

# MEDICAL TOURISM INDUSTRY CHALLENGES IN THE CONTEXT OF GLOBALIZATION

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## **Abstract:**

*Medical tourism is not a new concept, even though there is still no international consensus on the name of this phenomenon that is manifesting itself for thousands of years. It is defined by moving patients in various countries to obtain medical care and combined with certain tourist facilities. Increased flow of patients seeking treatment abroad is a global phenomenon linked to economic growth which generates income revenue and a high level of education. Internationally, medical tourism increases by 20% per year, global market for medical tourism at present is estimated to be about 100 billion dollars.*

*This study tries to highlight a conceptual analysis of medical tourism, the targeting of medical tourism flows and major destinations and the proposed tourism development strategies based on the experience of several countries medical.*

**Key words:** medical tourism, patient tourist, motivations, strategy

**Jel Classification:** F68, I15, L83

## **1. Introduction**

The term of medical tourism sounds a bit paradoxical, is hard to imagine an approach (compatibility) of the two areas of social life: travel and hospitalization. While tourism is associated with relaxation and leisure, development and fun, hospital is evoking images of constraints, suffering and feelings of helplessness.

However, over the last decade there has been an increase in medical travel flows. Current phase of medical tourism is characterized by an industrial approach uninsured or partially insured patients in industrialized countries seeking quality healthcare affordable in developing countries, a phenomenon known as medical outsourcing. The most common medical services that are required outside include dental treatments, cosmetic surgery, elective surgery and fertility treatments.

New concept of medical tourism, specific to the 21st century and add other features include: large number of people traveling for treatment, low cost flights providing cheap flights, the rapid expansion of the Internet as a main source of information, development in this area both in private and public sector and government involvement in promoting medical tourism, considering it as a potential, profitable revenue source.

## **2. Literature in review**

Unlike other forms of tourism, where tourism is more noticeable, in the health system, identifying tourism functions is more complicated. The nomenclatures used in the literature defines medical tourism as international medical travel involving a trip (Fedorov et al., 2009, Cormany and Baloglu, 2010, Crozier and Baylis, 2010), medical services outsourcing across borders (Jones și Keith, 2006), medical refugees ((Milstein și Smith, 2006) and even biotechnological pilgrims (Song, 2010).

Because medical tourism has several connotations, its analysis is more complex than other forms that have a structure based solely on tourism. There are numerous published studies, but the definition of medical tourism in literature is currently not clear, so we present several points of view (Table 1).

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Table 1. Typology definitions for medical tourism

Authors	Definition
Glinos et al., 2011, p. 1146	Includes travel concept but is not surprising the gravity that is resulting from patient mobility
Kangas, 2010, p.350).	A term that suggests leisure to restore health, disregarding the suffering experienced by patients
Jagyasi, 2009, p. 1).	Those activities related to a person who often travels on long distances across the border for health services with direct or indirect involvement in leisure.
Whittaker, 2008, p.272).	Misnomer because the connotation of pleasure is not always associated with this type of travel.
Yap, Chen, and Nones (2008)	Patients traveling abroad to receive medical treatment or do regular medical examination.
Bookman.s (2007, p. 1	Economic activity involving trade services and is joining at least two areas: medicine and tourism.
Lee and Spisto (2007)	Tourism activity involving a medical procedure combined with activities that promote tourist wellbeing.
Carrera and Bridges (2006)	Countries that intend to provide medical care restoring or promoting personal health by medical intervention.
Connell (2006)	Patients who go abroad for surgical medical treatment
Tram (2006)	People who go to another country for a period of at least 24 hours to treat diseases, maintain health (yoga, massage), beauty (plastic surgery) and for fertility treatment.
Goodrich & Goodrich (1987:217)	Vertical development for some tourism products by tour operators who contain health care services.

Source: realized by authors

As it can be seen, there is no definition for medical tourism, but most of the specialists accept that this term is used to refer to a journey whose motivation involves a medical procedure or activities that promote physical and mental well-being of man.

According to the definition by the World Tourism Organization (UNWTO), the main goal of people who travel is to use advanced health services in other countries or regions. The first concepts of medical tourism refers to a variety of tourist activities to maintain health.

