

MEDICAL TOURISM - HOW TO INCREASE INCOME IN THE FIELD OF HEALTH AND HOSPITALITY

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Abstract

Medical tourism is a global phenomenon that involves the movement of people outside the country of residence in order to receive medical care, given that the global market is characterized by high medical costs for the treatment of chronic diseases, especially in developed countries. This market is growing, manifesting itself in two directions, on the one hand from developing countries to developed countries that have quality medical services, and on the other hand from developed countries to developing countries, due to the affordable services from the financial point of view. Among the reasons that determine the medical tourism are diseases such as dental, fertility treatment, cosmetic surgery, ophthalmic, orthopedic, cardiovascular treatments, etc. Based on the bibliographic study and the existing data in the statistical databases, we proposed that in this paper to analyze how medical tourism has developed in recent years, and the impact it has on a country's economy.

Key words: medical tourism, incomes, health expenses, globalization

INTRODUCTION

Medical tourism is a form of tourism that refers to medical services provided to tourists, spa and wellness tourism, and refers to people who travel in order to improve their health, to heal, relax, prevent or improve well-being theirs.

It appeared in the late twentieth century and began to develop in the early twenty-first century. Over time, different definitions of medical tourism have been given. Thus, in 2007, Bookman et al. they defined medical tourism as “an economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism” [1]. Hopkins et al. they defined medical tourism as referring to “to cross-border health care motivated by lower cost, avoidance of long wait times, or services not available in one’s own country” [4]. Musa et al. looked like “all the activities related to travel and hosting a tourist who stays at least one night

at the destination region, for the purpose of maintaining, improving or restoring health through medical intervention” define medical tourism [6]. It results that medical tourism is a part of health tourism, the relationship between them being presented in Figure 1.

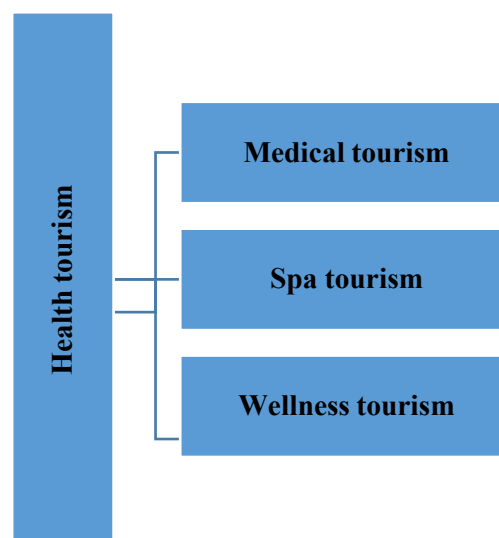


Fig. 1. Health tourism and its components
Source: Own concept.

We are talking about medical tourism, but also internally, because some of the trips and vacations spent by tourists are for medical purposes. Although its definition differs from one country to another, although it is not very well represented being considered an emerging tourism nor very well reflected in statistics, existing data show that the value of medical tourism in 2018 was 75 billion USD, ie 5 % of total tourism, providing up to 0.3% of GDP. Studies show that globally, for the period 2019-2026, this market is estimated to reach 137 billion USD [3], but the Covid crisis has negatively influenced these estimates at least for the years 2020-2021.

The emergence of medical tourism was also influenced by the changes that took place over time, the increase in living standards, the education of the population that began to be more concerned with health care, disease prevention, personal well-being, allocating an income from growing for a healthier lifestyle.

Another important aspect is related to the increase of medical expenses with the increase of life expectancy, which according to studies will determine a doubling of the population aged 60 by 2050, which makes both long-term care expenses and social expenses. to be bigger [5]. Modern technology is in turn a factor in influencing medical tourism.

The modernization of the life we live, the consumption of semi-prepared, excessively processed foods, stress, work rhythm, pollution, all being effects of urbanization have as effect an increase in the incidence of chronic diseases that generate an increase in medical expenses, but also the need to practice a relaxation tourism or a medical tourism.

