroad to get IVF treatments and commercial surrogacy in places like Russia or Ukraine. These are procedures most Western countries ban or refuse to perform.

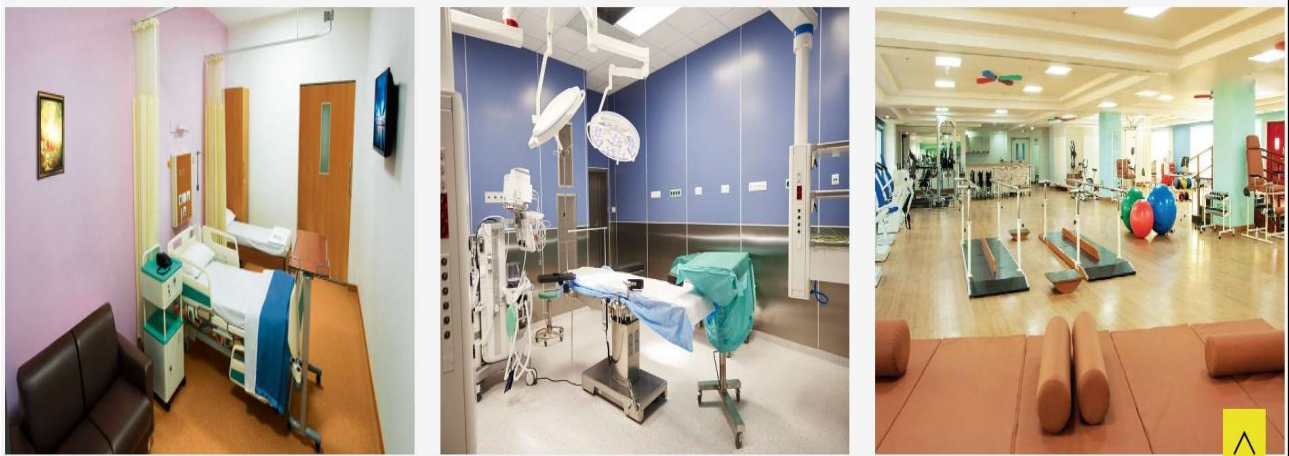
The China Effect: The Chinese are already the single-largest group of prospective parents traveling abroad that use IVF services to have more children. The most popular destinations for the Chinese are the US and Canada. As China recently relaxes its single-child policy, we can expect this trend to continue to grow into the future. We can also expect a new IVF movement of three-person embryos to be pioneered in the US and UK in the coming years. This will occur as people continue to search for new “hot spots” to receive more reproductive choices.

CONCLUSION:

As “healthcare” becomes an increasingly diversified concept, more and more diversified medical practices are popping up all around the world driving medical tourism to new heights. The most common medical procedures and common medical diagnostic tests have become almost unaffordable in the West are moving to developing countries where people can afford proper treatment with or without insurance.

PHOTO GIUDE

- Gulf Corner Medical coordination, Bangalore



- Sanjeevan Ayurvedic centre, Tamilnadu



- Medical tourism hub, Chennai



Apollo Hospital of medical tourism, Chennai



News Article on Medical Tourism in India

10

HEALTH WISE

Kerala – the hub of medical tourism

Dr. Rahul Menon, CEO
MIMS Hospital, Kozhikode

There has been a revolution in the India Medical Industry in the past decade which has led to an achievement in quality of health-care facilities in the country meeting the global standards.

As compared to other countries in Asia, which aggressively recruit top-of-the-line physicians from other countries, India yields some of the world's finest physicians and surgeons internally, with excellent in-country teaching hospitals and research centers, which made the country one of the top global destinations for extending distinguished medical facilities at the bonus of potential cost savings.

