

ISSN: 2223-814X

African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)

## Medical Tourism as an important niche of Tourism

### Development in South Africa

Prof. A. Nicolaidis

Vaal University of Technology

and

Dr. E. Zigiriadis, M.D, FC, Cardio (SA)

University of the Witwatersrand,

Charlotte Maxeke Johannesburg Academic Hospital

#### Abstract

When tourists travel to another country for Medical treatment as well as for sightseeing, the practice is called medical tourism. In the last few years this trend has increased. This emergent global trend of increased medical tourism is expected to gain momentum in the coming decades as travelers seek destinations abroad that are associated with wellness and affordable medical care. How countries are marketing medical tourism destinations and the choices of consumers in this regard are important aspects for the South African tourism market to consider. Additionally, the economic impact of medical tourism on countries such as India, where it is virtually a routine practice, and how tourism may be affected by the development of medical pharmaceuticals, medical equipment, and medical industry job creation, are aspects worthy of consideration as South Africa seeks to obtain an important part of the market. Medical tourists cannot make an informed choice about treatment when comparing different hospitals in different countries and at best make a partially informed choice. The strategy is to get them to come to South Africa because we are a preferred option with a good reputation in healthcare. This article seeks to address these issues and make suggestions on how medical tourism offerings can be improved in South Africa so as to make medical tourism increase in volume.

Key words: Health care, medical tourism, affordability

#### INTRODUCTION

In ancient Greece pilgrims and patients came from all over the Mediterranean to the centres of ancient healing, namely ancient Asclepius and Epidaurus, so medical tourism is a rather old phenomenon. Today, there are generally two types of medical tourism. The first is consumers opting to travel abroad in the hope of finding more affordable health care. The other is where consumers take out of the ordinary vacations abroad and coalesce this with surgery and other medical treatment. This is not surprising as a partial hip replacement procedure in India for example could be anything between \$5,000 and \$9,000, and thus roughly 50 percent cheaper than in Britain. Dental care for tourists is also a potentially huge market. In an effort to protect their privacy and confidentiality, many patients including celebrities often

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

seek medical care in other countries. Medical and socio-economic problems at home are seminal to the appearance of medical tourism (Page, 2009). Patients from highly industrialized nations like the USA and Britain are often attracted to overseas hospitals and clinics by the relatively low cost of medical care. To benefit from such situations, some tourists are prepared to leave their country and have a procedure performed in another country where health care standards in private hospitals are considered to be at least equal to, or even better than at home and prices definitely more affordable. In the USA the costs of medical procedures are soaring and health insurance coverage is decreasing (Kaiser Family Foundation, 2007). This makes medical tourism an attractive option and often necessity. It is not uncommon for the residents of some countries with supposedly excellent national health systems to seek the option of medical tourism abroad simply as a means of accelerating their treatment time because long waiting lists exist at home. When travel costs are calculated into the price of treatment abroad, many residents of developed countries conclude that treatment abroad is in fact a better option for them for certain conditions. Medical tourism is growing exponentially on an annual basis across the globe (Deloitte, 2008). In European Union approximately 9% of GDP is spent on healthcare and in the USA, this is as much as 16% of GDP. Since 1960, the increase in healthcare spending in the OECD countries has been 2% higher than the GDP. This implies that healthcare is absorbing an ever increasing proportion of the national wealth of the countries involved. Should this trend continue, it is conceivable that by 2050 up to at least 25% of the GDP of these countries will be spent on healthcare. The evidence suggests that many governments will be burdened with much higher healthcare costs from their citizens (Demicco & Cetron, 2006).

There are greater expectations around holistic care and the maintenance of good health (Douglas, 2001). Such expectations complicate the already complex healthcare systems of countries such as for example the USA and Britain. Healthcare is essentially going to be a prime concern area for the foreseeable future and medical tourism is a natural extension of the globalization and information technology drive which currently exists and this will be expanded even further (Nefiodow, 1996). In the recent past it was wealthy individuals from third world countries would check into hospitals in Britain and the USA for the best quality healthcare available. The once huge gap between medical treatment in the developed and undeveloped world has shrunk and Medical Tourism to developing countries such as India has significantly increased. This can be to a certain extent be explained by the fact that Indian doctors have and continue to study at the top medical schools around the world.

There is now a rapid trend reversal as patients from developed countries are seeking superior medical care in developing countries such as India. There are undoubtedly top notch medical facilities and practitioners around the world that patients try to identify by means on internet research and by word of mouth. It is not uncommon that numerous political leaders and others in Africa to have visited South Africa to obtain the best possible medical treatment, but far more must be done if South Africa is to become a leader and sought after destination in medical tourism. One group of medical tourists travels abroad with the expectation of getting the best possible treatment they can afford and they have the financial resources required for such an endeavour. A second group of potential medical tourists dreams of having top quality health care abroad in hospitals of note but they simply do not have adequate financial means to do so. This group has no option but to seek health care where their budget dictates. Clearly both patient types have a need to travel to seek health care and would indeed be willing to but in reality only one type can afford to do so. A variety of factors including financial means, domestic quality medical care availability, comparison with medical care abroad, personality type and timing of treatment considerations impact on medical tourism.