On the other hand, the field of tourism has adapted to this form of tourism, through the offers it promotes, through the technology offered, through an attempt to bring income in the off-season periods as well. But there is a whole network for medical tourism, from hotel chains, to clinics and hospitals, which offer high quality services and not just complementary services,

At European level, the right to health and the facilitation of medical tourism is supported by Directive 24/2011, according to which EU

citizens they are guaranteed the right to cross-border healthcare, which facilitates the settlement of medical services provided at Union level.

MATERIALS AND METHODS

In the present study we proposed an analysis of the situation of medical tourism starting from the bibliographic study of the specialized literature regarding the existing situation at world, European and national level. The study was structured in two parts, on the one hand the definition of medical tourism in various international published works, and on the other hand the collection of statistical data provided by databases, their processing using specific methodology and interpretation of information, based on which - formulated the conclusions, which present the opinions of the authors regarding the medical tourism and its development possibilities.

For Romania, the analysis of medical tourism was made based on data published by National Institute of Statistics for the period 2015-2019, analyzing several indicators: total health and medical expenses incurred by non-residents; expenses incurred by non-residents for the stay; expenses incurred by non-residents for transit; expenses incurred by non-residents for treatment and medical care; expenses incurred by non-residents for shopping; expenses incurred by non-residents for the holiday; expenses incurred by non-residents for business.

RESULTS AND DISCUSSIONS

A report by Oxford Economics and Visa in 2018 shows that annually, the number of tourists traveling for medical purposes is about 11-14 million people [12]. Another study shows that the main exporting areas for tourists traveling for health tourism are Eastern Europe, Latin America, Asia and Africa, while the importing areas for health tourism are Western Europe and North America [16]. Unlike wellness tourism or spa tourism, medical tourism does not imply the existence of a special natural setting or natural

resources that are used in the treatment of various diseases.

There are many reasons that determine the practice of medical tourism, including: the increasing incidence of diseases such as cancer that will cause travel to developed countries with a modern infrastructure. Aesthetic operations, prosthesis replacement operations, fertilization procedures are reasons that will determine people to look for solutions for medical tourism. There are also countries that, due to the legislation they have, do not allow abortion, which makes people choose countries such as Sweden or Spain for this procedure, or different types of

transplants (Philippines), euthanasia assistance (Switzerland).

Dental tourism is developing more and more, but it is practiced by the population of developed countries that travel to less developed countries due to the fact that treatments are much lower in these countries (Poland, Romania).

A study published in 2020 by Elflei and Matej Mikulic and which makes a top 10 of the most important countries on the medical tourism market and conducted based on the value of the medical tourism index shows that it has values between 69.8 in India and 76.47 in Canada (Fig. 2).

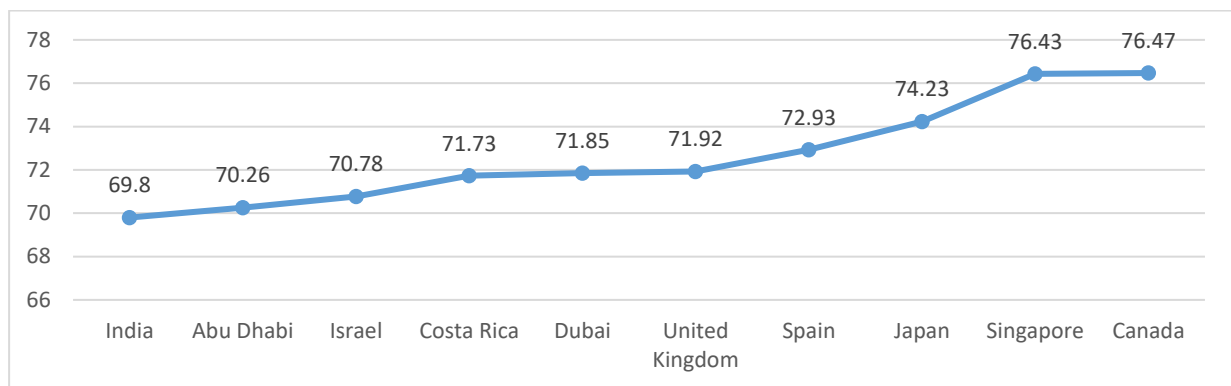


Fig. 2. Top 10 destinations in medical tourism (estimates for 2020)
 Source: own processing after [2].