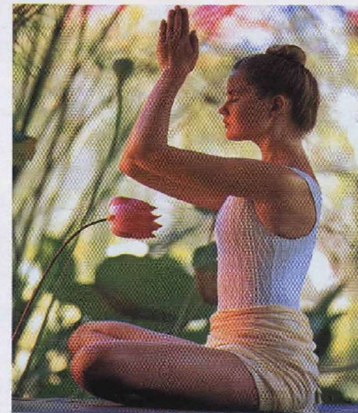
India is strengthening its patient coverage, providing advanced diagnostic and surgical equipment, better quality of life after treatment and increasing expenditure in both public and private sectors.

The health status of Kerala is strongly based upon easy accessibility and coverage of medical care facilities along with both indigenous and Western systems of medicine being practiced here.

Kerala has always made a concerted effort to encourage health tourism focusing to provide high quality and low cost medical treatments for international patients and also for patients from other parts of the country.

Medical tourism as a segment has stood-out owing to India's increasing strength in healthcare delivery. Medical value travel is loosely defined as a segment, making estimation of market size a challenge. Majority of the patients that travels for curative care is extremely price sensitive and hence costs plays an important role in deciding their destination for treatment.

According to industry estimates, around 7 million patients are said to be traveling each year to receive medical care. Due to the highly fragmented nature of the industry and different definitions there are



various estimates of market size. The global medical tourism industry was estimated at USD 10.5 billion in 2012. It is expected to grow at a CAGR of 17.9 per cent from 2013-19 to reach USD 32.5 billion by 2019.

The State has top multi-specialty hospitals and highly qualified doctors, which are accompanied with state-of-the-art infrastructure, thereby offering the best possible medical facilities for national as well as the international patients.

Health Tourism Packages by the hospitals here are organized in a way, so as to meet the diverse needs of patients coming from different parts of the world/country.

Complementing one another and not competing with each other should be the mantra for the healthcare industry if we have to take forward the concept of Medical Value Tourism.

Nevertheless, the competition should be restricted to driving the quality upwards while the costs downwards in order to make it affordable for largest possible proportion of the population.

This concept will ensure all hospitals in the state should support each other which will lead the people in viewing the State as a forward healthcare destination which will be beneficial to the healthcare industry and the State as a whole.

HEALTH IS WEALTH



Recession: A blessing in disguise for medical tourism

India's medical tourism sector expected to grow at 30-35% in 2008-09

Priyanka Gollkeri, Mumbai

Much before the credit crisis rocked the American economy and the world, Michigan-based Jill Howard (name changed) made up her mind to visit India during the Christmas holidays this year for a joint replacement surgery. The 58-year-old engineer had planned her surgery in India, because she knew that the costs for the treatment would be much lower here compared to the US.

However, with the turn of September, things began to shape differently across the world. The global crisis was now much palpable with the collapse of investment banks and the ensuing credit crunch. And as the crisis gnawed at the margins of some of the world's top corporates, one could see the telltale signs of a global depression.

What ensued in the following months was an economic mayhem with the rising number of pink slips, sky-rocketing fuel prices, sinking stock markets and dimming sentiments. Everything, from food prices to air fares hit the roof.

However, all this had no effect on Howard's plans for her surgery in India. In fact, now she had all the more reasons to get the surgery done in India as a joint replacement surgery in the US would have cost her a stupendous \$50,000 against only \$5,000 in India.

"So even if I were to add the airline expenses, travel and stay, it would be cheaper to fly to India for the same treatment," she said.

Like Howard, several medical industry experts, too, believe that it couldn't be a better time to fly to India for medical reasons. In fact, many say that the recession was a boon in disguise for the country's medical tourism sector. (Medical tourism refers to travel undertaken for medical care.)

According to experts, the immediate impact of any recession was cost cutting and cost rationalisation. So, with the US being the hardest hit by the current crisis, efforts to rein in costs would be the strongest in that country.

According to financial advisory, audit and consulting firm Deloitte, in 2007, about 4,50,000 patients from abroad visited India for medical treatment.

Experts peg the growth of the country's medical tourism at about 30-35% in the financial year 2008-2009.