#### **CHEAPER OFFERINGS AND OPPORTUNITIES**

A British citizen may not be willing to wait for the National Health Service to provide needed care or may not be in a position to afford the services of a private practitioner. For such a person, low cost travel abroad for health purposes is the most logical choice provided that the type of treatment that is sought is available abroad. For an American, a trip abroad for medical purposes could be to obtain treatment at a fraction of the domestic tariff.

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

Medical tourism was basically unheard of as an industry a decade ago, but is currently anticipated to become a \$40 billion global industry by the second decade of this century (Forbes, 2007; Moody, 2007). The imminent retirement of the baby boomer generation who are increasingly requiring affordable medical treatment and who are unable to find it at home will increase the global medical tourism industry profits drastically (Maples, 2007). The projection is that by 2015, the health of the Baby Boom generation will decline. There are well over 200 million Baby Boomers in the developed countries. This is clearly a huge market that South Africa's medical facilities should tap into. Of course those who are acutely ill or unable to fly abroad are not suitable candidates for medical tourism. It is estimated that the global medical travel industry currently generates annual revenues of up to about \$55 billion, with a 20%-25% annual growth projection. About 1 million Americans travelled abroad for medical care in 2007, and this number is expected to exceed 6.5 million by about 2012. It is projected that medical tourist numbers will rise by 15% to 20% per year for the foreseeable future (Schult, 2006). McKinsey and Company, a global management consulting company who are the trusted advisors to the world's leading businesses, governments, and institutions, have estimated that medical tourism gross revenues were in excess of \$40 billion worldwide in 2004, with projections up to about \$100 billion by 2012. This is a tremendous opportunity for South Africa's medical and tourism industries.

#### **INDIA'S MEDICAL TOURISM MARKET**

India is an important role player, and after Thailand, the leader in the field of medical tourism. It is amongst a group of nations, mainly in the developing, that offers relatively inexpensive treatment for foreigners. This is notwithstanding its reputation as an impoverished country that is very often unable to maintain even the most basic hygiene for its own population of 1 billion people. Despite this, India is a very good option for medical tourism as it offers cheap top quality treatment in state-of-the-art private hospitals. In addition, India's medical schools graduate between 20 000 and 30 000 highly trained and hyper efficient doctors and nurses every year. The government of India allocates hundreds of acres of land to construct medical centres of excellence that offer world class treatment and excellent medical packages to international patients at highly affordable rates (Lounge Magazine, April 2011). Although India is a relatively late arrival to medical tourism when compared to Thailand for example, recent estimates indicate that the number of overseas patients seeking care in India is growing by about 30 percent each year (Hutchison, 2005). It is estimated that about half a million foreign patients will travel to India for medical tourism in 2012. This is a marked increase on the 150 000 who traveled there in 2002. India anticipated to receive 300,000 medical visitors in 2007 (Bookman and Bookman, 2007) but the number was 25% higher, and she has been enjoying a 30% growth rate annually. At this rate India will overhaul Thailand as the leading medical tourism destination in the world (Gahlinger, 2008).

There is no singular global accreditation agency for medical care, but the accreditation granted by US based Joint Commission International (JCI) to many Indian hospitals, is an important indication of a medical service provider's guarantee of top-notch health care and outstanding patient safety measures. Many Indian health care facilities also ascribe to the International Organization for Standardization's (ISO) ISO 9001:2000 series. This is an effective management tool which provides a thorough operational framework to obtain control and consistency in all aspects of running a hospital including both technical to administrative aspects. This also attracts many foreign medical tourists, many of whom will be uninsured people with limited funds available and who require very specialized medical services such as dentistry, bone marrow transplants, cardiology and oncology. India's clinics are also for the most part equipped with the latest medical diagnostic equipment. The cost of surgery in India can be far less than what it is in Britain, the United States or Western Europe and this increasingly attracts medical tourists. Health care costs for a wide range of medical procedures in India for example, are roughly 80 percent lower than the same procedures in the United States. The Escorts Heart Institute and Research Centre situated in Delhi and Faridabad, in India, is a state of the art medical facility specializing in open-heart surgery and paediatric heart procedures, and conducts approximately 15,000 heart procedures every year. The death rate amongst their patients while undergoing surgery is only 0.8 percent which is considerably lower than that of most major hospitals in the USA. A triple-bypass operation that costs approximately \$85,000 in the

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

USA would cost only \$12,000 in India. Lasik eye surgery worth roughly \$4,000 in the U.S. is available in India for merely \$1,000. Hospital stays in India are also about 15% of the cost in the USA.