The index evaluates the destination country both from the point of view of the services provided, but also from the point of view of the facilities offered. Among the U.E. In this top are two countries, Spain with an index of almost 73 and the United Kingdom with an index of almost 72 [2].

The world market of medical tourism, at the level of 2016 highlights the fact that on the first place in terms of treated diseases were aesthetic treatments (20%), followed by dental and orthopedic treatments (15%) and cardiovascular and oncological treatments (13%)(Fig.3).

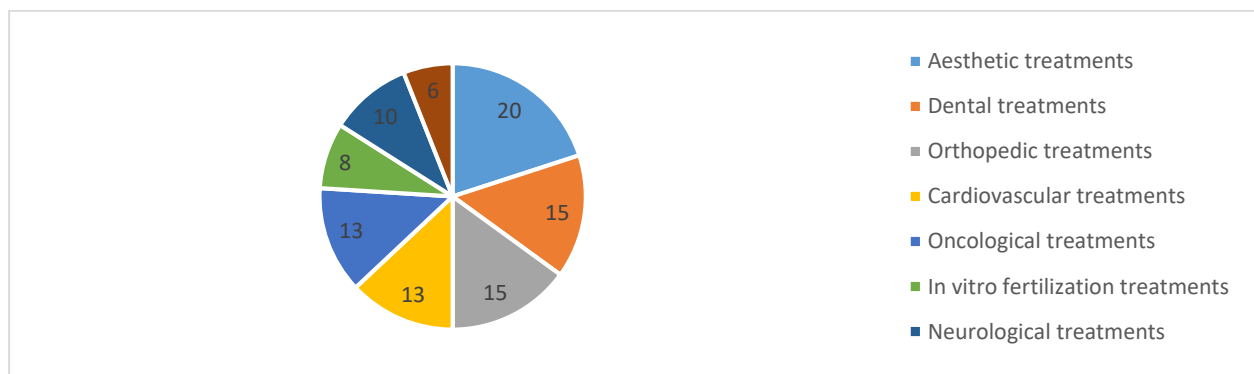


Fig. 3. The structure of the world market of medical treatments, by categories of treatments in 2016 (%)
 Source: own processing.

Although there is not much data on medical tourism in Europe, data published in Stewart Conor's study shows that 5% of all U.S.

citizens receive medical treatment in other EU countries (Fig.4).

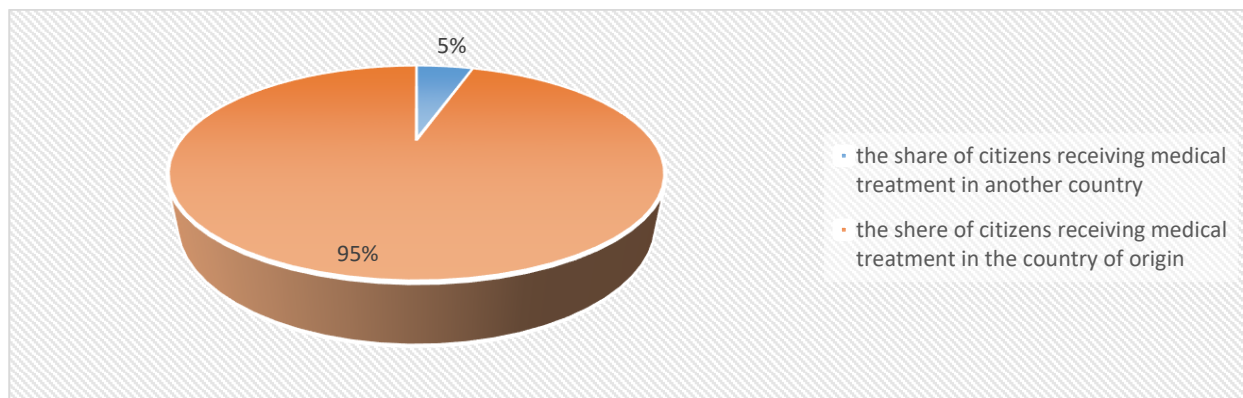


Fig. 4. The share of U.E. citizens receiving medical treatment in other EU countries
Source: own processing [15].