Healthy difference

1/6th	is the difference in cost of any treatment done in India compared to the US
\$50,000	is the cost of a knee replacement surgery in the US, against \$5,000 in India
\$75,000	is the cost of a bypass surgery in the US, against \$8,000-9,000 in India
Rs 1.5cr	is the cost of a liver transplant in the US, against Rs 18-20 lakh in India

Rs 18-20 lakh for adults and Rs 12-15 lakh for children. Since the difference is so huge, I think patients will prefer flying down to India," Sibal said.

Kumar Monon, specialist, medical informatics and telemedicine at Amrita Institute of Medical Sciences (AIMS) at Kochi in Kerala, said the medical tourism sector would remain constant and largely unaffected by the global economic turmoil.

"At AIMS, we specifically got a huge chunk of Malayalees settled abroad, especially in the Gulf region, coming home for medical treatment during the holidays. This trend would remain unaffected by the crisis."

Industry professionals, however, warn that treatment involving cosmetic surgery, including areas like cosmetic dentistry, dermatological treatment and ayurvedic massages, will witness a decline.

Monon said the number of patients coming to India for those medical conditions that were not so intense and a treatment for which could wait, will see a decline.

However, areas such as cardiology, neurology, ophthalmology and oncology

see this rising by 35% this year."

According to Ankur Bharti, consultant, Technopak Health, cost-cutting would be the main growth driver for the country's medical tourism this year. "Cost-cutting would be the main reason why more international patients would come to India, especially from the US as medical costs are four to five times lesser here," he said.

Arunam Sibal, group medical director, Apollo hospitals, said a bypass surgery in the US could cost about \$75,000. The cost could be around \$5,000-9000 in India.

Kabul woman gets new lease of life in Indore

TIMES NEWS NETWORK

Indore: Sohaila Khalozai of Kabul will forever be indebted to Indore for her open heart surgery. Amid the Covid-19 crisis, Indoreans turned Good Samaritans to stand by the woman in need of medical help.

The family members of 49-year-old homemaker from strife-torn Afghanistan, who required an immediate open-heart surgery were extremely perturbed as they did not have financial reserves to get it done.

"After doing her ECG, when the doctors in Kabul said that she urgently needs surgery, we were very down as it seemed next to impossible. In Afghanistan, this kind of surgery is extremely expensive and the infrastructure or surgeons are also not as good," said Abdul Ha-



MP Shankar Lalwani with the patient after surgery

bib Khalozai, the eldest son who has come down to Indore along with his parents.

After getting assured that India is way better than Afghanistan in terms of infrastructure, the family took

a loan of Rs1 lakh.

"The rest was arranged by life coach Archana Sharma who I had come across via virtual platform last year. She had been giving counseling to our family for the past

one year for free," Abdul said. Sohaila is recuperating and her family is staying at the house of MP Shankar Lalwani.

The Khalozai's had reached the city in first week of

After getting assured that India is better than Afghanistan in infrastructure, the family took a loan of Rs1 lakh

December and Sohaila was operated by cardiac surgeon, Dr Vineet Pandey and the six-hour surgery was carried out with the help of Dr Rajesh Jain, and Dr Manish Sanghvi in a city-based private hospital a few days back.

"After coming to know about her condition, I spoke with Dr AD Bhatnagar and a few people regarding the same and we decided to fund them," said life coach, Archana Sharma.

Sohaila is under supervision and the family is likely to fly back after a fortnight.

Corporate hospitals see big jump in patients from abroad

G NAGA SRIDHAR

Hyderabad, October 16

Corporate hospitals in India are increasingly attracting foreign patients for treatment in a boost to the country's image as a hub for medical tourism.

According to data available with industry experts, the number of patients visiting India from abroad for treatment has been growing at 23-25 per cent per annum.

"Data from eight hospitals of the Apollo Group, which are entitled to treat foreign patients, and informal data we collate from other players show this kind of surge in number of visits to India for treatment," Radhe Mohan, Vice President - International Marketing Apollo Health City, told *Business Line*.