The National Center for Policy Analysis, a nonprofit public policy research organization in the USA, stated that an approximate 250,000 Americans traveled to India for treatment in 2005. In the same period an additional 250,000 medical tourists from other countries also went to India for specific procedures. Consequently, medical tourism may greatly impact on and alter the appearance of the future health care system in the USA. An added attraction to India is its vast technological superiority and infrastructure which allows it to maintain its niche market. The USA already has great faith in Indian medical practitioners' abilities and 5% of all doctors in the USA are of Indian origin. Even Indian pharmaceuticals meet the rigorous requirements of the US Food and Drug Administration. India's quality care surpasses that to be found in the USA in many cases. India stands to earn in the region of \$2 billion through medical tourism by the end of 2012 and a projected \$5 billion by 2015. In addition to this huge financial boost for the economy of India, the government via the Ministry of Tourism is planning to extend its Market Development Assistance (MDA) scheme to cover the Joint Commission International (JCI) and National Accreditation Board of Hospitals (NABH) certified medical facilities (Lounge Magazine, April 2011).

For the majority of medical tourists, though, the primary attraction is the affordability of procedures abroad. The southern Indian city of Chennai is considered to be the healthcare mecca of India. There are however many other cities that boast a large concentration of top quality medical facilities. New Delhi and Mumbai are two such cities. Mumbai, famed for Bollywood, is also the city with the greatest percentage of plastic surgeons, and is also a sought after destination for full body makeovers. Ironically, despite far lower prices than equivalent facilities in their home countries, the hospitals and clinics in India and other countries that cater to the medical tourist market are very often among the best in the world, and many of these are staffed by physicians who were educated in their craft at the top medical centers in the USA and elsewhere. The majority of hospitals in India where medical tourism reigns supreme are relatively very new facilities and have exceptionally well trained medical teams and an increasingly high turnover of patients from abroad. The very latest equipment is available and most medical centers have affiliations with the best medical institutes in other countries, such as John Hopkins and Harvard Medical. Given the fact that India was for many years a British 'possession', the relationship with Britain is particularly strong and many Indian doctors are trained in Britain and the USA, and are consequently highly proficient in English.

The Escorts Heart Institute and Research Centre mentioned previously and the Artemis Health Institute in Gurgaon, India, are examples of centres of excellence in medical care that is difficult to beat globally. The Artemis Health Institute comprises a Cancer Centre, Heart Centre, Neurosciences Centre, Joint Replacement and Orthopedics Centre, Minimally Invasive Surgery Centre, a Bariatric Surgery Centre, a Renal and Transplant Centre, a Birthing Centre and a Critical Care and Pulmonology Centre. The Institute has 300 beds and is one of the most advanced surgical and medical facilities in the world. Each of the practices and research procedures followed at the hospital are research oriented and all services are clearly patient-centric, the emphasis being on service quality excellence. This is one of many world-class hospitals in India. There are many other outstanding medical facilities that are worthy of mention in India. The Pushpanjali Crosslay Hospital in Ghaziabad, makes foreign patients and their families feel at home and offers customized care and multilingual services. It also has very specialized dietary services and teleconferencing with treating medical practitioners. The hospital specializes in Cardiology, Cancer care, Gynaecology, Neuro-surgery, IVF infertility and Laparoscopic surgery and many other areas.

Dharamshila Hospital and Research Centre for cancer patients has set a new benchmark globally by providing highly innovative and very precise oncology radiation services. This hospital is a pioneer in head and neck cancer surgery which are aimed at restoring normal facial appearance and once again allowing chewing, swallowing and speech thus ensuring a cancer free life for patients. Sir Ganga Ram Hospital which is in New Delhi has just under 700 beds and is highly successful in liver transplantation, bone marrow transplantation and pancreatic and gastrointestinal ailment treatments, to name but a few. Its highly advanced facilities and its affordability have made this hospital a favoured destination for

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

medical tourism in India. Its patients emanate from various diplomatic missions in India, the USA, the Middle East and Europe.