On the other hand, the share of citizens who would be willing to travel to another EU

country to receive medical treatment, is 33% as presented in Fig.5.

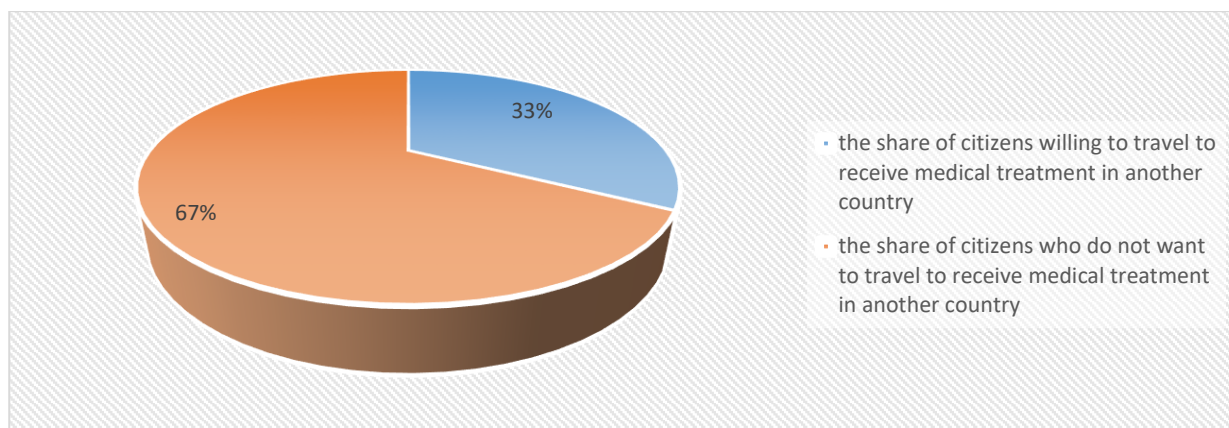


Fig. 5. The share of citizens who would be willing to travel to other EU countries for medical treatment
Source: own processing [15].

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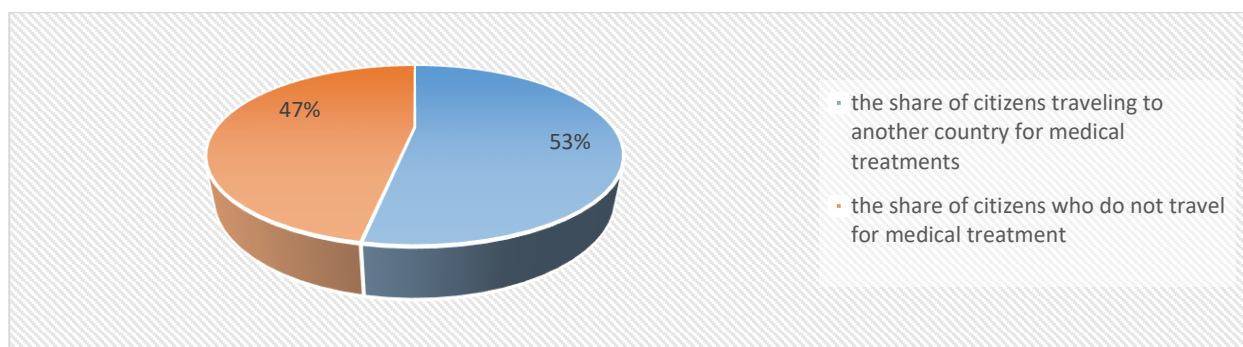


Fig. 6. The share of E.U. citizens traveling to other countries to receive medical treatment
Source: own processing [15].

Based on the data published by INS for the period 2015-2019, we analyzed the evolution of the expenses incurred by non-residents for medical services, as well as of the other expenses that accompany the stay made for this purpose. Thus, it is found that the value of

health and medical expenses incurred by non-residents increased from almost 5 million lei in 2015, to 8.5 million lei in 2017 and 2018. The decrease by 7% of these expenses in 2019 is due to the last quarter, already affected by the Covid crisis (Fig. 7).