Apollo group alone treated 1.50 lakh foreign patients in the last financial year ended March, 2016 and is expecting a 25 per cent growth in this number this year, Mohan said.

While patients come from over 125 countries, a majority of them come from Africa, Gulf and the CIS countries for treating ailments of the heart, cancer, liver and other organ transplants, HIV and other life-threatening diseases.

While Thailand tops as a global destination for medical tourism, India is not far behind in the global market, where cost is a major driver.

According to Bhavdeep Singh, CEO, Fortis Healthcare Ltd, India offers significant cost advantage over other countries, "However, our biggest draw is the exceptional quality of medical expertise and treatment possibilities we offer at the cutting edge of science. This is true for wide spectrum of diseases and will continue to be a differentiator well into the future," he said.

Fortis Hospitals, which had treated 17,000 foreign patients last year, is expecting a 35 per cent increase this year, Singh added.

According to a recent CII-Grant Thornton report, cost factor and availability of accredited facilities are key factors in several global medical tourism corridors such as Singapore, Thailand, India, Malaysia, Taiwan, Mexico and Costa Rica.

"Amongst the corridors of health, India has the second largest number of accredited facilities (after Thailand). The Indian medical tourism market is expected to grow from \$3 billion (2015) to \$7.8 billion by 2020," it said.

A point to be noted here is the nature of treatment. "All patients suffering from life-threatening ailments and requiring long-time treatments prefer to come to India in view of expertise and cost advantage as staying beyond three days is tough in Thailand," Mohan said.

The data available from city-based CARE Hospitals show that Hyderabad also attracts many patients from neighbouring countries.

"We are receiving patients from Bangladesh (for orthopaedic ailments), Afghanistan (paediatrics — especially heart problems in children) and Pakistan," said Mahendar Pala, Group Head — Marketing, CARE Hospitals, which treats about 5,000-7,000 foreign patients per annum.

There are some challenges too which need to be addressed for tapping the potential to its fullest. "Multiple entry medical visas to enable follow-up treatment must become easier to procure," Singh said.

India should also relax fiscal laws for genuine patients making money transfer easier for medical treatment, he added.

BIBLIOGRAPHY

- https://Medical_Tourism_in_Kerala-Challenges_and_Scope.pdf
- <https://www.projectguru.in>
- India's Medical.pdf
- <https://academic.oup.com/heapol/article/25/3/248/599687>
- <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992>
- <https://www.news-medical.net/health/What-is-Medical-Tourism.aspx>
- <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01380/full>
- <https://www.health-tourism.com/medical-tourism/benefits/>

ANNEXURE

1. Name –

2. Gender

- Male
- Female
- Others

3. Age –

- Below 15
- 15 To 20
- 20 To 30
- 30 To 40
- 40 To 50
- 50 To 60
- Above 60

4. Place of Residence -

5. City –

6.E-mail –

7.Mobile Number-

8.Occupation –

- Student
- Employed
- Self Employed

9.Monthly Income

- 15,000 And Below
- 15000-40000
- 40000-60000
- 60000 And Above

10. Are you aware of the term 'Medical Tourism'?

- Yes
- No

11. If yes, What do you know about it.

12. Have you ever travelled anywhere for medical services?

- Yes
- No

13. If yes, where?

14. Do you think medical tourism is a growing sector

- Yes
- No

15. Are you aware about any of these places regarding medical tourism?

- Punjab
- Gujrat
- Goa
- Bangalore
- Chennai

16. According to you, which treatments are available in India on best level, with respect to medical tourism?

- Heart Surgery
- Bone-marrow transplant
- Knee replacement
- All of the above

17. Do you think India provides highest quality healthcare at the lowest price.

- Yes
- No
- Maybe

18. Do you know 'M-Visa' or Medical Visa concept ?

- Yes
- No

19. Do you find this survey Informative?

- Yes
- No
- Maybe

20. Rate India's medical services.

- Worst
- Not Good
- Neutral
- Good
- Very Good