### 3. Research Methodology

The research methodology is based on three main steps: identification literature, selecting it, corroborating and synthesizing data.

Literature in review is based on a series of researches, international studies that show a fundamental theoretical guidance on medical tourism. Research methods focus on conceptualization and description of medical tourism phenomenon, requiring close examination of this concept given the opportunities they offer both health systems and tourism industry.

An initial assessment, an informal literature, using information sources has revealed that there is a lack of data and authoritative sources of medical tourism, especially those concerning statistics on the number of patients and estimated revenue.

We selected literature depending by content, focusing on elements such us: meaning of the term medical tourism, developer factors, purpose and risks that we have analyzed to identify points of interaction between them. Later identification and analysis of the conceptual framework based on literature and / or examples of innovative marketing and promotion, we have outlined possible policy options for the development of medical tourism.

To achieve our research also were used quantitative data on the nature of health systems and specific regulations, which were collected from official sources respectively the World Health Organization and the World Tourism Organization. These data were compared with those in the literature to validate the claims made.

We decided to use this research methodology in order to generate a conceptual framework that could be useful in this sector of decision makers to understand the effects of

medical tourism in destination countries as well as the departure, implications of public and private system health, the role of tourist tour operators in mediating medical tourism products.

**4. Medical tourism and globalization**

Due to the major changes in the world economy, tourism has had a significant growth, hence its feature given by numerous authors as a "phenomenon typical of the modern world" or a "constituent of daily life" (Iordache C., 2013). Medical tourism has increased significantly in last few years. Rising cost of health care in industrialized countries increased willingness to move patients for high quality health services to emerging and developing countries, at prices much lower. However, improved communication technology, in particular by extending the Internet, the development of medical knowledge and technology services enlargement may be associated with medical tourism. Actually, In this century medicine is taking a globalizing process: hundreds of thousands of people traveling along and across the world in search of cheaper medical care or other services in the field.

Basically, international trade in services promoting health and medical tourism implicitly occurs worldwide.

Table 2. Medical Tourism Destinations

Asia/Middle East	The Americas	Europe	Africa	Other
China	Argentina	Belgium	South Africa	Australia
India	Brazil	Czech Republic	Tunisia	Barbados
Israel	Canada	Germany		Cuba
Jordan	Colombia	Hungary		Jamaica
Malaysia	Costa Rica	Italy		
Singapore	Ecuador	Latvia		
South Korea	Mexico	Lithuania		
Philippines	United States	Poland		
Taiwan		Portugal		
Turkey		Romania		
United Arab Emirates		Russia		
		Spain		

Source: MedGenMed. 2007; 9(4): 33

Some countries are already recognized for their specialization in specific procedures performed in their best hospitals for this category of patient (Table 2). For example, the countries of Eastern Europe have become important for dental care and plastic surgery, Jordan and Israel have specialized in in vitro fertilization and high risk pregnancies, South Africa and Argentina are popular for cosmetic surgery and in Cuba for treatment of skin diseases (Connell, 2006). In the UK, one person in 20 has traveled abroad for an operation or dental treatment. According to calculations journalists from the daily Telegraph, 2.6 million of Britons have turned to health care in other countries, at prices sometimes 70% lower than in the UK.

Medical tourism in Europe has increased a lot in the last decade, patient tourists from wealthier countries such as the UK, Germany, Norway, Sweden, Austria, Ireland and the Netherlands, enjoying at affordable health care in the private sector of Eastern Europe. Cheap Airfare, open borders and all inclusive packages have made this market to grow continuously.