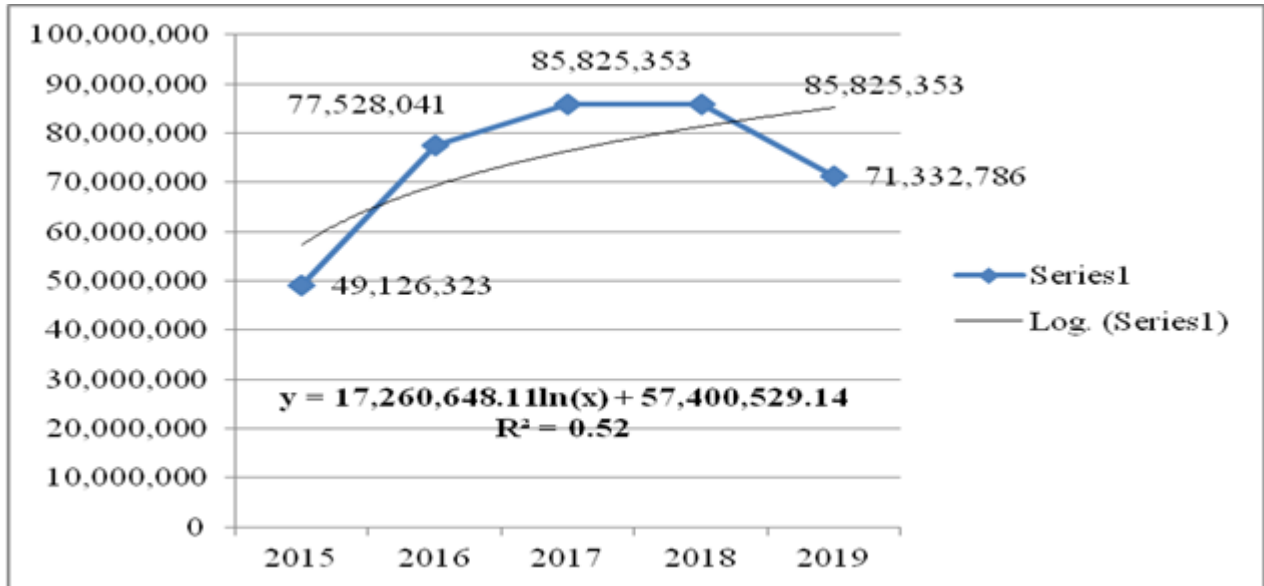


Fig. 7. Total health and medical expenses incurred by non-residents
 Source: own processing [15, 7, 6, 9, 10, 11].

For the treatment and medical care of non-residents, their expenses doubled in 2019 compared to 2015, on the one hand due to the

increase in the number of people who used medical services, and on the other hand due to the increase in tariffs for these services (Fig.8)