India has an added advantage in that it has a long history of alternative medicine. This is also a popular attraction for many medical tourists. Post-operative patients seek to indulge in this by visiting an ashram or a retreat centre such as that in Rishikesh, in Himchal Pradesh. In such retreats, patients recuperating from traditional medicine, partake in yoga, meditation and even Ayurvedic treatments. Southern India is particularly renowned for its many quality Ayurvedic spas. India is undoubtedly among the world's leading countries for biotechnology research. She is making huge advances in stem cell research at a level which only Britain currently exceeds. In addition to such advances, in the top Indian medical facilities, medical practitioners have at least two or more registered nurses to assist them. One nurse is dedicated to a single patient on a 24 hour basis. Patients are also accommodated in private wards that are akin to five star hotel rooms in most countries and their meals are very carefully planned by dieticians. In some cases, patients in the post-operative phase of care are also assigned a private assistant and provided with holiday vouchers to tourist sites in close proximity to the medical facility. It is projected that medical tourism could provide India with as much as an additional \$2.2 billion per year by year-end 2012. The only real difficulty foreign patients could encounter when undertaking medical tourism to India is a rather elaborate VISA application process. Other than this possibility, India is a world beater in quality medical service provision.

#### **A SNAPSHOT -MEDICAL TOURISM IN MALAYSIA AND CHINA MEDICAL(Birth Tourism)**

The Ministry of Health reported (MoH) reported that in 2010 it received 400000 healthcare tourist worth more than R300 million. As a result the MoH has urged that the private sector to publish their rates on their websites, for both patient information and to avoid any misunderstanding and disputes that may ensue after treatment. It is estimated that this industry will be worth US\$5 billion in 2012 (Williams S, TeOH M,Ng L,MPS, Asia casebook vol. 18,no(1)-Jan 2010).

In China long standing one child policies limit most urban Chinese families to one child. This has caused expectant mothers to travel to Hong Kong to give birth to dodge the 'unfair' system. An added advantage while Hong kong was still British, was that the child born in Hong Kong would also acquire a new passport. This gave rise to an industry of birth tours run by operators who would charge up to US\$8000-00 including hospital fees.

#### **WHAT MEDICAL TOURISTS SEEK ABROAD**

Medical tourists seek top quality treatment at the medical facilities they visit while overseas. They also need to know that they are legally covered when receiving care abroad and that their visits are kept confidential. This latter aspect is especially critical if the medical tourists are recognized global celebrities or political figures. They also need to feel comfortable with the practitioners they accept to treat their ailments and need to be convinced of the fact that the latest medical technology exists at their destination and will be used to assist their progression to better health. The food they are provided with while recuperating must meet the required dietary restrictions of their individual conditions. Given South Africa's history, potential medical tourists must feel accepted irrespective of race, colour or creed.

The greatest influence on the decision making process of the medical tourist is the issue of quality service. The result is that many medical centres replicate themselves on hotel models. They have a concierge, (Bumrungrad, 2008), chauffeur, hotel-like check-in processes, personal translators and many have recovery centres that remind one of a resort more than a hospital (Bookman and Bookman, 2007).

The main motivation for travel abroad by patients is the medical cost savings. However many patients also seek the opportunity to conduct sightseeing in a foreign country and wish to experience an exotic culture while receiving treatment for whatever condition they are having treated (Yim, 2006).