Table 3. Top destinations for medical tourism 2012

Best hospital in the world who practice medical tourism

	Countries	Performances		Hospital	Location
1.	Thailand	leader in cheap cosmetic procedures	1.	Fortis (formerly Wockhardt) Hospital	Bangalore, India
2.	India	neurology, cardiology, endocrinology, urology	2.	Gleneagles Hospital	Singapore
3.	Costa Rica	cosmetic procedures, dental	3.	Prince Court Medical Centre	Kuala Lumpur, Malaysia
4.	Panama	dental treatment, gynecology, cosmetic surgery, orthopedic	4.	Shouldice Hospital	Toronto, Canada
5.	Malaysia	cardiology, gastroenterology dental surgery	5.	Schoen-Kliniken	Munich, Germany
6.	Singapore	organ transplant, stem cell transplant	6.	Bumrungrad International	Bangkok, Thailand
7.	Brazil	cosmetic surgery-the largest no. interventions capita in the world	7.	Bangkok Hospital Medical Center	Bangkok, Thailand
8.	Coreea de Sud	specific procedures of the spine	8.	Wooridul Spine Hospital	Seoul, Korea
9.	Turcia	liposuction, orthodontics, rhinoplasty and breast augmentation, cardiovascular and brain surgery	9.	Clemenceau Medical Center	Beirut, Lebanon
10.	Ungaria	cosmetics, laboratory, ophthalmology, dentistry, general surgery	10.	Christus Muguerza Super Specialty Hospital	Monterrey, Mexico

Source: [www.mtqua.org](http://www.mtqua.org)

According to Figure no. 1 except Asia, most flows are inter-regional international patients. It seems that geographical proximity, although it seems important, is not a decisive factor in shaping decisions journey to medical tourism destinations, which means that people take into account the cost and factors related to wider opportunities for tourism.

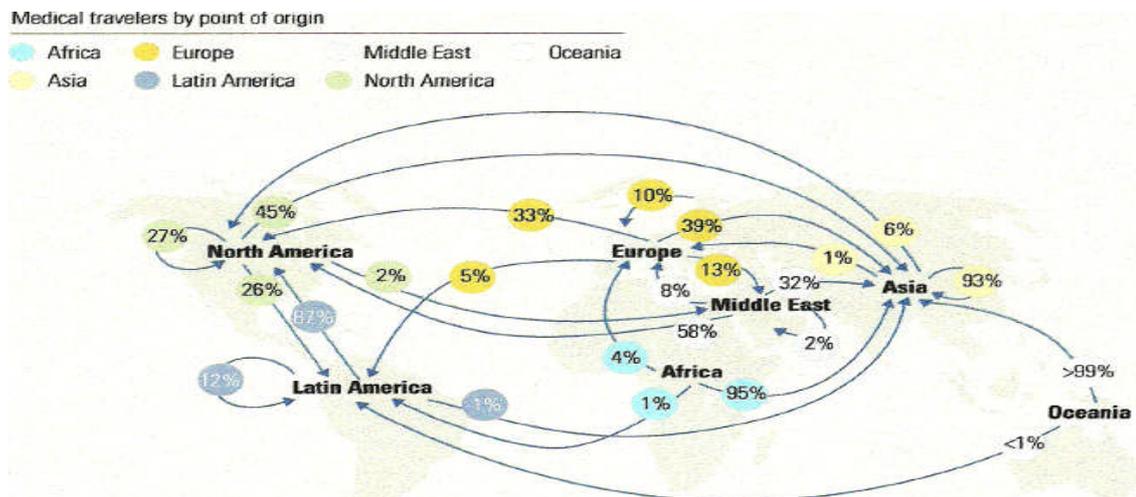


Figure 1. Distribution of medical tourism flows

Source: Ehrbeck et al. (2008) p. 5

It can be seen that medical tourism flows consist of foreign patients from developed countries that hospitals are turning to emerging markets in Asia, Europe and Latin America, except Africa and Oceania, the main driver being cost advantage. There is developed countries that actually encourage medical tourism travel, national health systems are supporting the development of medical treatments abroad where costs can be

lower, sometimes even up to 80-90%. For example, in 2006, the U.S. Senate has put the problem, "If medical tourism can reduce national health care costs?". The considered answer was "Yes" without assessing the economies. After calculating and comparing concluded that the reduction could be "35-40%" (Senate 2006).

Meanwhile, hospitals in developed countries - the U.S., UK, Germany - are able to attract patients from abroad due to high quality and specialized procedures and specialization in various fields of medicine or focus on particular groups of medical tourists (the example, clinics in Bonn, Germany for Arab clients). (Gerl, R. Et al. (2009). Also, hospitals in Southern Germany have a significant cost advantage over competitors in Switzerland or the UK, attracting approximately 74,000 foreign patients in Germany in 2006 (Juszczak (2007), p. 1, 4.12).