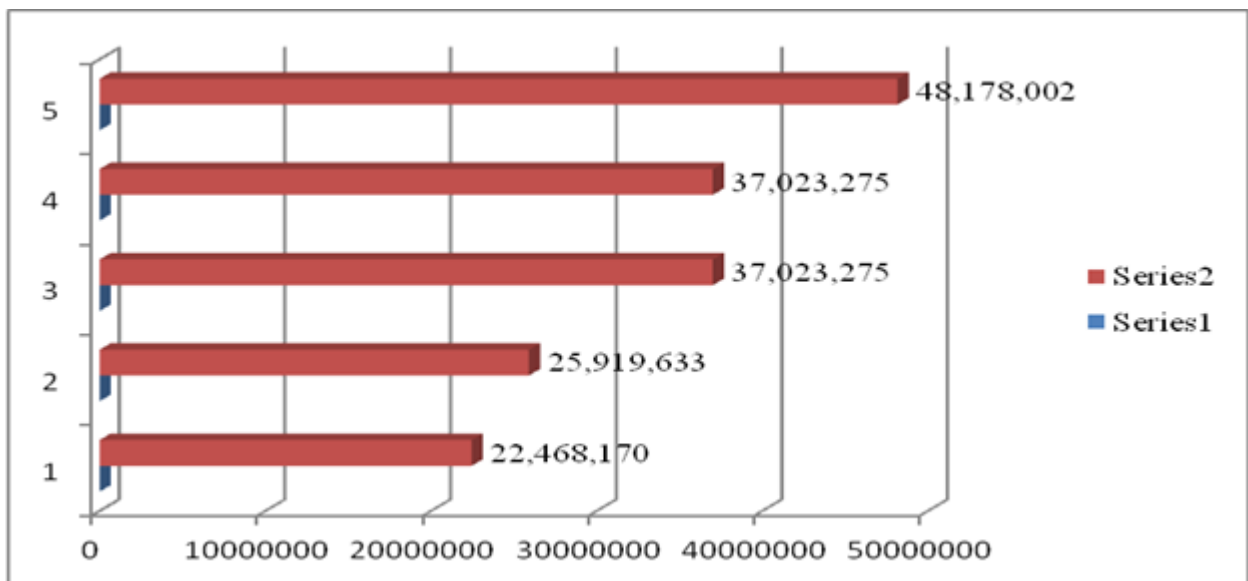


Fig. 8. Expenses incurred by non-residents for treatment and medical care, 2015-2019
 Source: own processing [15, 7, 6, 9, 10, 11].
 Note: 1-2015, 2-2016, 3-2017, 4-2018, 5-2019.

In addition to expenses incurred for medical services, non-residents also spent on other

services, such as shopping or living expenses. During 2015-2019, expenses for stay

decreased due to the decrease in the number of days spent in Romania, the decrease in 2017, 2018 and 2019 being approximately

70%. The amounts spent on shopping increased from 74 thousand lei in 2015 to 355 thousand lei in 2019 (Fig. 9).

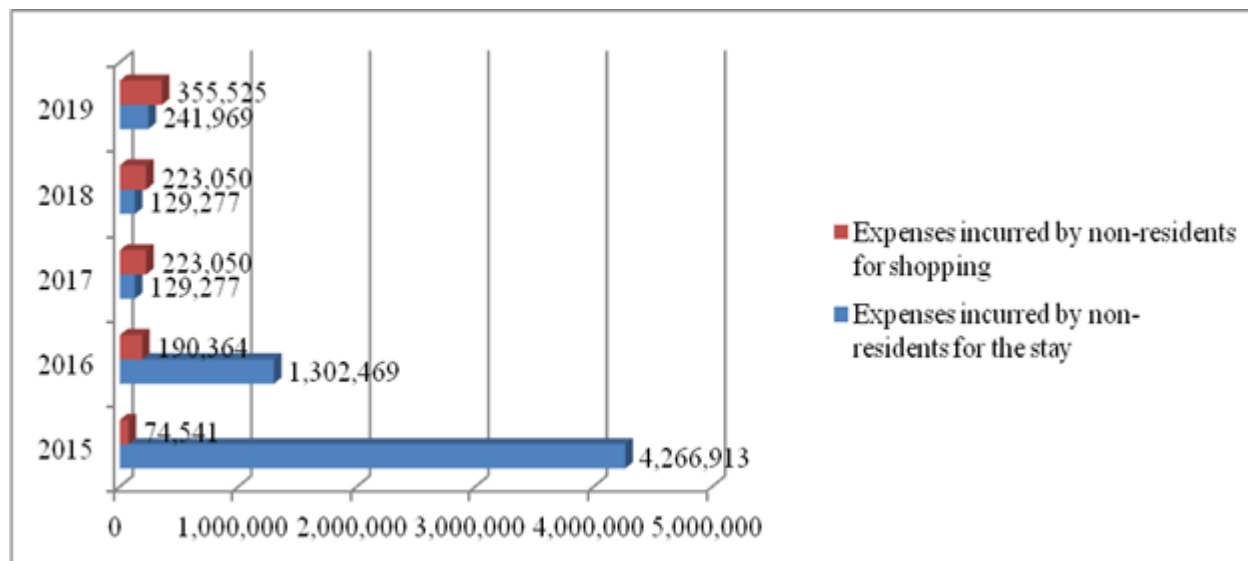


Fig. 9. Other expenses incurred by non-residents who accompanied treatment and medical care
 Source: own processing [15, 7, 6,9,10, 11].