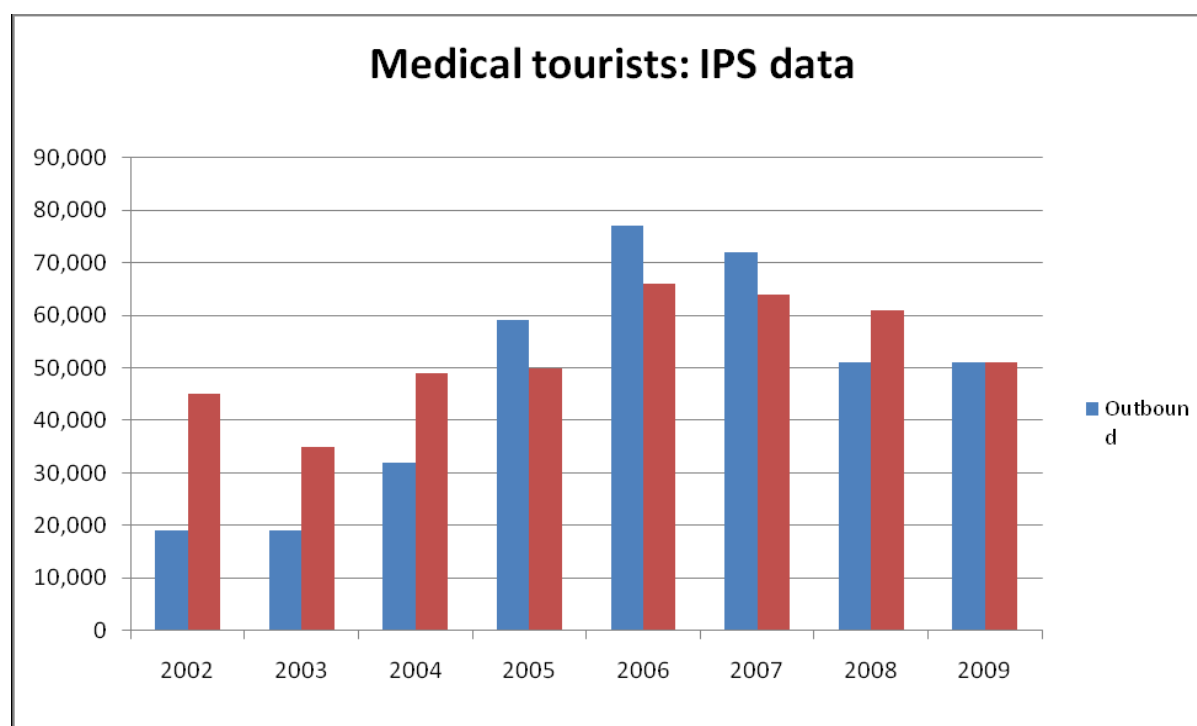
ISSN: 2223-814X

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

Consequently, many medical travel packages sold to tourists tend to include not only the medical treatment, but include transportation, personal assistance at the location, accommodation and a postoperative vacation and recovery time period at a tourism site or two (Bookman and Bookman, 2007). It is a masterstroke in some countries that most recovery time in medical tourism locations is spent at nearby hotels (Schult, 2006; Woodman, 2007).

In an International Passenger Survey (see table 1) of medical tourists in and from Britain, it is clear that the economic recession has had a great effect on both inbound and outbound medical travel. British patients are reducing their expenditure on discretionary healthcare such as dentistry and cosmetic surgery, but this has not stopped thousands from seeking cheaper quality health care abroad. Many potential medical tourists are simply postponing treatment whether it is in Britain or overseas and this bodes well for South Africa's medical tourism industry ([www.treatmentabroad.com](http://www.treatmentabroad.com)).

**Table 1 – International UK medical tourist survey (2002-2009)- [www.treatmentabroad.com](http://www.treatmentabroad.com)**



Treatment Abroad carried out their survey of 650 British medical tourists by using an external market research company. Surprisingly, 97% of those surveyed said that would go for treatment abroad again. 96% would definitely go back to the same provider and would recommend medical tourism to a friend or relative ([www.treatmentabroad.com](http://www.treatmentabroad.com)).

A number of factors are expected to promote growth in medical tourism globally. The obvious factor that springs to mind is the fact that as people generally tend to live much longer now than ever before, more healthcare will be needed. It is particularly the growing financial burden on healthcare resources in developed countries as a result of the global recession that is promoting medical tourism. In addition to this, previously less developed countries now have greatly improved quality health care and medical technology which is often better than in developed countries.

**MEDICAL TOURISM AND SOUTH AFRICA**

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

Although medical tourism is currently somewhat obstructed by the Department of Health, private hospitals and hotels and resorts (especially those with spas), have huge potential to drive medical tourism. Following the outstanding example of India, South Africa has great possibilities when it comes to medical tourism. Although India is the prime example to emulate in this article it should be pointed out that medical tourism is also the main offering in other countries including Kenya, Malaysia, Thailand, Poland, Hungary, Columbia, Jordan and Costa Rica. Thailand has 1 million medical tourists, while India has 500 000 medical tourists. If South Africa could increase the number of medical practitioners and maintain her relatively good reputation for medical care she would be well placed to respond to the global boom in medical tourism. South Africa is able to be competitive and to be sustainable as a medical tourism destination of choice. This would be an important diversification of the South African tourism product (Kalisch, 2002). However, for the South African medical tourism to take off and be competitive with India, for example, it would be essential that social justice prevail, economic development be accelerated and environmental integrity be observed. South Africa could greatly enhance local prosperity by maximizing the contribution of medical tourism to the nation's economic prosperity.

South Africa is already somewhat competitive in medical tourism and it is a developing industry as many patients from nations such as Britain, USA., Western Europe and the Middle East are seeking treatment for a wide range of ailments in South Africa. When it comes to cosmetic surgery an American citizen could enjoy huge savings by seeking treatment in South Africa where a facelift that normally costs about \$25,000 in the USA, costs only about \$2,000 in excellent facilities in South Africa. South Africa already draws many cosmetic surgery patients, especially from Europe, and many South African clinics offer special treatment packages that include the supply of personal assistants, visits with trained therapists, trips to luxurious health spas, the best post-operative care in luxury hotels and safari trips or other exotic vacation incentives. Due to the low rate of the South African rand on the foreign-exchange market, South Africa is a more desirable destination for many patients from especially Africa.