Foreign medical tourists are usually private patients and therefore often are advantageous financial source, many hospitals in the U.S. with international medical tourism centers devoted to obtaining 10 percent of total revenues from international patients. It is estimated that approximately 400,000 international patients annually contributes \$ 5 billion to the U.S. economy (Deloitte Center for Health Solutions in: Quesada 2009).

Currently, about 3,000,000 annually elect to treat patients abroad turnover in 2012 of 100 billion dollars is increasing, compared to 2010, when he was 79 billion, and for 2015 analysts one firm KPMG estimates even 130 billion (<http://www.kpmg.org.health-tourism-in-the-world.html>)

## **5. Directions and guidelines of development and promoting medical tourism**

As developing countries are increasingly involved in the global market for services, each country should set up a stable medical tourism sector (economic stability, social stability and political stability), in order to improve its ability to attract as many foreign patients (Hudson, 2009).

Financial benefits to the medical tourism represents a tremendous opportunity to increase foreign exchange earnings and savings benefits for public health systems. It is estimated that the global market for medical tourism in 2006 was \$ 60 billion (Herrick, 2007), and is currently estimated to be approximately \$ 100 billion, with an annual growth rate of 20 percent (<http://tourism.gov.in/writereaddata/CMSPagePicture/file/marketresearch/studyreports/Med.df>, [www.omt.org](http://www.omt.org), [www.oms.org](http://www.oms.org)). In India, for example, medical tourism is expected to generate annual revenues of \$ 2.4 billion in 2012, with growth of 30% over the next five years, as Confederation of Indian Industry is showing. In Romania this market stands at this moment, 250 million, dominated by spa and wellness services, expecting to arrive in 2014, at 500 million and 500,000 foreign tourists, according to data provided by Insight Market Research Solutions (<http://incomemagazine.ro/articles/500-milioane-dolari-in-2014-din-turismul-medical>).

Mattoo and Rathindran (2006), points out that in the United States for 15 types of treatments, it is an economy \$ 1.4 billion annually, where one in ten patients in the U.S. would choose to undergo treatment abroad. Ehrbeck and others (2008) believes that American tourists account for about 10% of the total number of medical tourists.

A more recent study showed that bilateral agreements between Britain and India in trade and medical tourism have brought substantial benefits to the UK in terms of both financial and in terms of mitigating the waiting lists by sending his patients to India (Chanda et al, 2011., Smith et al., 2011). Taking waiting list for a selected number of procedures in place for medical tourism, and comparing the cost of sending these patients in India with UK treatment costs, the savings would be over £ 200 million (Table 4). This number becomes £ 120 million if it is paid for one patient that is accompanying by an adult.

Table 4: Cost for only patient travelling (£)

Procedure	Cost UK	Cost India	Cost of flight	Total cost India	Cost saved Per operation	Waiting list	Total saved
CABG	8,631	3,413	500	3,913	4,718	97	457,646
Coronary angioplasty	2,269	2,363	500	2,863	-594	25,241	Not worth it
Total hip replacement	8,811	3,413	500	3,913	4,898	28,800	141,062,400
Total knee replacement	6,377	5,145	500	5,645	732	53,911	39,462,852
Femoral hernia repair	1,595	819	500	1,319	276	1,686	465,336
Inguinal hernia repair	1,595	717	500	1,217	378	65,064	24,594,192
<b>Total</b>							<b>206,042,426</b>

Source: Lunt N. şı et al. (2012, p. 31-32)

Marconini (1998) states that "normality has almost become a national health systems to focus on export industries in the limits imposed by national governments". In the same context, Bookman (2007) finds that public sector encourage medical tourism in many destinations in the world (Argentina, Chile, Costa Rica, Cuba, India, Jordan, Malaysia, Philippines, South Africa, Thailand and so on).