Many tourists came to Romania for both medical treatments and holidays, so the amounts spent were almost 17 million RON in 2015, 2017 and 2018. The lowest value of

these expenses was recorded in 2016, the decrease compared to 2015 being 29%. In 2019, the amounts spent were 5% lower than the previous year (Fig. 10).

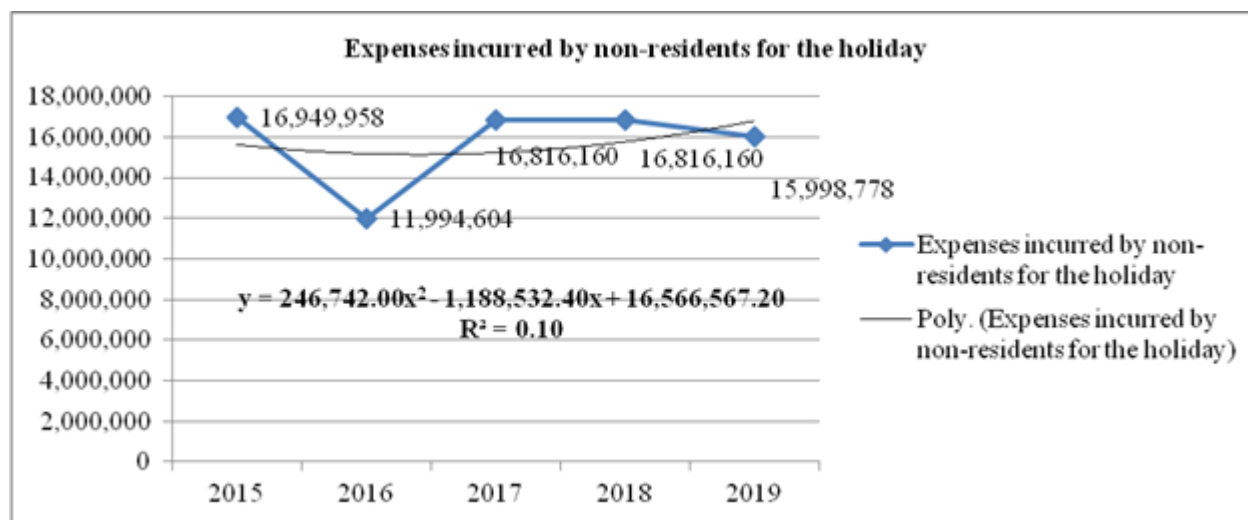


Fig. 10. Evolution of expenses incurred by non-residents for the holiday
 Source: own processing [15, 7, 6,9,10, 11].

There are also amounts spent by non-residents who travel to Romania for business purposes to cover health and medical services (Fig. 11). These decreased during the analyzed period.

After a slight increase of 2% in 2016 compared to 2015, the decreases in the following years were 19% in 2017 and 2018 compared to 2015 and 44% in 2019 (Fig. 11).