While the public health care system in South Africa is somewhat in a transitional mode, the private sector is undoubtedly amongst the best in the world. Many private hospitals such as Wits Donald Gordon Medical Centre (Private and University cooperation), Milpark Clinic, Garden City Clinic, Olivedale Clinic and Linksfield Clinic, amongst many others have state of the art facilities and highly skilled medical practitioners. South Africa has approximately 247 private hospitals and 30334 beds. There are 12751 medical practitioners and specialists which are affiliated. One recalls that the first human heart transplant was conducted in South Africa in 1967 by the renowned specialist Dr. Christiaan Barnard. Cosmetic surgery, non-essential ENT, gastroenterology, orthopaedic surgery, hip replacements, cardiac procedures and specialised dental surgery are all very popular medical tourists requests in South Africa. The Cape Town based company, Mediscapes, offers many relatively cheap surgical procedures without any waiting list. The company is setting the tone for the South African industry as its medical tourism packages generally include visa support; meet and greet on arrival; a private nurse; accommodation pre and post-operatively; and to top it all a luxury safari at the end of the stay. As global national health care systems become overburdened, South Africa will experience a surge in medical tourism.

Patients from abroad visiting South African for medical tourism will discover affordable and quality medical treatment. They can also enjoy recuperating in sunny South Africa. If tour operators and hospitals collaborate more, sales of medical tourism packages are bound to soar. There must be more marketing of travel packages targeted at the medical tourism niche. South Africa's infrastructure is in any event superior to that of India and this is also an advantage. It is time that South Africa's private clinics and hospital groups, and even medical specialists, begin to more vigorously market their exceptional services on the internet. As medical tourists require a period of convalescence before returning home, South African hotels in close proximity to medical facilities are ideally placed to serve as an 'aftercare' facility. The medical tourists may typically require a recovery period ranging from a few days for minor surgery to perhaps weeks, for major procedures. It is high time that there is greater collaboration between hoteliers and medical facilities who can together greatly increase the number of tourists visiting South Africa. Hotel facilities must be made more appealing to medical tourists in their offerings and facilities.

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

#### **FACTORS THAT COULD BOOST MEDICAL TOURISM TO SOUTH AFRICA**

The fact that the global economy is very fragile at the current time and recession looms ever larger, especially in countries such as the USA, Greece, Spain, Italy, Ireland and Portugal, means that public sector spending is bound to be slashed and the health departments in these countries will bear the brunt of resulting financial cuts. Due to the wide range of medical advances people in developed countries generally tend to live longer than they did in the past and many governments will not be in a financial position to fund ongoing medical care for an older population. As a result of this inability, many of these elderly patients may opt to become medical tourists and South Africa is well placed to absorb some of them for specialized treatment. South Africa's private hospitals are certainly on a par with the developed countries in terms of the quality of care they can make available and also have access to advanced medical technology. If South African hospitals obtain international accreditation for their facilities and quality of treatment, the doors will be open for medical tourism.

According to a Treatment Abroad Medical Tourism Survey 2007/8, which surveyed 650 British medical tourists, using an external market research company, 97% of medical tourists would go for treatment abroad again, 96% would definitely go back to the same provider and in addition, 96% would recommend it to a friend or relative. The most common dental procedures for patients travelling abroad from Britain are crowns, dental implants, bridges and veneers. The most common cosmetic surgery procedures for patients are breast augmentation, breast reduction, tummy tuck, liposuction and facelift. The most common elective surgery procedures are hip replacement, knee replacement, laser eye surgery and cataract removal. Given South Africa's historical links with Britain, this is a market just waiting to be tapped into by local hospitals and clinics. Since the internet is the first source that people go to seek information about treatment and healthcare issues, South Africa must improve its internet marketing for medical tourism to both medical facilities and health spas where the latter industry has doubled in size in the last decade (Gahlinger, 2008). It is imperative that countries seek new avenues to remain competitive in their tourism industries (WEF 2000).

The health services groups that provide treatment to medical tourists in South Africa should gradually begin to see an increase in the number of medical tourists seeking their services. This will increasingly be the case as the global economic slump adversely affects many governments who are beginning to struggle with the huge demands on state health services with very limited budgets (Greenberg, 2007). It is also conceivable that many health insurance products that provide cheaper premiums based on medical treatment abroad will emerge in developed countries such as the USA and Britain. However, currently no international legal regulations for medical tourism practice exist. The issue of legal recourse for unsatisfactory treatment across international boundaries is a legally an undefined issue at the present time.