Many countries have adopted strong measures to stimulate medical tourism industry. For example, the Philippine government has supported all activities related to medical tourism by creating Medium Term Development Framework Medical Tourism Programme (Caballero-Danella and Mugomba, 2007) while the Malay government created the National Committee for the Promotion of Health Tourism. Other countries have adopted strategies to promote trade in health services. In Cuba, the government has diversified payment options, including payment by credit card or in any convertible currency in order to facilitate the use of health services by foreign patients (Chanda, 2001). Chanda adds that the Cuban government's strategy of export promotion health resources for infrastructure investment generates healthcare and provides an alternative source of funding for public health.

Policy of promoting medical tourism use strategic elements such as:

**1. Incentives such as reducing tariffs** on imports of equipment for hospitals (for example, in the Philippines, in 2004, they are included in the Investment Priorities Plan), reduced import duties for equipment needed medical tourism (eg, India) and incentives provided directly by hospitals (eg in Malaysia, the government provides incentives for private hospitals, which have foreign patients through tax cuts).

**2. Promotion by governments, of policy investment** assets for developing a general improvement of road transport network, electrification and communication systems and infrastructure development specific medical tourism industry including hotels, resorts and hospitals. In India, for example, the Ministry of Health and Family Welfare and the Ministry of Tourism has actively developed infrastructure policies and tools to promote industry growth the government being involved in some way (Caballero-Danella and Mugomba, 2007).

**3. Encourage cooperation in the public sector** by forming alliances between ministries of health, tourism, commerce and offices that deal with migration tourist patients (Bookman and Bookman, 2007). For example, the success of Cuban medical tourism is due to the strategy of the Ministry of Health coordination and collaboration with institutions in the areas of tourism, trade and industry.

**4. Establish partnerships between the public and private.** Zarrilli (2002) points out that while the ultimate goal of the public sector is to provide a fair and appropriate health care for all citizens, private sector primarily objective is to maximize profits by attracting patients from abroad. Therefore, medical tourism success can only be achieved through collaboration between the two sectors. Bookman and Bookman, (2007) points out that although formal partnerships have been implemented in the medical tourism industry, many medical tourism destinations informal and voluntary cooperation between the public and private sectors.

**5. Government incentives or subsidies to attract private sector investment** are essential for the sustainable growth of medical tourism industry Brenzel (2004) acknowledges that both sectors can mutually strengthen the public health system. In countries where medical tourism industry is being led by the private sector, the role of governments should provide a legal framework for private entrepreneurs to target support (financial, technical know) without local people's access to health services is not jeopardized.

**6. Subsidize the public and private sectors in healthcare** (Chanda, 2001). This suggests that the cross-subsidization, a portion of the revenues from the provision of healthcare for foreign visitors can be allocated to improve quality and access to medical assistance of domestic population. It can be achieved, for example, by taxing income from "export" of health services.

Moreover, many authors suggest that cross-subsidization could be implemented by providing free or at least subsidized places by the local population, while foreign patients are required to pay (Bookman and Bookman, 2007). In the same context, Mattoo and Rathindran (2006) propose to private providers to provide some services to the poor.

One of the challenges is the development of medical tourism to not create a gap between the two elements of the health system: to promote high quality services foreign patients but at the same time struggling to give local people access to essential health care (Brenzel, 2004, Chanda, 2002; Lautier, 2008). This dual market can lead to "crowding out" of the local population, where the best doctors and highest technology, are available for foreign patients but not accessible to locals (Chanda, 2002).

## **6. Conclusions and proposals**

Medical tourism is about to become the new and emerging international business, a growing phenomenon involving both social and economic benefits and risks. Importing countries, namely those from which medical tourists can benefit from lower costs and reduced waiting lists, enhanced service quality risk and dispute resolution procedures. On the other hand, exporting countries, mainly those providing health services to foreign patients, can provide a reliable source of currency and prevent migration of health personnel in other countries, the risk of creating a health care system that is unfairly, foreign patients receive better medical healthcare than inpatients.

Despite increasingly promoting this within the media, there is a lack of research evidence on the role and place of medical tourism in the economy of countries that have developed this form of tourism. Although numerous studies have been written on the topic, such materials are not based on real evidence, almost never more than estimates.