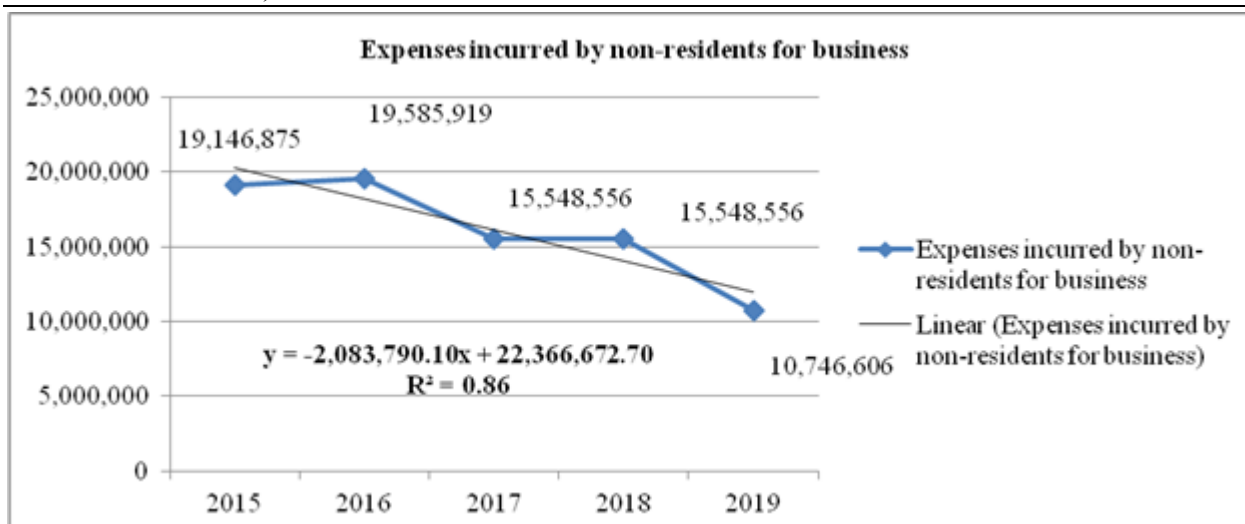


Fig.11. Evolution of expenses incurred by non-residents for business
 Source: own processing [15, 7, 6,9,10, 11].

Romania's attraction for tourists coming for medical purposes is due to the much cheaper medical services than in the countries of origin [13]. The number of tourists who visited Romania for medical purposes in 2016 was approximately 11,000, increasing to 50,000 in 2017. The main medical specialties offered to them are dentistry, cosmetic surgery, in vitro fertilization, ophthalmology and orthopedics. An analysis performed in relation to the country of origin shows that the largest share of tourists come from Germany, France, Great Britain, but also from the United States of America.

However, the realization of medical tourism is conditioned by a series of services, namely: consultation by a medical framework specialized in treating the disease; provision of medical services by qualified medical personnel; providing medical care after the procedure; the payment of the service by the patient or the settlement of these services by the insurance services or by the social insurance systems.

CONCLUSIONS

Although the published data on medical tourism are quite few, we tried to outline an image about it based on the information provided in various databases.

We find that medical tourism is an alternative to using a niche area to increase revenues in this sector.

Medical tourism could have a positive influence on health spending, especially on pharmaceutical spending, due to the fact that it will improve the health of people, who will thus spend less on medicines.

The various measures that could be taken by tourism actors and related fields, such as packages and discounts offered by airlines and the companies with which medical patients travel, will increase the number of international travellers. Favorable exchange rates and economic prices, coupled with better hospitality services offered by the health tourism destination will contribute to the accessibility of this category of services, thus stimulating the growth of the medical travel industry.

In Romania, medical tourism has developed a lot in recent years, there is interest in this form of tourism that could be a profitable market, but this involved making investments and thinking of health policies to regulate it.

Also, we must not forget that medical tourism could develop new alternatives such as forest tourism and saline tourism. Medical tourism has also to valorise the high potential of the rural areas.

In the mountain area, the fresh air is more valuable due to the presence of the forests which are named "the lungs of the planet" and Romania has still a large area of forests, which offer an opportunity for walking in fresh air and admiring the beauty of the nature.

It is discussed more and more about Ozone therapy, and the Carpathian Mountains, which are the second largest trunk of mountains in Europe after the Alps, could offer the cleanest air to people who need a natural treatment for respiratory diseases.

Among the well known places for a fresh air with a high Ozone content there are Lapusna, situated in The Gurghiu Valley, Mures County, where it is the thickest Ozone layer of this type in the world. Also, Soveja, Vrancea County well known for the best place for sportsmen training, because of its most Ozoned air in Europe, grace to the forests of firs and pines. Colibita, Bistrita Nasaud County has an Ozone concentration of 90 mg/m³, higher than the average concentration in Romania which is 72.6 mg/m³.

Slanic Prahova offers saline air in the Slanic Salt Mountains and Slanic mine, which is the second large salt mine in Europe.

Turda salt mine is also a place for natural cure with salted air in Romania [14].

The existance of large range of the medicinal plants in the spontaneous flora of Romania and forest fruits in its wonderful forests could represent factors for developing natural alternatives for medical tourism in the rural areas.

We consider that an international system would be useful to accredit this form of tourism, as well as the existence of a legislative support that would lead to its development.

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