#### **A POSSIBLE TOURISM MODEL FOR SOUTH AFRICA**

South Africa has for many years had a reputation as a medical innovator with top notch healthcare in leading edge medical technologies. She also has the requisite medical expertise and value-for-money quality service that attracts medical tourists. South Africa also has a well developed public and private hospital system although public health needs an urgent revamp. South African medical schools at universities such as the University of Cape Town (UCT), the University of Pretoria (UP), the University of the Witwatersrand (Wits) and the University of the Free State (UFS), for example, have produced medical professionals of good repute and whose qualifications are recognized worldwide. Medical tourism has rapidly appeared in South Africa and patients are literally "outsourced" to South Africa for medical treatment. Once medical services are provided beyond the confines of a medical facility, these services will to all intents and purposes determine whether the medical tourist is satisfied with his or her experience or not. Hotels involved in medical tourism will need to carefully re-evaluate their offerings and must make adequate provision to accommodate the diverse needs of medical tourists.



**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

It may be necessary to set aside a specific floor or wing of a hotel property to accommodate medical tourists, have a special entrance for them and train staff to specifically deal with convalescing patients (Polk, 2003). Hotel chefs will need to be trained by a dietician so as to create appropriate dishes for patients' individual needs. It is highly beneficial to have a medical spa as part of the recuperative facility offering (Medical Spas, 2000). As it is usually uncommon for patients to be allowed to fly home for generally a week or more in some cases, depending on the nature of their treatment, hotels may find that their room occupancy rates soar as patients remain on for up to a month (Grace, 2007). This will boost the hotel's revenue considerably. Of course, not all medical tourists need to stay over at all and some may simply fly-in and fly-out the same day (Page and Page, 2007).

A possible South African model for medical tourism must necessarily consider the following aspects:

1. Which hotels or resorts are best placed to serve medical tourism needs?
2. At what point do medical tourists such as those undergoing surgery whether minor or major, get moved from a hospital to a hotel or resort?
3. How far should hoteliers go to establish medical facilities on their properties?
4. How and when are medical tourist bills settled and is there insurance in this regard?
5. To what extent should hotel and resort staff be able to diagnose basic ailments and when should hotels provide a fully trained nurse to the patient? Is the facility wheelchair friendly?
6. Should hotels and resorts have additional treatment offerings at for example a hotel spa, such as the new development at Kloofzicht Lodge in Gauteng?
7. What sort of lifestyle treatment should be on offer at a hotel or resort with a spa (Leibroek, 2000)?
8. If a patient is diagnosed at a clinic. For example, can he/she check into a hotel or resort rather than stay at the medical facility?
9. What follow-up care will be provided for the medical tourist?
10. Who does the marketing to medical tourists- the medical facility or the hotel/spa or both?
11. To what extent will marketing strategies have to change so as to be perceptually more appealing?
12. How will accompanying families of medical tourists be catered for? Do they stay at the same hotel or spa? Do they stay in the same section or wing of the hotel or spa as the patients?
13. Do patients have a dedicated restaurant in the hotel or do they dine in the general use restaurant/s?
14. To what extent should national government support medical tourism enterprises in South Africa?
15. To what extent should hotel or spa staff be multilingual to meet medical tourists' needs?
16. Will hotels/spas provide a tourism desk for medical tourists from which reservations can be made by medical tourists for specific tourism packages and trips to game reserves, for example?
17. Who will determine which attractions should be marketed to medical tourists and how will they get to these? Which marketing approach for medical tourism should be used and how different should this be to traditional leisure traveler marketing?
18. How crime free and safe is the area in question for medical tourists?
19. How receptive is the local population likely to be to an influx of medical tourists? (Edgell et al., 2008)
20. What is the destination's general 'brand' image currently like and would medical tourism per se complement it?
21. How is medical tourism likely to impact on traditional tourism visitation patterns?
22. Will medical tourism enhance the economic position of the area in general?
23. Which countries medical tourists should be targeted and why?
24. What is the psychographic profile of the medical tourist likely to be?
25. How accessible is the destination to these tourists at the present time?
26. What is the global general view of the concept of traveling abroad for medical care?
27. Are South Africa's medical staff and hotel staff able to handle increased medical tourism?
28. Is our weaker currency likely to be a draw-card for medical tourism in the next decade?
29. Are we able to host a culturally diverse medical tourism population?
30. How will local and provincial governments be involved in developing the appeal of the destination?
31. Last but not least- how right is the price and will we medical dollars stay in South Africa, specifically in the area in which the services were offered?

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

32. How will quality care be measured? Is it based on patient survival after an operation, the number and /or complexity of complications that may arise after surgery, the risk of post-operative infection, the length of stay in the intensive care unit or perhaps the readmission rate or life expectancy post-surgery?
33. Which data will be used to account for patient risk when measuring whether outcomes are successful or not? Is it based on the idea that older patients with poor general health will have worse outcomes?
34. What is the source of data used to determine outcomes of treatment?