Nevertheless, there are comments on the lack of evidence in terms of primary data available for medical tourism, both nationally and internationally, and call for conducting empirical research in order to determine the number of medical tourists, medical conditions and validity claims made for and against of this practice.

We consider that it would be necessary to establish national regulations in this field to guide the provision of services for foreign patients, the development of a common international regulation on reporting of statistical data, design verification programs sharpest quality and accuracy of the information provided on the Internet , setting the highest standards of international accreditation that could play an important role in promoting access to reliable and trusted information, patient safety, quality of care as well as international health care facilities.

There should be an accredited deal with establishing a joint regulations to ensure greater transparency in the quality of health care worldwide medical patients currently making comparisons based solely on price.

It is essential that governments clearly understand the needs and expectations of medical tourism by implementing successful marketing strategies, especially as globalization has transformed it from a tourism activity to a seasonal business need.

### **Bibliography:**

1. Bookman, M. Z. and Bookman K.R. (2007), *Medical Tourism in Developing Countries*, New York, Palgrave Macmillan.
2. Brenzel, L, Le Franc, E and Clarke, K. 2004. Opportunities and Challenges for Expanding Trade in Health Services in the English-Speaking Caribbean. Prepared for LCSPE, The World Bank, Washington, D.C.
3. Caballero D., Mugomba S. and C (2007), *Medical Tourism and its entrepreneurial opportunities – A conceptual framework for entry into the industry*, Göteborg University, School of Business, Economics and Law, Master Thesis No. 2006:91
4. Carrera, P. & Bridges, J.F.P. (2006). *Globalization and Healthcare: Understanding Health and Medical Tourism*. Expert Review of Pharmacoeconomics and Outcomes Research, 6,(4), 447-54.
5. Chanda, 2001; (2001), *Trade in health services*, Working Paper, No. 70, Indian Council for Research on International Economic Relations, New Delhi, India, November.
6. Chanda, R. (2002), *Trade in health services*, Bulletin of the World Health Organization, World Health Organization (WHO), Geneva, Switzerland.
7. Chanda, R., Gupta, P., Martinez-Alvarez, M. & Smith, R. D. (2011), *Telemedicine: A review of the literature and analysis of a role for bi-lateral trade*. *Health Policy*, (in press).
8. Connell, J. (2006), “Medical tourism: sea, sun, sand and ...surgery”, *Tourism Management*, vol. 27, Issue 6, pp.1093-1100, December
9. Crozier, G. K. D., Baylis, F. (2010), The ethical physician encounters international medical travel. *Journal of Medical Ethics*, 36, 297-301.
10. Ehrbeck, T. / Guevara, C. / Mango, P.D. *Mapping the Market for Medical Travel*, Health Care, The McKinsey Quarterly (May 2008)
11. Fedorov, G., Tata, S., Raveslooy, B., Dhakal, G., Kanosue, Y. & Roncarati, M. (2009), *Medical Travel in Asia and the Pacific: challenges and opportunities*. Bangkok: UN ESCAP
12. Gerl, R. / Boscher, L. / Mainil, T. / Kunhardt, H. *European Competence Centres for Health & Medical Tourism*, Medical Tourism Magazine (October 1, 2009).
13. Glinos, I. A., Baeten, R., Helble, M. & Maarse, H. (2011), *A typology of cross-border patient mobility*. *Health & Place*, 16, 1145-1155.
14. Goodrich, J. N., Goodrich, G. E. (1987), *Health-care tourism -- an exploratory study*, *Tourism Management*, 8(3), 217-222.
15. Herrick D. M.: *Medical Tourism: Global Competition in Health Care NCPA Policy Report No. 304*, November 2007.
16. <http://www.mtqua.org>
17. <http://incomemagazine.ro/articles/500-milioane-dolari-in-2014-din-turismul-medical>
18. <http://www.kpmg.org.health-tourism-in-the-world.html>
19. <http://tourism.gov.in/writereaddata/CMSPagePicture/file/marketresearch/studyreports/Med.pdf> , *A study of problems and challenges faced by medical tourists visiting India*, 2011, Indian Institute of Tourism and Travel Management
20. Hudson, S. (2009). *Marketing for Tourism and Hospitality: a Canadian Perspective* (2 ed.). United States: Nelson Education Ltd.
21. Iordache C., *Evolutions and tendencies in the global tourism traffic*, Managerial Strategies, Year VI, Special Issue/ 2013, p. 436-445
22. Jagyasi, P. (2009). Medical Tourism Blue. Medical Tourism Magazine , 310 (14).
23. Jagyasi, P. (2009). *South Africa: The Rising Star on Medical Tourism Horizon*. *Medical Tourism industry's latest nip/tuck*”, 8 October, [online] <http://www.4hoteliers.com>
24. Jones, C. A. & Keith, L. G. (2006), *Medical tourism and reproductive outsourcing: The dawning of a new paradigm for healthcare*. *International Journal of Fertility and Women's Medicine*, 51, 6, 251-5.

25. Juszczak, J. *Internationale Patienten in deutschen Kliniken: Ansätze zur Vermarktung von Gesundheitsdienstleistungen im Ausland*, Schriftenreihe des Fachbereichs Wirtschaftswissenschaften Sankt Augustin, Bd. 8, Fachhochschule Bonn-Rhein-Sieg (Februar 2007)
26. Kangas, B. (2010), *Traveling for Medical Care in a Global World*. Medical Anthropology: Cross-Cultural Studies in Health and Illness, 29, 344-362.
27. Lautier, M. (2008), *Export of health services from developing countries: The case of Tunisia*, Social Science & Medicine, vol. 67, Issue 1, pp. 101-110, Elsevier Ltd, England, July.
28. Lee, C., & Spisto, M. (2007). *Medical Tourism: The Future of Health Services* . 12th international Conference on ISO 9000 and TQM, (pp. 1-7). Taichung
29. Lunt N., Smith R., Exworthy M., Green S. T., Horsfall D. and Mannion R., (2012) *Medical Tourism: Treatments, Markets and Health System Implications: A scoping review*, Directorate for Employment, Labour and Social Affairs, 2011, OECD, www.oecd.org,
30. Marconini, M. (1998), *Domestic capacity and international trade in health services: the main issues*, *International Trade in Health Services – A Development Perspective*. UNCTAD/ITCD/TSB/5 - WHO/TFHE/98.1, United Nations Conference on Trade and Development (UNCTAD)-World Health Organization (WHO) Joint Publication, Geneva.
31. Matto, A., & Rathindran, R. (2006). *Does Healthcare Insurance Impede Trade in Healthcare Services*. The World Bank , 35.
32. MedGenMed. 2007; 9(4): 33
33. Milstein, A. & Smith, M. (2006), *America's New Refugees — Seeking Affordable Surgery Offshore*. New England Journal of Medicine, 355, 1637-1640.
34. Senate 2006 *The Globalization of Health Care: Can Medical Tourism Reduce Health Care Costs?* Hearing before the Special Committee on Aging United States Senate, Serial No. 109-26 (June 27, 2006).
35. Smith, P. C., & Forgione, D. A. (2007). *Global Outsourcing of Healthcare: a Medical Tourism Decision Model*. Journal of IT Case and Application Research , 9 (3), 19
36. Smith, R. D., Martinez-Alvarez, M. & Chanda, R. (2011), *How is Medical Tourism Perceived? A qualitative study of perspectives from the UK and India*. Globalization and Health, 7, 11).
37. Song, P. (2010), *Biotech Pilgrims and the Transnational Quest for Stem Cell Cures*. Medical Anthropology: Cross-Cultural Studies in Health and Illness, 29, 384-402.
38. TRAM (2006), *Medical tourism: a global analysis*. A report by Tourism Research and Marketing (TRAM), ATLAS.
39. Whittaker, A. (2008), *Pleasure and pain: Medical travel in Asia*. Global Public Health: An International Journal for Research, Policy and Practice, 3, 271-290.
40. Yap, J., Chen, S. S., & Nones, N. (2008). *Medical tourism: The Asian chapter*. Singapore: Deloitte.
41. Zarrilli, S. (2002), *The case of Brazil, Trade in Health Services: Global, Regional and Country Perspectives*, World Health Organization (WHO), Washington, D.C.