## CONCLUSIONS

Medical tourism is rapidly growing globally for a myriad of reasons and will ultimately succeed or fail depending on the price, quality of medical care and hospitality services on offer to medical tourists. Many especially developing nations are hoping to capitalize on the vast potential of medical tourism. Many hospitals in South Africa have an extensive and impressive track record in attracting medical tourists and many of these have been involved in medical tourism long before the term medical tourism was even invented. While they remain able to provide quality healthcare and competitive prices that will be attractive to many emerging markets for medical travel, much more can be done to increase the amount of medical tourists coming to South Africa. This article has attempted to identify a model for South African medical tourism. By examining the extent to which certain areas in the model have been addressed it is hoped that a more comprehensive framework may be developed to assist in systematizing future medical tourist studies the aim of which will be to promote medical tourism to South Africa.

## REFERENCES

- Bookman, M.Z. and Bookman, K.R. (2007) *Medical Tourism in Developing Countries*, Palgrave MacMillan, New York.
- Bumrungrad (2008) available at <http://www.bumrungrad.com> (accessed on 14 January 2011).
- Edgell, D.L., Sr., Allen, M.D., Smith, G. and Swanson, J.R. (2008) *Tourism Policy and Planning: Yesterday, Today and Tomorrow*, Butterworth Heinemann, Burlington, MA.
- Gahlinger, P. (2008) *The Medical Tourism Travel Guide*, Sunrise River Press, North Branch, MN.
- Grace, M.A. (2007) *State of the Heart*, New Harbinger Publications, Oakland, CA.
- Greenberg, P. (2007) *The Complete Travel Detective*, Rodale, New York.
- Deloitte (2008) *Medical Tourism: Consumers in Search of Value*, Deloitte Center for Health Solutions, Washington, DC.
- Demicco, F.J. and Cetron, M. (2006) 'Club medic', *Association of Pacific Biotech News (APBN)*, Vol. 10, No. 10, pp.527–531.
- Hutchinson, B. (2005) 'Medical tourism growing worldwide', *University of Delaware Daily*, March, available at <http://www.udel.edu/PR/UDaily/2005/mar/tourism072505.html>.
- Kaiser Family Foundation (2007) 'Health care costs: a primer', from *Kaiser Family Foundation website*, available at <http://www.kff.org/insurance/7670.cfm> (accessed on 20 April 2011).
- Kalisch, A. (2002) Corporate Futures, Social Responsibility in the Tourism Industry, Tourism Concern. Lounge Magazine, April 2011).

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**

Leibrock, C. (2000) *Design Details for Health: Making the Most of Interior Design's Healing Potential*, John Wiley & Sons, New York.

Maples, M.F. (2007) 'Spirituality, wellness and the 'silver tsunami': implications for counseling', *Counseling Outfitters*, available at <http://www.counselingoutfitters.com/vistas/vistas07/Maples.htm> (accessed on 17 November 2009).

[http://www.mckinsey.com/en/Insights\\_and\\_Publications.aspx](http://www.mckinsey.com/en/Insights_and_Publications.aspx)

Medical Spas (2005) 'Reconstructing beauty; medical spas offer holiday experience', *Health World Magazine*, 5 January.

Nefiodow, L.A. (1996) 'Der sechste Kondratieff: Wege zur Produktivität und Volbeschäftigung im Zeitalter der Information', Rein-Sieg-Verlag, St Augustin.

Page, S.J. (2009) 'Current issue in tourism: the evolution of travel medicine research: a new research agenda for tourism?', *Tourism Management*, Vol. 30, pp.149–157.

Polk, N. (2003) 'After surgery, a hotel suited for healing', *The New York Times*, New York, 16 November.

Schult, J. (2006) *Beauty from Afar: A Medical Tourist's Guide to Affordable and Quality Cosmetic Care Outside the U.S.*, Stewart, Tabori & Chang, New York.

Woodman, J. (2007) *Patients Beyond Borders: Everybody's Guide to Affordable, World-class Medical Tourism*, Healthy Travel Media, Chapel Hill, NC.

[www.treatmentabroad.com](http://www.treatmentabroad.com) (accessed 20 June 2011)

Williams S, TeOH M, Ng L, MPS, *Asia casebook*, Vol. 18, no(1)- (Jan 2010).

World Economic Forum (WEF) (2000) *Global Competitiveness Report 2000*, Oxford University Press, NY.

Yim, C.K. (2006) *Healthcare Destinations in Asia*, Asia Case Research Center, University of Hong Kong, available at [http://www.acrc.org.hk/promotional/promotional\\_shownote.asp?caseref=863](http://www.acrc.org.hk/promotional/promotional_shownote.asp?caseref=863) (accessed on 21 December 2010).

**ISSN: 2223-814X**

**African Journal of Hospitality, Tourism and Leisure Vol. 1 (3) - (2011)**